Psychotic Creativity. A Foucauldian Discourse Analysis of Alternative Conversations about Mental Illness and Mental Health

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Abstract

My study has investigated how the practice of channelling symptoms of psychosis through the medium of creative art forms has empowered three young adults to create alternative discourses to trouble and unsettle the dynamic of power between service provider and service user through the interweaving of hybrid discourses. Three young adults with a diagnosis of psychosis have shown how they use creative art forms to construct personal journeys of transformative co-production. How the data emanating from the research process has the potential to effect positive change in mental health discursive practice is discussed and proposals for potential transformations in mental health services are mooted.

I have used the early work of Foucault on madness and creativity to trouble the concept of transformative co-production, focusing, as befits a discourse analysis study, on the use and effect of words in different environments. The process of interweaving, central to my study, uses Foucauldian discourse as an adaptable discursive analytic, locating individual action in the physical, social and organisational environments in which the action takes place. The data has revealed that, while the experience and treatment of psychosis can be oppressive and distressing, using the psychotic experience to create works of art in comedy and poetry through alternative conversations about mental health and mental illness can be a positive transformational experience both for the participants in my study and for wider society.

Chapter 1: Personal and national background for my thesis

1.1.(i). The parallel universe of a person diagnosed as psychotic

For the last six months I have suffered with peripheral vertigo, a chronic but intermittent physical condition that can be eased but not cured by taking medication and avoiding certain trigger foods. I have experienced considerable support and sympathy and often empathy from family, friends and members of my local health services. For the last fifty years, I have experienced intermittent psychosis, another chronic physical condition that brings about periods of euphoria or periods of extreme paranoia that can be dulled but not entirely erased by medication. During episodes of psychosis, I have at times aroused sympathy in other people as a pathetic, sick person, but empathy with only the tiny minority of the UK population who experience clinical psychosis, 0.7% of the UK population in any one year. I often feel that I am an alien being, sited in a parallel world/universe. Despite my feelings of otherworldliness, the project itself is totally UK based.

Doctor Who introduced me to the concept of the parallel universe early in the twenty-first century. I watched the first episode of the television drama *Doctor Who* in 1963*,* when I had just turned seventeen. I was immediately hooked by the paradigm of time travel; the exploration of parallel universes at different times and spaces in history still fascinates and disturbs me today, but in a far darker context. I find being placed in a parallel universe through the experience of psychosis has grim similarities to the experience of Rose Tyler, the Doctor's companion in the *Doctor Who* revival of 2005.

Rose was disconnected from the universe in which she grew up and to which she belonged and became an alien being to those who were formerly her neighbours, family and friends (1.5, 2.1(iii)). Rose was missed for a short time, but by the next series of *Doctor Who* she had been largely forgotten and was replaced as the doctor's companion. A similar scenario is described by the euphemistic phrase *going round the bend* to describe the switch from sanity to madness in a person diagnosed with a mental disorder. When people diagnosed as *mad* were being transported to long-stay-asylums in the nineteenth and twentieth centuries, the last sighting of them was at the final bend in the road before they entered the psychiatric institution. The **mad** were then out of sight of the **sane**, and usually out of mind, as they entered the parallel world inhabited only by their fellow mad citizens.

Mad is the most slippery concept (Cicmil & Gaggiotti, 2014) in my whole study and cannot be resolved through my research thesis. How I define *mad* and *madness* would in some aspects be different from any definition hazarded by any other person; I am fully aware that all terminology, including *mad,* inevitably holds a specific positionality in the consciousness of the reader of my study. *Mad* as in having a diagnosis of psychosis is simultaneously a proud and a stigmatising identity for the participants in my study and for me; the paradox of madness as a proud yet stigmatising posiitonality is troubled throughout my thesis. I have used the ugly word *positionality* to excess in my study; no other one-word term, however, describes how differences in social position and power shape identities and access in society.

To trouble/troubling is another slippery term. While dictionary definitions of troubling see the act of troubling as causing worry, anxiety or distress (Collins English, 2022; Merriam-Webster, n.d.), the act of troubling in my study locates, interrogates, reflects on and, if possible, resolves problems causing worry, anxiety or distress; *to trouble* is a method of both knowledge creation and problem solving through interrogation, reflection and action in my thesis.

1.1.(ii). The psychotic brain: hyper-creativity and disturbed speech

Those of us who experience separation from friends and relatives because we are seen as physically or socially dangerous have to connect in different ways to escape our exclusion and loneliness and at times I give way to the euphoria brought on by the psychotic experience. During periods of euphoria, I get ever higher, write ever faster and see more and more connections in my mind. At times, during preparation of my doctoral thesis, I have returned to my “reams” of notes and find I am unable to “string them together” (Ingram, 2016:11,12).

Psychosis does not only bring me euphoria, but also causes clinical paranoia, when I take a perceived slight with only the flimsiest evidence to its illogical conclusion and imagine that other people are actively and persistently trying to cause me serious harm (Byrne, 2007; Freeman & Garety, 2014; Ingram, 2016; NHS, 2019; NHS 24, 2021). As a sufferer from paranoid psychosis, I find the experience to be extremely frightening and alienating. The daily battle I face is to cope with the extremes of euphoria and paranoia, while struggling to live my everyday life as a seemingly sane member of society and conforming to the norm expected by an overwhelmingly sane society.

A person who develops psychosis will have their own unique set of symptoms and experiences according to their particular circumstances, but the three main symptoms of psychosis are hallucinations, delusions and thoughts that are confused and disturbed (NHS, 2019; NHS 24, 2021). Signs of confused and disturbed thoughts include rapid, pressured speech, switching from one topic to another mid-sentence and experiencing an abrupt pause in conversation or activity because of a sudden loss of one’s train of thought (Arciniegas, 2015; NHS 24, 2021). Pressured speech presents an extreme need to share thoughts, ideas, or comments and is thought by scientists to result from changes in the chemistry of the brain; a the pressured speaker speaks extremely rapidly and fails to stop at appropriate intervals, making it extremely difficult for the listener to understand what is being said and rendering conversational interaction impossible (Moriarty, 2005; Arciniegas, 2015; Levinson & Torreira, 2015).

At times pressured speech can be physically dangerous, but the dangers of pressured speech are mainly social, pressured speech often occurring at inappropriate times in socially interactive environments, such as work, school or university, at home and out socialising with friends (Morgan, et al., 2017; Calabrese & Khalili, 2022). In educational establishments, students with pressured speech present difficulties for teachers in controlling and directing the class as a whole, and the offending students are often removed from the class or even expelled. In the work place, workers with pressured speech may disrupt interactive activities, often resulting in their removal from the workforce and a family member with pressured speech causes disruption in the family unit. When communication breaks down in any of these environments, personal relationships are often destroyed (Arciniegas, 2015; Morgan, et al., 2017; Calabrese & Khalili, 2022). An everyday problem I have with pressured speech is my frequent inability to think about the effect of what I am saying before I speak and I am often seen as confrontational and disruptive when I express an alternative viewpoint face-to-face or in a larger group.

A brief spell of very rapid pressured speech at a psychiatric assessment confirmed that I was experiencing a psychotic episode; my very rapid pressured speech was different from my usual speech pattern and was therefore an abnormal experience. My pressured speech confirmed my diagnosis of *bipolar disorder with psychotic symptoms* and indicated to the psychiatrist that I needed treatment by medication. Some symptoms of disturbed speech during a psychotic episode, such as fragmenting and disarranging the continuity of time, creating idiosyncratic patterns from random information and the arbitrary inclusion of rhymes and jokes during an episode of pressured speech are at times accepted as alternative ways of thinking and self-expression (Benjamin, 2005 [1927-1940], 2005 [1931-1934]; Foucault, 2006 [1961]; Hunton, 2010; Cooke & Kinderman, 2017**;** Ross, A., 2017; Ross, N., 2020).

1.1.(iii). Clinical and societal interpretations of hallucinations and delusions

Symptoms of a psychotic episode, such as visual and auditory hallucinations, can occur in people who are not diagnosed with a mental disorder. A hallucination is when a person hears, sees, feels, smells or tastes things that do not exist physically, despite the hallucinatory experience being very real to the person involved. Feelings of *déjà vu* are also found in people who do not have a diagnosis of psychosis and are not necessarily pathological, especially when the person experiencing the phenomenon has preserved insight (Teeple, et al., 2009; O'Connor & Moulin, 2010; Moulin, 2014; Warren-Gash & Zemen, 2014). There is much guesswork around the outcomes of conditions categorised through psychiatric diagnosis. When I had hallucinations while diagnosed with temporal lobe epilepsy, I was found to have preserved insight but my current diagnosis of *bipolar disorder with psychotic symptoms* does not permit the possibility of preserved insight during psychotic episodes in the discipline of psychiatry (Cassidy, 2010; Crișan, 2018). As a participant in my research study, Laura reflects on the situated knowledge/truth of insight (4.5.(ii)).

When a person with a diagnosis of psychosis displays extremely strong beliefs that are not shared by others, they are often found by health professionals to be experiencing a delusion, requiring separation from sane society and treatment to regain their sanity (Kiran & Choudhury, 2009; Arciniegas 2015). As a practising Christian, in common with other practising Christians, my extremely strong beliefs that I am saved through my Christian faith are frequently found by non-Christians to be delusional. The central tenets of my Christian faith, including the transfiguration of Jesus on Mount Tabor, are often seen by non-believers to be delusional madness. In common with other practising Christians, however, I am not detained under a psychiatric section (1.1.(v)) for my religious beliefs in twenty-first century England.

Psychiatry labels delusions as persecutory, grandiose or bizarre. A person experiencing a persecutory delusion believes, without justifiable evidence, that other beings, in the form of human beings or alien monsters, are conspiring to harm them while a grandiose delusion is linked to personal power and authority. A person experiencing a grandiose delusion may believe they are the president of a country with global power or have the power to bring people back from the dead (Kiran & Choudhury, 2009; Arciniegas, 2015**;** Elkman, et al., 2017; NHS, 2019; NHS 24, 2021). Extreme bizarre delusions, such as the belief that someone has removed one's internal organs and replaced them with another person's organs without leaving any scars, warrant an immediate diagnosis of schizophrenia (Arciniegas, 2015).

Bizarre delusions could just be the results of a fertile imagination and are not necessarily dangerous in themselves; an uneasy belief that bodily organs have somehow been replaced could be a warning that something is physically wrong, as a person may feel not quite right but has no clear physical symptoms of disease (Cermolacce, et al., 2010). Bizarre delusions may also result from daydreaming about a seemingly impossible future or from increasing paranoia about impending harm from other people, a premonition that may have a grain of truth. Both day-dreaming and paranoia are issues for me; I am not seen by mental health services as the truth-giver when I describe a wonderful alternative future through my psychotic thought processes, nor am I believed when I say that someone is plotting to do me harm although this may, to some extent, be true.

1.1.(iv). Psychosis: A denigrated category in contributing to knowledge

In order to take on an influential role in society, people with the disorder of psychosis such as myself need to either disguise their condition and appear *normal* to non-psychotic members of society or find a conduit for expression of their experiences of psychosis so that that their pressured speech, hallucinations and delusions do not adversely affect their personal, social or occupational functioning. Unless I am acting strangely, nobody knows the turmoil going on in my head. For over fifty years I have been aware of the need to follow everyday models of normality to escape the consequences of the medical *gaze* (Foucault, 1973 [1963]), a situation where psychiatrists filter a patient's perceived hallucinations and delusions through a biomedical paradigm and treat them clinically to force a return to the norm accepted by psychiatry and by society (Misselbrook, 2013; O'Callaghan, 2021).

If I fail to follow the norm imposed by psychiatry, I can be incarcerated and medicated to force me to conform to the stereotype of normality. I cannot add to the epistemology of psychosis other than as a patient; my experience is at all times analysed by others; psychiatrists, social workers and wider society analyse and critique my behaviour according to the paradigms of normality. As people who have the experience of psychosis are the bearers of the gifts of insight, they should be welcomed as contributors to epistemology, but are usually excluded from the research process, seen often in their own eyes as well as the eyes of others as passive recipients of services with no expert knowledge (2.3.(ii)).

As psychosis is so rare, only 0.7% of the UK population experiencing psychosis in any one year (NHS England, 2016), those of us with a diagnosis of psychosis can add much to epistemology as holders of a rare, precious knowledge. We come to research with a different perspective to health professionals; our insider perspectives can interpret and illuminate how services and treatments feel from our personal experiences of a particular location and situation, enabling the uncovering and revelation of formerly unseen and unknown knowledges (Rose, 2003a; Farr, 2021; Trevillion, et al., 2022).

Our rare, precious knowledges, however, are seldom seen as valuable gifts, a diagnosis of psychosis and experience of professional services being seen as a handicap rather than a qualification for involvement in research; research is a rational enterprise and to involve people embodying irrationality as contributors to knowledge goes against the accepted tenets of academic research (Rose, 2003b; Faulkner, 2017). Academicians and health professionals see service users with psychosis as patients who cannot be both logical and mad (Rose, 2003b)

The diagnosed mad are excluded from contributing to the knowledge of a sane society as they can only speak *unreason* and can only communicate with each other, being seen as unable to communicate and interact with wider society (Foucault, 1981 [1970], 1994 [1966]). The experience of psychosis never loses its relationship to unreason; to be separated from or deprived of unreason clinically through medication or electro-convulsive therapy means that a person with psychosis feels incomplete and tainted (Palmer, 2006; Payne & Prudic, 2009).

The conceptualization of a sane norm to whom the majority belong and which is positioned as a binary opposite to the concept of a psychotic norm compounds a psychotic individual's sense of estrangement as they fail to measure up to the accepted norms of the majority population; this has led to psychiatrists perceiving people with psychosis as alien beings who cannot communicate with the sane (Laing, 1959**;** Bracken & Thomas, 2005; Palmer, 2006; Beveridge, 2006).

1.1.(v). Binary exclusion of the mad from a sane society

An individual person's state of psychosis is recognised as unreason by their use of words in conversation with a psychiatrist, as in my experience of being diagnosed with psychosis through my *pressured speech* (1.1.(ii)). Although the psychiatric interview is the place where the separation of reason and madness is exercised, what happens at this moment is never recorded and therefore never listened to in the future as evidence that the move into madness has occurred. If the person diagnosed as psychotic communicates verbally with the psychiatrist after being diagnosed as psychotic, the words they speak are interpreted by the psychiatrist as statements of *unreason* with no evidential basis, yet the psychiatrist's truth of reason always trumps and negates the psychotic person's truth of unreason.

As the language of the mad is always classified as unreason, the binary opposite of reason, the mad are positioned as dangerous to themselves and to society (Foucault, 2002 [1978]; 2017 [1983]). The language used by the mad patient is not compatible with psychiatric reason and is ignored, even when the mad make perfect sense, as in the trial and execution of Catherine Ziegler (Foucault, 2002 [1978]). The first time Ziegler killed her newborn child, she was seen as being in a state of madness, speaking and acting *unreasonably*. Ziegler was initially incarcerated in the psychiatric system rather than imprisoned or executed as she was seen as not responsible for her actions and therefore not guilty of pre-meditated murder.

Ziegler reasoned that if she was released from hospital and allowed to get pregnant again she would kill her baby, but, because she was classified as mad and therefore spoke unreason, she was released from hospital, sent back into the community and allowed to get pregnant. Ziegler became pregnant, gave birth and immediately killed her baby. Although she had said that she would kill her baby and had asked her psychiatrist to protect her from committing the act of murder, she was found guilty of murder and executed (Foucault, 2002 [1978]).

Those of us who are diagnosed as clinically psychotic, and therefore speak unreason, are not allowed to provide therapy to others, or to add to epistemology through our personal interpretations of madness. We are instead used by psychiatry to warn others of the dangers we present and are found to create a problem that only psychiatry can solve; the person speaking unreason requires psychiatric help to prevent the person speaking unreason from endangering themselves or others. Psychosis is labelled by psychiatry as having both positive and negative symptoms that only psychiatry can resolve; positive symptoms, such as delusions, are unwelcome additions to a disorder and negative symptoms, such as depression, demonstrate a sense of loss (2.2.(vi)).

The discursive practice of incarcerating under section (Mental Health Act, 1983) epitomises the restricted and controlled positionalities of the participants in my study. In current UK mental health practice, under Section 3 of the Mental Health Act (1983), the psychiatrist, as judge of "dangerosité" (Foucault, et al., 2017 [1983]:14-15), does not have to state a reason for the individual's incarceration, other than that they have the **potential** to be dangerous. People put under section through the psychiatric system in the UK are always found to speak the language of unreason. Those who are aware that they may present a danger to others may well be ignored, while those who believe that they should avoid or escape incarceration and treatment are also prevented from stating their case for freedom (Foucault, 2002 [1978], 2017 [1983]).

1.1.(vi). The crime of deviating from the norm and the ensuing alienation

The security agenda in the U.S. after the 9/11 tragedy is an example of how a social crisis promotes the *emotional fear factor* throughout society, as all people who fail to fit neatly into societal norms as contributors to society are seen as inherently dangerous (Hocking, 2005; Rashed, 2019). The emotional fear factor has been found to influence public opinion about certain minority populations; economic migrants fleeing from war zones to a supposedly safe haven have often faced another war zone when positioned as spoilers and disrupters of social and economic life in the U.K., through the oppositional concepts of **them** and **us** (Schmidt, 2019; Rashed, 2019). Alienation/othering (3.2.(v), 4.4.(vi)) is an important mechanism in sustaining mental health related stigma as members of society distance and disassociate themselves from groups of people they see as the *other*, protecting themselves from threats they perceive as contagious, foreign and unfamiliar (Brons, 2015; Walsh & Foster, 2021).

1.1.(vii). The dangerous, forbidden and ambiguous language of psychosis

Those of us with a diagnosis of psychosis are found by Foucault (1965 [1961]) to be forced to speak through the institutions that cause our madness, such as the family and wider society or institutions that deny us any insight, such as psychiatry. Colonised by family and society and denied insight by psychiatry, we cannot explore the tensions inherent in our quandary through language, as the psychotic mad cannot speak the language of reason and *take over the asylum*. If we try to use our own language to take over the asylum, we are stereotyped as alien creatures with an alien language and we are excluded from the mainstream Conversation (Parkinson, 2018).

At certain points during my study I have used well-known metaphors to encapsulate in a few words what it may take several sentences to explain, as in *take over the asylum*. Another example, used later, is to *throw the baby out with the bathwater*, meaning to get rid of both good and bad features of a previous methodology in the desire to successfully promote a new discourse. I feel that metaphors such as these add to rather than detract from the language of my study; they are used deliberately and not lazily.

1.1.(viii). Different understandings of the psychotic experience

The background for my study, examined and interrogated in more detail in Chapter 2, begins in the 1960s, when Foucault troubled the different identities and understandings of psychosis in recorded history and at the same time separated psychosis from other constructions of madness. The understanding and treatment of psychotic madness has moved in several different directions in the ensuing sixty years, all focusing on the difference of psychosis from society's norm of sanity. In my study, I focus on three influential events: the rise of anti-psychiatry, the movement *Mad Pride* and the government led programme, Care in the Community.

Anti-psychiatry overturns the understanding that psychosis is a clinical issue to be solved through psychiatric diagnosis and treatment. Mental distress is found by anti-psychiatrists to be directly caused by a cruel and oppressive society; anti-psychiatry finds that if society as a whole became kinder, the rates of all forms of mental distress would fall proportionately (Benning, 2016; Knaak, et al., 2017). The paradigm of anti-psychiatry finds biochemical and many forms of psychosocial psychiatry to be a coercive instrument of oppression brought about by the unequal power relationship between doctor and patient, where the mad person is constructed through an irrational and prejudiced diagnostic process and forced to accept treatment on the terms of the psychiatrist (Rössler, 2016; Knaak, et al., 2017).

Anti-psychiatry became the basis for the Mad Studies movement. In the twenty-first century, Mad Studies has broadened the discussion about madness to prevent madness being discussed through binary opposites and has debated whether or not the diagnosis of madness is a purely social construction with no physical basis and whether or not psychiatric treatment is always wrong. In the 1960s and 1970s the anti-psychiatry movement passed me by, as I was trying to cope with severe mental illness every day, rather than using my energy to question the system that was saving my life.

The Mad Pride movement (founded 1993) presented the condition of psychosis as a gift rather than a burden and worked to overturn the stigma experienced by people with psychosis by giving them an identity of which they could be proud. In the heyday of Mad Pride, psychiatric *survivors* found they were empowered to transform their negative experiences of madness within the psychiatric system from weakness to strength; Members of the Mad Pride movement attempted to turn the stigmatising term *mad* on its head by re-interpreting madness as an identity worthy of pride and respect (Crossley, 2004; Adame, 2014; Rashed, 2019).

Over the years, the *survivor* movement in the UK has critiqued psychiatry's influence on society, finding in the twenty-first century that psychiatry and wider society still have a long way to go to enable the unbiased, fair-minded construction and treatment of people with all forms of mental illness, particularly psychosis (Adame, 2014; Rashed, 2020). Advocates of the survivor movement insist that all sections of society should move away from stigmatising and divisive labels that increase the distance between *them* (the sane) and *us* (the mad) and move towards a more open, inclusive dialogue, envisioning alternatives to traditional mental health services while holding high the proud banner of the Mad Pride movement (Adame, 2014; Rashed, 2019).

The Mad Pride movement highlights for me the importance to get the **right** diagnosis and the relief I felt when I received my diagnosis of *bipolar disorder with psychotic symptoms,* a diagnosis I have kept for the last twenty years, Being bipolar is somehow much more acceptable to other members of society than being schizophrenic. When I became ill, I was first diagnosed with schizophrenia, then as a manic-depressive and for a short spell I was seen as having a borderline personality disorder (BPD). As with other patients on the BPD spectrum, my GP was at a loss how to treat me; patients with BPD are informally referred to by GPs as *heart sink* patients (Lewin, 2021).

The *borderline* in borderline personality disorder is the line drawn between having psychosis and not having psychosis; treatment for psychosis is more straightforward for GPs than treatment for a personality disorder as psychiatry finds treatment with anti-psychotic medication to be effective in treating psychosis while treatment for non-psychotic disorders is seen by psychiatry to be far more complex. Another issue in the treatment of personality disorder is the increasing tendency to see a personality trait as a disorder, with medication at times being prescribed because the GP or psychiatrist sees the patient as annoying and/or unpleasant (Stephen, 4.2.(vi.a)).

1.1.(ix). The ideology and practice of Care in the Community

In his influential work, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates,* Goffman (1961) critiqued the appalling conditions in long-term psychiatric institutions, finding mental hospitals to be cruel and inhuman. At the same time, Goffman (1961) warned of the dangers of institutionalization through prolonged incarceration. Care in the Community was an attempt by the UK Government to resolve both these problems by abolishing the total psychiatric institution and positioning people with severe mental illness as members of mainstream society. Institutional care was the target of widespread criticism during the 1960s and 1970s, but the de-institutionalisation of psychiatric patients: the removal of patients from long-stay psychiatric hospitals and their placement in the community: only began in 1983.

De-institutionalisation has not been totally achieved at the time of writing my study and many problems have arisen in the attempt to make former patients feel at home in the community. The 1983 government failed to provide adequate funding to make the process of de-institutionalisation a success and inadequate funding has hampered Care in the Community throughout its history (Maynard, 2017). In addition, the 1983 government failed to realise that a change of environment does not automatically bring about change in personal circumstances; many of those released from long-stay hospitals in the 1980s were found years later to lead impoverished and purposeless lives, made worse by frequent unemployment and the impossibility of making friends outside their service user circle (Leff, 2001; Killaspy, 2006; Maynard, 2017).

People with severe mental illness have therefore been dumped in the community and then abandoned on the ideological basis that it is cruel and counter to their human rights to keep them in hospital (Wacquant, 2012; Phillips, 2022). It may well be ideologically cruel and unreasonable to keep mentally ill people incarcerated when they have not committed a crime but just saying something is ideologically wrong without providing a robust, well-constructed alternative is equally cruel and unhelpful.

The history of Care in the Community brings up at least two further subjects for debate: the forced incarceration of people who have not committed a crime and the advantages of being treated in a psychiatric hospital. Detention under mental health law mirrors anti-terrorist legislation in that both involve detention and incarceration without trial for those considered a threat to the UK's social and moral order; neither a suspected terrorist nor a person categorised as psychotic may have committed a crime punishable by law yet are still incarcerated and, in the case of the psychotic person, often treated against their will (Pilgrim & Waldron, 1998; Pilgrim & Rogers, 2009; Corcoran, 2011; Beresford, 2020). People diagnosed as psychotic are seen in the second decade of the twenty-first century as a danger to a healthy society and as such are not allowed to contribute directly to new knowledge (Beresford, 2020).

Psychiatrists arrest people suspected of being mad by sectioning them and take them into custody through hospitalization (Pilgrim, 2008). Psychiatrists then interview the suspected mad person at length to extract a confession from them; if the suspect confesses, they are found to show insight by admitting they are ill and need help (Kassin & Gudjonsson, 2004; Pilgrim, 2008). Whether or not the mad person confesses to the crime of madness, they are required to accept the sentence of therapeutic treatment (Foucault, 1965 [1961], 1973 [1963]; Kassin & Gudjonsson, 2004; Pilgrim, 2008) The mad person serves their sentence, is released into the community and is required to follow the law of psychiatry in the future (Pilgrim & Rogers, 2009).

1.1.(x). Different relationships with psychiatry required at different times

On a more positive front, different relationships with psychiatry may be needed at different points in a person's life and there are advantages as well as disadvantages to being a patient in a psychiatric hospital (Shalin, 2014). During the 1960s and 1970s I benefited as a hospital patient from the relationships I developed with many of the nursing staff. Hospital admission meant that I was removed from the public gaze and given the opportunity to recover in a supportive environment instead of being thrown out when I was found to have stabilised, a frequent situation today. Mental health services have now re-created institutions within the community through Community Treatment Orders and Early Intervention in Psychosis services, neither of which have the advantages of hospital care. When I was a patient in secondary services in the 1960s and 1970s I used mental health service provision to reduce the symptoms of my severe mental illness and to find a reason to survive from day to day.

My focus in the late 1970s changed. As my mental health improved, I needed to get and keep a paid job, and simultaneously cloak by appropriate medication any symptoms of mental illness that might endanger my position at work. I ceased taking medication in the mid 1980s when I was desperate to become a mother and from 1986 onwards I juggled medication and paid work while bringing up my daughter. An inherent tension in my study is that while treatment or care is necessary at times within a formal psychiatric structure, treatment of severe mental illness functions to legitimate unequal power relations between those being treated and those administrating the treatment; this tension is at the heart of co-production, the methodology for my study.

1.1.(xi). Transformative co-production through the co-producers of my thesis

The Social Care Institute for Excellence (2022), a national charity committed to evidence-based and co-produced improvement across social care for people of all ages, sees transformative co-production as encouraging and enabling service users to directly influence conversations about mental health and, in addition, encouraging resilience in service users when they encounter difficulties in their lives. Just being involved, however, does not in itself bring about change (Cahn, 2001; Boyle & Harris, 2009; Vennik, et al., 2016; Oliver, et al., 2019). Research studies on co-production between public services and those they serve have constantly and consistently critiqued existing approaches to health and social care without finding evidence for any transformational results, either to services or to individual service users through a co-production process (Boyle & Harris, 2009; Durose, et al., 2013; Williams, et al., 2020).

Transformative co-production in mental health services requires the relocation and redirection of power and control in mental health discursive practice by creating alternative discourses about “people, power, partnerships, resources and risk” (Slay & Stephens, 2013:1) to dismantle discriminatory, exclusionary, silencing cultures and practices and to build discourses based on social justice, where each individual matters, their rights are recognised and protected, and decisions are made in ways that are transparent and fair (Cahn, 2001; Needham & Carr, 2009; Park, 2012; Slay & Stevens; 2013**;**; Brandsen & Hout, 2006; Department of Health, 2017; Filipe, et al., 2017; SCIE, 2022).

Co-production in the twenty-first century is built on the principle that people who are affected by a service are the people best placed to help design it (Brandsen & Pestoff, 2006; Mazzei, et al., 2020). The participants in my study, through their narratives and works of art, have shown how they can make a substantial contribution to designing a new service through a process of transformative co-production: how they **do** co-production.

1.1.(xi.a). Stephen –musician, singer songwriter and stand up comedian

Stephen is a founder member of third sector organisation Headspace Bolton and is currently one of its directors. A recent contribution to Headspace Bolton by Stephen was as host of a stand-up comedy night in December 2021. Stephen was the driving force behind the musical comedy *B.E.D.S. - The Musical,* performed in 2019 at Bolton University. Stephen contributed to *B.E.D.S. - The Musical* as a performer and was involved in the transformative co-production of lyrics and music in the musical comedy. The acronym B.E.D.S. (Bell-End Disorder Syndrome) is a comedic reference to the confusing diagnoses currently found in mental health services.

The creative team, for *B.E.D.S – The Musical* included mental health service users and professional creative artists from a local private sector arts’ organisation and has furthered Stephen’s belief that working in partnership with the private (second) sector can be a transformative way of **doing** co-production.

1.1.(xi.b). Laura – poet, academic and co-founder of Breakdown Bolton

A publishing house has accepted Laura's poetry collection, *My psychiatrist's trying to kill me* for future publication*;* they are just waiting to receive more poems of the same quality before they publish her work. Laura has already made her poems available through self-publication.

A well-known local theatre used one of Laura's poems as publicity material for their production of a Brecht play. As an academician, Laura is working towards a Doctor of Philosophy degree, investigating madness and mental illness as portrayed by American novelists.

Laura is a founder member and director of Breakdown Bolton, a third sector mental health organisation that aims to break down the barriers between people diagnosed with mental disorders and those who do not have a diagnosis of mental ill health. At the opening session of the stand-up comedy course that Laura and I both attended, Laura introduced herself in three ways: as a patient in mental health services (" I am bipolar"), as an academic ("I am studying for a PhD") and as a person who makes unusual connections ("I am fascinated by air disasters"). All three identities are significant in my thesis.

1.1.(xi.c). Ryan – stand up artist, creative writer and aspiring writer of comic books

Ryan's first love in the field of creativity is the written work of fiction, especially the comic novel .He admires the work of Robert Muchamore, who hates cosy, comfortable books for young people and frequently courts controversy. Ryan has a good honours degree in English and creative writing and hopes to gain an MA in the same field. Ryan joined Headspace after completing two years of his creative writing degree; he completed the third year of his degree while contributing to the work of Headspace Bolton through stand-up comedy performances in the public arena.

Ryan has performed stand-up comedy at the Octagon Theatre in Bolton on several occasions and contributed a stand-up set to the 2019 Psychology *Fringe*

Festival at Affleck's Palace, Manchester. Ryan has received a fee for several of his stand–up performances.

Stephen and Laura chose to use their given first names rather than pseudonyms when positioning themselves as Educators by Experience in my study (1.3). Although Ryan chose to be known by a pseudonym, he selected a name he would have liked to have been given rather than attempting to cloak his identity; Ryan's stand-up style (Appendix 2) and his agreement that I use his educational and stand-up history in my study make him easily recognisable.

1.1.(xii). Headspace Bolton's connection to Early Intervention in Psychosis

Stephen, Laura and Ryan are all successful actors in the field of creative art and have different artistic strengths. They developed and used their creative strengths as active members of Headspace Bolton, creating works of art in a variety of mediums and genres. The three participants in my study, and the former participant who was forced to withdraw, came to Headspace via Early Intervention in Psychosis (EIP) services; they are therefore all categorised, classified and treated through professional mental health discursive practices. EIP services are found to have a beneficial long-term impact on the lives and livelihoods of people diagnosed with psychosis and Headspace Bolton is positioned to add to the efficacious impact of EIP services through a varied programme of activities, all with creativity at their core; the creative focus of Headspace is enhanced by its home at the Octagon Theatre, Bolton (Headspace Bolton, n.d.).

Headspace strives to shield itself from direct influence of first or second sector services by employing *expert facilitators* to train members of Headspace up to performance level in a range of creative arts, such as stand-up comedy and musical comedy (Headspace Bolton, 2022). Creating successful texts in the creative arts includes the use of language to evoke emotion and persuade, while at the same time gaining and using linguistic knowledge about how to write in a particular setting or genre (3.1.(v)). The skills required for writing of texts in the mediums of poetry, stand-up comedy and musical theatre epitomise the complexity found in using language effectively and at the same time following linguistic conventions (Kamberelis, 1999; Badger & White, 2000; Ivanic, 2004).

1.1.(xiii). Terminology: expert facilitator, organisation, third sector reciprocity

Kiri Pritchard McLean (*Live at the Apollo, Have I got News for You, 8 out of 10 Cats)* provided input on linguistic skills and drew out the potential of individual learners during the learning process; Kiri held the position of expert facilitator of stand-up comedy skills at Headspace. The members of Headspace Bolton on the stand-up comedy course facilitated by Kiri were empowered to produce texts of a high standard and at the same time **we** gained the ability to analyse **our own** texts (Shulman, 1987; Badger & White, 2000; Wiliam, 2009; Darling-Hammond, et al., 2020). As the meaning of words is so important in my thesis, I take this opportunity to show how two more terms, *organisation* and *third sector* have been used in my study. *Organisation* in my study implies no positive or negative association and is used for clarity and consistency. Rather than moving between the terms group, body, company or charity, organisation is used throughout my study to define all groups of people who work together to achieve a particular purpose, whatever the size of the group.

The term *third sector* is used in my study to separate it from the *first* (statutory) and *second* (private) sectors; the term third sector also indicates that the third (voluntary) sector holds the lowest ranking position of the three administrative sectors in the UK; its positioning below the private (second) sector implies that the discursive practices of third sector services Headspace are of lesser value than discursive practices in first or second sectors. Second and third sectors come the under control of the first (state) sector as the state is the usual source of funding for health and social care projects; organisations in the second and third sector have to accept the reciprocal arrangements set by the state in order to survive.

The second (private) sector is a profit based sector and, while a third (voluntary) organisation must position itself as a non-profit based organisation, both second and third sectors need to make a profit just to remain open, let alone to grow. The requirement for all third sector organisations to be non-profit entities is a cruel play on the term *non-profit*, as if the third sector organisation does not make a profit and runs out of money, it closes. Increasingly large parts of the UK economy are driven by cross-sector partnerships (5.1.(iii)) between first, second and third sector organisations (Rees, et al, 2012; Myers, 2017). Successful third sector organisations learns how to use cross-sector partnerships to get things done and remain economically viable (5.1.(iii)). Third sector organisations such as Headspace must bring in enough money to be profitable, as only by being profitable can they remain open.

For the second and third sector, the reciprocal arrangements laid down by the state require far more **giving** than **taking** on the part of the subservient organisations, including the the requirement to join the conversation according to the lead organisation's rules and requirements. In the twenty-first century, the third sector has been required to follow the first sector's direction on what to research; national research projects are launched by the government to make members of the public aware that they are doing something practical to resolve concerning issues at a particular point in their term of office, such as troubling stigmatising behaviour directed at people diagnosed as mentally ill as in Time to Change campaign, launched in 2007. Time to Change was funded by the Big Lottery and Comic Relief and organised and run by national charities Mind and Rethink Mental Illness; the stated aim of Time to Change was to end the stigma and discrimination faced by members of the UK population who experience mental health problems (Mind, 2022; Rethink Mental Illness, 2022). The Time to Change campaign, therefore, was set up to change behaviours towards people with mental health problems rather than just raising awareness of mental health issues; this, according to Mind and Rethink, was an extremely ambitious undertaking (Mind, 2022; Rethink Mental Illness, 2022).

The Time to Change campaign closed without having had any sustainable impact on challenging stigma and discrimination (Walsh & Foster, 2021). Throughout its history (2007-2021), Time to Change was too vague and general about mental health and mental illness and, as it provided minimal opportunity for direct action to bring about attitudinal change, the campaign failed to reverse the stigma caused by the deeply held negative beliefs of society about severe mental illness, particularly psychosis (Corrigan, 2016; Stuart, 2016; Walsh & Foster, 2021). Time to Change has ended up as an information site on theoretical ways to challenge perceived stigma, failing to trouble either how stigmatising behaviour acts to stigmatise its victims or what can be done to trouble and reduce stigmatising behaviour (Walsh & Foster, 2021). Now there is an opportunity to talk about mental health, including stigma, through a Time to Change event on just one day a year. On the second of February 2023, Rethink Mental Illness invites the public to:

> Join the conversation [about mental health] – order a free resource pack today or check out the tips for talking about mental health (Rethink, 2022).

Rethink finds we should build up to this one day, an implication that society does not require alternative conversations about mental health and mental illness for the rest of the year.

<u>**1.1.(xiv). Reciprocity - keep in line to stay open and keep functioning**</u>

The ranking of both second and third sector organisations below the primary ranking of the state presents the very real danger that both second and third sector organisations become “instruments of the state” (Lewis, 1999a:17) by becoming first sector “sock puppets” (Ainsworth, 2012:1). Uneasy co-production between first and third sectors, has blurred the boundaries between the two sectors, making third sector organisations generic service providers detached from their specific social and political contexts (Foucault, 1982; Lewis, 1999b; Carmel & Harlock, 2008; Chapman, et al., 2010; Acheson, & Laforest, 2013; Stanus, 2015; Grey & Sedgewick, 2015; Milbourne & Cushman, 2015).

In the current funding system, highly funded projects between first and second and first and third sectors are based wholly on governmental terms and the themes are decided by the government .The structure of the funding process in the UK favours state-backed providers who act to justify government ideologies and practices by providing evidence that the government is responding to the needs and acting in the best interests of the people it governs. This is in contrast to the *mutuality* of third sector organisations that function as Community interest Companies (CICs).

Headspace functions as a CIC mutual association, an organisation positioned between a charity and a profit making company. Mutual associations embody beliefs of belonging and trust, principles embedded in the theory of transformative co-production (Woodin, et al., 2010; Slay & Stephens, 2013). As the shareholders of CICs are both the members of the mutual associations and the community they serve, CICs focus upon both the needs of their named members and the needs of members of the wider community, the anonymous but equally important members of the CIC. The positive relationships formed through acts of mutual association fail to apply, however, in a hierarchical model of governance, as the person or body at the apex of power holds ultimate power over any micro models lower in the hierarchy; the agenda for research and provision is set according to governmental needs and purposes (Foucault, 2008 [1978-1979]; Janse van Rensburg, et al., 2016). While the shareholders of the NHS are the users of its services, all service users are excluded from direct governance of the NHS because of the government's ultimate, sovereign power.

The lower the position of a micro organisation in the hierarchy of power, the less power is available to the micro organisation to influence the practices of more powerful organisations. The creation of umbrella organisations to work with the government and professional mental health services to oversee a group of less powerful organisations and keep them in line with governmental politics usually leads to the closure of organisations lower on the hierarchy when they do not adhere to rigid government directives. This was the fate of Bolton Patients Council for Mental Health in 2010.

Members of the Joint Commissioning Strategy Service on mental health and wellbeing in Bolton found in a 2007 report that service user involvement was crucial in the delivery, commissioning and monitoring of Bolton mental health services (Strategic LIT, 2007). Bolton Patients Council, a service user led organisation set up to promote a positive image of mental health and to reduce stigmatisation through the monitoring, development and improvement of Bolton's mental health services, was cited as an integral part of the service user involvement and implementation process. The Patients Council in Bolton was a service user led organisation that was found to "ensure effective and active participation of service users in the development and evaluation of all services, including the Strategic Local Implementation Team (LIT) commissioning process" (Strategic LIT, 2007:39). Take it To the Top, a monthly public meeting hosted and coordinated by Patients Council, was found to empower mental health service users at ground floor level to contribute to strategic decisions made at a much higher level (Strategic LIT, 2007). Despite this acclamation, Bolton Patients Council was closed down in 2010, ostensibly because it duplicated other mental health services in Bolton.

Lewis (1999a, 1999b) identifies a shift in relationship between the state and third sector from the late nineteenth-century ideology of separate spheres to the complementary relations towards the end of the twentieth century; pressure ha been greatly increased for the third sector to serve as alternative service providers, with the state holding absolute power over the co-productive process. To get sustainable funding, a third sector organisation is required to follow the rules and practice of the first sector, mutating into an instrument of the more powerful discourse and becoming a mirror image of its funders. The weaker organisation is often manipulated into thinking they are driving the co-production process. As the third sector organisation morphs into a mirror image of its funders, a process known as isomorphism, the foundation of the organisation is destabilised and increasingly mirrors wider political power dynamics (Kallio & Kuopakangas, 2013; Thompson, et al., 2017).

1.1.(xv). Stigma and empathy as personal experiences of mental illness

As a person experiencing psychosis is perceived as physically dangerous and economically burdensome, members of society usually react with fear and repugnance to the psychotic person, demanding they be segregated from wider society and treated by psychiatrists until they cease to be dangerous; only then can they be released into society (Corrigan & Watson, 2002; Pingani, et al., 2021). Categorising a person as having a mental disorder and the ensuing stereotyping, discrediting and discrimination first by professional psychiatric services, then by wider society, is found to be the most powerful and negative form of stigmatisation, but this is the context in which co-production in the twenty-first century is meant to happen (Link & Phelan, 2001; Ahmedani, 2011; Stuart, 2016; Evans-Lacko, et al., 2016). Barriers to reciprocity in equality of power and position are interwoven at the deepest level of the co-productive process.

Connections between the cause and action of stigmatising behaviour are complex, and multi-layered. Every day, those of us with a diagnosis of psychosis trouble the symptoms and disabilities arising from the disorder itself and at the same time we are challenged and disabled by the stereotypes and the prejudice that result from misconceptions about psychosis, including the constant danger we are seen as presenting to society (Corrigan & Watson, 2002; Corrigan, 2016; Xi, et al., 2018). As a result of this daily clinical and social struggle, we are often robbed of the opportunities that define a good quality life, such as a good job, safe housing, an effective level of health care, and strong social networks (Corrigan & Watson, 2002; Shrivastava, et al., 2012; Tanaka, et al., 2018).

Since my diagnosis of schizophrenia at the age of twenty-one following episodes of hearing voices after the death of my father, I have experienced intermittent stigma both in mental health services and wider society. I have also experienced intermittent empathy from all sections of the community, including professional mental health services. The empathy of others has sustained me through very difficult times; that is why I put such a great store on empathy as a vital constituent of transformative co-production. I have included specific examples of empathy in the Findings section for the three participants in my study (4.2.(v), 4.3.(v), 4.4.(v)).

1.1.(xvi). Stigma in professional mental health services and in wider society

The term *stigma* refers to a set of negative and often unfair beliefs held by members of society about an individual or group of people whom they perceive as unfit members of society. Stigmatisation is a prejudicial social phenomenon leading to the marginalization of a specific person or a section of the community. The stigmatised individual or group is assigned attributes or a set of traits that discredit them; they are seen as different and less acceptable than other members of society and either excluded from society or positioned on its margins (Goffman, 1963; Foucault, 1982**;** Corrigan & Matthews, 2003; Pingani, et al., 2021).

As a result of prejudice from other members of society, the stigmatised individual faces discrimination and loss of dignity and is downgraded “from a whole and usual person to a tainted, discounted one” (Goffman, 1963:3). Stigma uses labelling and stereotyping to construct those stigmatised as totally and actively dangerous or totally and passively weak and pathetic; stigmatised members of society are perceived as people lacking the essential attributes to make them whole and acceptable (Goffman, 1963; Corrigan & Matthews, 2003; Walsh & Foster, 2021). Stigma is an active and functional force in society, setting off a co-productive process of *interweaving* within and between multiple discourses to target people with mental health issues and to place them in a separate space, distant and alienated from sane society. The words used to describe this space, such as psychiatric asylum, create a mental image of loss and separation, and at the same time psychiatric asylums are seen in sane society as violent places where contamination between inmates runs rife; if the mad are then released into society they must be avoided and excluded to prevent contamination of sane society (O’Connor, 2016; Springer, et al., 2017; Walsh & Foster, 2021).

The public stigma of the mad as volatile and violent takes its cue from professional mental health services whose clinical definition of madness emphasises the dangerousness of the severely ill patient. In professional mental health services, psychosis is seen as more than a clinical disease that can be successfully treated by medication or psychosocial interventions as in treating in anxiety and reactive depression to prevent self-harm. The temporary loss of connection with reality during an episode of psychosis stereotypes all people with a diagnosis of psychosis as unpredictable and dangerous, a section of society who will inevitably do harm to other members of society if they are not categorised, detained and treated (Springer, et al., 2017; Walsh & Foster, 2021).

As patients in mental health services with a diagnosis of psychosis, Laura, Stephen and Ryan and I are positioned in contemporary psychiatry in two ways, contrasting yet inter-linked. We are identified as deviant, morally defective, dissident and presenting a risk to society that must be addressed and neutralised and at the same time as pathetic subjects who need to be taught to accept our condition and gratefully accept help from professional services to neutralise the danger we present to ourselves and others (Foucault, 1965 [1961]; Corrigan & Watson, 2002; Beresford, 2002; Beresford, et al, 2010; Rössler, 2016)

Members of society are encouraged by mental health professionals to endorse the synonymous stereotypes of insanity and psychosis and presume a categorical difference between those labelled as psychotic and those who do not have this label, then act in a discriminatory manner towards people diagnosed as psychotic (World Health Organization, 2004b, 2013; Walsh & Foster, 2021). If not perceived as physically dangerous, people with psychosis are seen by the wider public as dangerous burdens on society, irresponsible citizens who take from but never give to wider society (Corrigan & Watson, 2002; Beresford, 2002, Beresford, et al., 2010; McNay, 2009; Yanos, et al., 2010; Hall, et al., 2019).

People categorised as mad are both normalised through oppressive and marginalising psychiatric discourses and excluded from contributing to epistemology and discursive practice because of their dangerousness (Khan, & MacEachen, 2021). Those diagnosed as psychotic are placed in a niche that oppresses and restrains them and even changes them physically through medication and electro-convulsive therapy. Their home in mental health services can be terrifying, but as they speak the language of madness they cannot communicate interactively with their sane oppressors (Foucault, 2008 [1978-1979]; Pescosolido, et al., 2013).

1.1.(xvii). Confusion between diagnoses of psychosis and psychopathy

Despite the evidence that the vast majority of people diagnosed as psychotic are more likely to harm themselves than others, the conditions of psychopathy and psychosis are often confused, People with the clinical condition of psychosis are frequently seen as acting without empathy and with a total disregard for the consequences of their actions (Decety & Moriguchi, 2007; Farrow & Woodruff, 2007; NHS, 2019). By associating extremely violent acts with people diagnosed as mentally ill, madness is located within the mentally ill person, stereotyping and stigmatising the person diagnosed with psychosis as inherently violent, an individual who will inevitably do harm to others if they are not controlled and treated by professional services (Pilgrim, 2008; Beresford, et al., 2010**).**

Some years ago, I remember a categorisation of of people who were mentally ill as *bad* (anti-social personality disorder), *mad* (psychotic) or *sad* (depressed) but not simultaneously **bad** and **mad**, a simplistic classification troubled by Stephen (4.2.(vi.a)) but illustrating my point. In recent years, psychiatry has helped us to become confused about what *bad* and *mad* mean; when there is a terrible crime, the confusion of bad (intentional action) and mad (involuntary action) persuades society that the diagnosed mad, whether psychotic or psychopathic are both dangerous to society and have evil intent (Beresford, et al., 2010; NHS, 2019). The latest NHS (2019) website on psychosis found that the confusion between psychopathy and psychosis is becoming more and more prevalent in UK society.

1.1.(xviii). Relationships between stigma and power dynamics

Stigma always takes place in a situation of power where the elements of stigmatising behaviour have the opportunity to emerge and take effect (Link & Phelan, 2001; Lucas & Phelan, 2012; Pingani, et al., 2016; Rashed, 2019). In professional mental health services, the association with *dangerousness* of a person diagnosed as psychotic always results in loss of status and often loss of liberty and frequently presents societal difficulties for the person in finding a job, and carrying out higher level study; the person seen as dangerous may also lose supportive social networks (Link & Phelan, 2001, Phelan, et al., 2014; Chung, et al., 2019).

Three personal studies of the struggle with psychosis in my study have contributed to the troubling and unsettling of power dynamics. I pulled out and interrogated the tensions in the ethics and practice of co-production as narrated by the participants and shown in their works of art. In my study, Stephen, Laura and Ryan demonstrated how they developed and honed their creative skills in creating or contributing to the creation of works of art in musical comedy, poetry and stand-up comedy to form associations that de-stigmatised psychosis and unsettled established power dynamics. Stephen, Laura and Ryan flourish as creative artists, re-balancing power inequalities to their own and society's enrichment.

The language of power is central to the emotive, troubled, and complex construction of co-production when certain discourses of mental health populate mental health services; the narratives and works of art provided by the participants in my study evidence oppressive power and at the same time escape from oppression through creativity. My study explores the contribution to knowledge of **doing** co-production in the discourse of mental health as interpreted, troubled and unsettled by the narratives and works of art of the three participants in my study.

1.1.(xix). Aims and objectives of my study

1.1.(xix.a). Aims of my study

To discover how three young adults with a diagnosis of psychosis used creative art forms to construct personal journeys of co-production.
To use this knowledge to effect positive change in mental health discursive practice and simultaneously show how the transformative effect of the psychotic experience has changed the lives of the participants in my study.

1.1.(xix.b). Objectives of my study

Objective 1

To trouble how the third sector organisation Headspace Bolton uses creative art forms, such as poetry, music and comedy, as part of co-production practices to recognise, question and re-interpret stigmatised perceptions of mental health and mental illness, particularly focusing on re-writing the currently stigmatised language of psychosis.

Objective 2

To trouble how and to what extent the co-production practices interrogated in my study troubled and unsettled the power relationships between service providers and service users.

Objective 3

To show how three young adults (18-35) with a diagnosis of psychosis constructed co-production processes as members of Headspace Bolton; in short, how Stephen, Laura and Ryan **did** co-production in my study.

Objective 4

To positively change mental health service provision, while transforming the lives of Stephen, Laura and Ryan, the mental health service users involved in my study.

The action of troubling requires me to present, unpack and justify the alternative perspectives presented in my study. Troubling also requires health and social care professionals to be aware that personal transformation may be required when they examine and interrogate the day-to-day practices they currently accept and apply; willingness to change is here key (Noorani, 2019). In addition, when discursive practices are troubled to highlight and attempt resolution of a specific problem rather than propounding a general theory they have greater power to unsettle established power relations (Nonhoff, 2017, 2019).

In my study, Stephen, Laura and Ryan demonstrated, in different ways, how they developed and honed their creative skills to form associations in their personal cultural contexts to flourish as creative artists and unsettle established power dynamics. Taking marginal positions on the specific discourse of madness in a safe “third space” (Bhabha, 2004:53) enabled the participants in my study to write alternative discourses of madness that were still embedded in and interwoven with all other embedded discourses that had constrained and empowered their lives up to and including the date of their interviews.

1.2. The understanding of mental health during the Covid-19 pandemic

I have situated my research within the extensive discussions about mental health during the Covid-19 global pandemic, a pandemic whose effects are still reverberating in 2022. The need for appropriate services for all aspects of mental health and mental disorder have come to the fore, highlighting the timeliness of my research study. A specific issue, highlighted by Gill (2022), was the lack of services for the severely mentally ill during the pandemic. Certain conditions such as anxiety and post-traumatic stress disorder were discussed far more during the pandemic than other conditions such as psychosis, often leading to the discovery of ways to ease and relieve distressing issues related to general wellbeing. In contrast to the *c*onversation on how to achieve wellbeing for all during the Covid-19 pandemic, there there has been almost complete silence on ways to combat issues related to psychosis to make life better for people with diagnoses of *schizophrenia* or *bipolar disorder with psychotic symptoms*. My study aims to ensure that less palatable diagnoses are not excluded from conversations about mental health and mental illness.

During the Covid-19 pandemic, people with a diagnosis of covid-19 were separated from wider society as diseased, alien beings, required to stay in their personal space and not associate with other people as they presented a danger to the non-diseased members of society. All adult members of society were trained to be hyper-alert in recognising signs of covid-19 in themselves, or in others. Parallels can be drawn here with the parallel world/universe of the psychotic mad. The alienation of the psychotic mad and the attempts by the participants in my study to bring us back into the fold are discussed throughout my work and include Ryan’s consideration of the parallel universe as an epistemological tool

(4.4. {iv.a}) and the initial alienation of care home relatives during the Covid-19 pandemic.

For considerable periods of time during the Covid-19 pandemic, people were not allowed to visit their friends and relatives in care homes because visitors might bring the covid-19 virus into the care homes and endanger the care home community. The care home residents were out of sight but not out of mind and as soon as people could visit their friends and relatives more safely because of vaccinations and improved testing, care home residents and visitors felt the joy of being connected rather than alienated. Members of the sane community, however, struggle to connect with the psychotic mad in any circumstances, as sane people never feel completely safe in the presence of the person diagnosed as psychotically mad. The sane, however, can start to converse with the mad if people with psychosis are positioned as Educators by Experience.

1.3. Stephen, Laura and Ryan as Educators by Experience

The advancement of discursive knowledges in a space free from many of the imposed discursive elements found outside this safe environment stretched the boundaries of what Stephen, Laura and Ryan could think, say and make visible to wider society as *Experts by Experience* (Mallett, 2004; Zhou & Pilcher, 2019; Holliday, 2022). Experts by Experience who have experienced physical and/or mental ill health are found to have a unique and valuable perspective on their own condition (Care Quality Commission, 2022); I considered positioning the participants in my study in this role. I discovered, however, both through research studies and personal experience, that almost everyone in society claims a unique and useful perspective about mental health/mental ill health and therefore almost everyone in society is an *Expert by Experience* on the subjects of mental health and mental illness. I have therefore turned to the designation of *Educator by Experience* (Lonbay, et al., 2022).

Educators by Experience with a diagnosis of psychosis are accepted and celebrated in my study as narrators and analysers of their unique, personal experiences of mental health and mental ill health; at the same time, they are found to contribute directly to the education of people who do not experience psychotic episodes and wish to trouble psychotic experiences through a service user perspective (Lonbay, et al, 2022). As the designation of Expert by Experience is often capitalised, unlike the term service user, suggesting that Experts by Experience can contribute significantly to discursive practice in health and social care with high positions in the power hierarchy and a high level of knowledge, I have capitalised *Educator by Experience* in my study to emphasise the importance of Stephen, Laura and Ryan's contributions to epistemology.

In my study, bringing personal experience of the experience of psychosis to a wider audience in the non-alien format of comedy gives pleasure while provoking reflection through the mimicry of discursive practices. As protagonists of comedy, Stephen, and Ryan present the often ridiculous and at times tragic outcomes that occur if ruling discourses are followed slavishly. When we are moved by a work of art, we are transported emotionally and physically to a different place, gaining new knowledge by focusing on a perspective that we did not focus on before and increasing our depth of understanding of a particular emotion such as love or fear. The learning process in my study is made more accessible to the reader by being put across through the universally accessible formats of comedy and poetry, used by Stephen, Laura and Ryan in the fields of stand-up comedy, musical comedy and poetry.

Chapter 2: Search strategy and Literature review

2.1. Search strategy: using and developing different conversations

Conversations in my study include conversations with the written text and ***live*** conversations with a wide range of Educators by Experience during the research process. Conversations with the written text in my study include conversations with scholarly articles and books, newspapers and the Internet; central to **doing** co-production are the alternative conversations through the narratives and works of art of the participants in my study, Stephen, Laura and Ryan.

The conversations with texts site and trouble the contributions from the participants in the findings and discussions' section of my study (Chapter 4). My conversations with written texts focus particularly on the work of five theorists and philosophers, Foucault, Benjamin, Beresford, Haraway and Ingram (2.1.(vi); 2.1.(vii); 2.1.(iv); 1.1.(ii). I explore and trouble the ideologies and theories of governmentality (Foucault, 2.2.(x)), transformative co-production (Benjamin, 2.1.(vii)), service user exclusion and subsequent involvement through Mad Studies (Beresford, 2.1. (iii)), situated knowledges (Haraway, 2.1.(iv)) and the psychotic brain (Ingram, 1.1.(ii))**.** Governmentality is only one of the many ways I have troubled and applied the work of Foucault (2.1.(vi)).

Live conversations in my study, two way, interactive conversations with a wide range of Educators by Experience during the research process, complement the *conversations* with the theoretical/philosophical works of Foucault, et al. and the *conversations* I had with the written texts provided by Stephen, Laura and Ryan that substantiated and justified my recommendations (Chapters 4 and 5). The motivational, live conversatons with the examiners at two stages in my research, at Interim Assessment (IA) and Internal Evaluation (IE) levels, demonstrate this difference and show the added value of interactive discussion. I find that face-to-face *live* conversations present far fewer barriers to communication than those conducted on-line; I will always be grateful that my final viva was conducted face-to-face.

At the IA stage of my thesis, one of my examiners encouraged and motivated me to link the philosophy of Foucault to the co-production process in today's health and social care services, a direct link to the recommendations mooted in my study. The second examiner encouraged and suggested ways to narrow and sharpen my focus to hone in on specific areas in which the participants in my study are Educators by Experience; Stephen, Laura, Ryan and I hold the power to trouble and possibly change practices in health and social care because of our posiitonality as mental health service users. A close reading of Foucault's Madness and Civilisation (1965 [1961]) through a social learning course facilitated by the University of Manchester and a simultaneous stand-up course facilitated by Headspace, at which Stephen, Laura, Ryan and I all met, gave me the opportunity to make, trouble and develop this link (1.1.(xiii)).

At the IE stage of my thesis, one examiner helped me to position Stephen, Laura and Ryan, the participants in my study, as Educators by Experience; they were my teachers and I was their student. The second examiner motivated me to develop a *golden thread* in my thesis; I found this beautiful pictorial image justified and moved forward my delight in *thinking through picturing* (Sauzet, 2015:37, 4.1). In her narrative, Laura found gold to hold a high position in the hierarchy of a metaphorical colour palette (4.3.(iii)).

2.1.(i). Impossibility of following search strategy discursive rules

The rules required by the professional doctorate in writing an acceptable search strategy are prejudicial to me and to my way of thinking. I tend to think of an idea, run it through in my mind, then on paper and **then** find academic confirmation; I therefore use search engines such as CINAHL more as a theoretical confirmation than as a directive. I use academic confirmation and disagreement as a way to argue my case for and against conflicting opinions that I consider right or wrong, not as as a legitimisation that constrains my thinking. I throw ideas into the air and grab some of them as they fall; this contrasts with the managerial normalisation of the search strategy that requires narrowing down, categorising and micro-managing so that the proposed search strategy follows current academic rules for knowledge creation, knowledge assessed by those who make the rules (Foucault, 1981 [1970], 1994 [1966]).

By taking on board the euphoria brought on by the psychotic experience, I get ever higher, write ever faster and see more and more connections in my mind; occasionally, during preparation of my doctoral thesis, I have returned to my “reams” of notes and find I am unable to “string them together” (Ingram, 2016:11,12). When I can string my reams of notes together, new knowledge emerges from the potential confusion; this is a positive example of transformative co-production. According to Benjamin (Ross, 2020), my way of thinking is how inventors invent and how new knowledge is created. I had developed the theory that Foucault’s *History of Madness* (1965 [1961]) presents a viable methodology for the connections between madness and creativity before I read Tuana & Scott’s (2020) study.

Transfiguration through a process of transformative co-production is achieved not by cancelling reality but through a complex interplay between the truth of what is real and the exercise of freedom, far more intricate than the observations of the strolling, meandering spectator or *flâneur* (Baudelaire, 1964; Foucault, 1984, 1997 [1984]; Ross, 2020).

> 'Natural' things become 'more than natural,' 'beautiful' things become 'more than beautiful,' and individual objects appear 'endowed with an impulsive life like the soul of their creator.' (Foucault, 1984:39).

Foucault’s reflection on transfiguration demonstrates the positive action of transforming, rather than cancelling and re-starting. The word ***positive*** jumped into my mind when I troubled the action of transfiguration, one simple adjective encompassing so much feeling, I reflected on the meaning of *positive* in psychiatry, where a *positive* symptom adds to the pathological symptoms of psychiatry and is seen as bad, undesirable and worrying. Laura, in contrast to psychiatric understanding of the term *positive*, describes the positive symptoms, of psychosis as valuable assets, adding to the depth, intensity and drama of her poetry (4.3.(iv)).

Troubling, not by cancelling a discourse but by solving a problem through interweaving with other discourses, led me to the concept of *enlightenment,* as troubled by Baudelaire (1964) and Foucault (1984, 1997 [1984]). Foucault and Baudelaire see enlightenment as the ability to capture the present moment in all its complexity through works of art that engage with their audience at a far deeper than surface level. This deep engagement is what the service user group Headspace Bolton works to achieve.

My positionality on enlightenment and the different personal stories from the participants in my study are a legitimate part of the methodology of my study. Everything that comes out of my mouth and the mouths of Stephen, Laura and Ryan is not, however, enlightened wisdom and at times can be rightly classified and categorised as unreason and nonsense; I do not know if I have written reason or unreason during a psychotic experience until I return to my ream of notes (Ingram, 2016). Ryan sees this as returning to a *"raw place"* at a time when a traumatic experience does not hurt him as much and where he can make sense of the experience and become enlightened (4.4.(iv.a)).

Ryan found that he could protect himself from painful exposure to the "*raw"* truth and lessen the impact of distressing experiences by returning to the raw place at a time when the experience was less raw and he could reflect on the experience from a safe distance. (Draucker, et al., 2009; Center for Substance Abuse Treatment, 2014). Laura similarly returned to the raw place to write her poem *Love song revisited* (Appendix 1f)). Further revisiting of the raw place caused Laura emotional trauma during our interview, raising for me the primary ethical requirement to not harm a participant when a moment of emotional trauma is revisited. My ethical handling of the situation through an unrecorded break and a chat led to new knowledge in the second part of Laura's interview through her reflection on and troubling of the concept of *insight* (4.5.(ii)). Revisiting a scene of trauma is particularly traumatic for a person with psychosis; other issues related to this revisitation are discussed later (2.4.(v); 5.1.(iii)).

2.1.(ii). Limitations of scoping searches in my study

Papers for inclusion in the literature review were initially identified through scoping searches using Google and Salford University's library search, providing a research focus and also clues, including key words, for more specific searches through online data bases, such as the health and social care data base, CINAHL. The CINAHL search was at first limited to peer-reviewed papers published after 2010 as, according to Hastings et al (2015), this is concurrent with the shift in local and national government interaction with the voluntary sector as a result of austerity measures taken by successive governments.

Hastings, et al, (2015) see the coalition government of 2010 as the watershed in instigating the paradigm shift in the outcomes of rapidly changing government policy. The first watershed for my study, however, was not 2015 but the 1960s. A further watershed for me included a significant period prior to 2010 when I had personal experience of the third sector as volunteer, management committee member and later self-employed worker at St George's Centre (1977-2022) and as an activist (1999 -2010) with Bolton Patients Council for Mental Health (1.1.(xiv), 5.1).

2.1.(iii). Bible/bible concept and the service user activist

At the same time as collecting information on the third sector that was relevant to my study, I carried out a close reading of two service user experience books, *Psychiatry Disrupted* and *Searching for a Rose Garden* to immerse myself in current service user epistemology. *Psychiatry Disrupted* (Burstow, et al., 2014) and *Searching for a Rose Garden* (Russo & Sweeney, 2016) critiqued *sanism's* intersection with other forms of social discrimination, including sexism, racism, colonialism, and homophobia, and bemoaned the unhelpful aspects of the responses of the sane community to mental distress. In *Psychiatry Disrupted*, the word **disrupted** emphasises the anti-psychiatry stance of this work; *sanism*, also known as *normalisation*, is positioned in *Psychiatry Disrupted* as a movement that service user survivors must confront and against which they must fight. *Psychiatry Disrupted* gave me a deeper understanding of the anti-psychiatry movement and its development through Mad Studies.

Reading both *Psychiatry Disrupted* and *Searching for a Rose Garden* was essential to my background research on using a text as a scripture or *bible*. I found that the methodology of anti-psychiatry did not work for me; anti-psychiatry and I use the *History of Madness* as our informal scripture or bible, but in very different ways. The informal meaning of bible is a book regarded as authoritative in a particular sphere, but its primary definition, usually capitalised, relates to the text that sets out the sacred scriptures of Christianity or Judaism. The informal use of bible, through the mental juxtaposition of Bible/bible carries undertones of a sacred text, perceived as divine, hallowed and revered (Chapman, S. B., 2010; Chapman, A., 2020; Horowitz, 2021). Ryan uses bible through its informal meaning; for Ryan, *Writing down the Bones* (Goldberg, 2005) is his bible: a textbook holding authority in the sphere of creative writing while having the added value of a sacred, venerated text. Ryan finds he is thereby empowered to write freely (4.4.(ii)).

Anti-psychiatry and psychiatry use the concept of the bible to oppose or support psychiatric practice, The mental juxtaposition of bible and Bible through the diagnostic tools DSM-5TR and ICD-11, is used by psychiatry to promote psychiatric practice as the sole truth, while anti-psychiatrists use the *History of Madness* as a biblical/Biblical text to promote their cause of total opposition to psychiatry (Horowitz, 2021). Neither psychiatry or anti-psychiatry allow alternative truths; anti-psychiatrists rightly find that the rigid application of discourse by those who write the discourse can have disastrous results, as in the case of Catherine Ziegler (1.1.(v)), but the total rejection of team working between service user survivors and health professionals totally rejects the co-production methodology that underlies my study.

Searching for a Rose Garden sets the social model of recovery practices in opposition to the clinical model of psychiatric recovery, exploring various ways to oppose psychiatry and paying little heed to ways that psychiatry and service user survivors can work together as a team. Despite its anti-psychiatry approach, *Searching for a Rose Garden* was promoted as a useful text for undergraduate and graduate students in fields such as psychology and social work (Nicki, 2016). I question the ability of *Searching for a Rose Garden* to get health and social care professionals working together with a common interest and purpose when followers of anti-psychiatry discourse see themselves as survivors of a practice that has worked systematically to destroy them.

In current Mad Studies understanding, ***survivors*** of psychiatry range from people who currently access mental health services and who consider themselves survivors of interventions by psychiatry to former patients of mental health services, who again have survived psychiatric interventions as they are still alive and functioning, if at varying levels of functionality. In total, psychiatric survivors make up a large proportion of the UK population. While activists in the Mad Studies survivor movement share the general name of survivor, their views range from conservative to radical in relation to psychiatric treatment, levels of resistance and the understanding of what *being mad* means (Wolframe, 2013a, 2013b; LeFrançois, et al., 2013; LeFrançois, et al., 2016).

A *survivor* may accept that they have or have had the experience of a clinical mental disorder or may find that their madness is totally constructed by society (Beresford, et al., 2010; LeFrançois, 2013; LeFrançois, et al., 2013). This diverse, liberal interpretation of doctrine raises problems when survivors try to come together as a unified group against a common enemy, as in the Mad Studies movement. More significantly for my study, it makes impossible a transformative co-production process bringing together mental health professionals and service user activists because of their binary focuses.

Although I have found issues with some of the directions of *Mad Studies* research, I have found the work of Mad Studies' members Ingram (2016) and Beresford (2002, 2005, 2009, 2019, 2020) to be inspirational and motivating. Ingram

(2016) argues through accepted academic discourse about ***(non)senses,*** as Foucault in his day argued through academic discourse about ***unreason***.
I found Beresford's collaborations with other mental health activists such as Russo (2015, 2016) and Perring, Nettle and Wallcraft (2016) reflected and encouraged the collaborative, co-productive focus of my study. Before I started the research for my thesis, I had already read works by Beresford that justified his position as a valued social critic of mental health service provision through his role as survivor of professional mental health services.

While the third sector perspective on mental health has a different focus to most aspects of the Mad Studies movement, focusing as it does on welfare and wellbeing for all through general principles of mental health and wellbeing, the work of Peter Beresford has combined Mad Studies ideology with the survivor aspects of third sector mental health organisations that encourage the diagnosed mad to fight back against an oppressive system as in the work of Headspace (Beresford, 2019). I found a plethora of articles on subjects of interest to my study while carrying out my research from 2018-2022, including several works by Beresford, and my literature review has been constantly updated.

2.1.(iv). Situated knowledges by situated knowers

A particular issue for the participants in my study and for myself, both as contributors to the research thesis and in our wider functioning, is uncovering the normalisation we are required to follow to get our true voice heard and our words accepted as objective truths. As the notions of *truth* and *true voice* are highly unstable and contested, I instead position the participants in my study as situated knowers creating situated knowledge, applying critical knowledge to specific situations, rather than as overarching theory and thereby accommodating both accepted critical knowledge and the paradoxes thrown up when Stephen, Laura and Ryan position themselves as creative actors and agents rather than slaves to dialectic (Foucault, 1982; Haraway, 1988).

The following paragraph highlights the advantages of positioning Stephen, Laura and Ryan as situated knowers with situated knowledges in my thesis; they are the agential actors, the go-betweens linking the creative individual to society on their own terms, not as agents in other people's power plays; visualising the world on one's own terms enables the introduction of humour and gentle ridicule into discursive practice (Haraway, 1988:593).

> The only way to find a larger vision is to be somewhere in particular… Situated knowledges require that the object of knowledge be pictured as an actor and agent, not as a screen or a ground or a resource, never finally as slave to the master that closes off the dialectic in his unique agency and his authorship of "objective" knowledge (Haraway, 1988:580, 592).

Haraway's use of visualising techniques (1988:595) adds to the active and magical impact of metaphorical insight in Laura's poetic texts; Laura's poems are sites of literary production where language can act independently of the intention of Laura as author (Foucault, 1977 [1969]). Describing the writing of poetry is found by Haraway to be often cumbersome, requiring unwieldy, often clumsy terminology to explain the construction process; the poem itself, however, can be magical as new, formerly hidden knowledge comes to light. This knowledge is hidden from the poets themselves before their poems are created (Foucault, 1965 [1961]; 286-289; Haraway, 1988).

Haraway, however, warned me of the dangers of ideological condemnation of other people's strongly held beliefs when she condemned the ideology of Christianity as dangerous claptrap, seeing the discursive practice of Christianity as a means for evil men in positions of power to oppress vulnerable members of society. Highly cited Haraway threw the Christian discourse central to my daily life onto the scrapheap, condemning Christianity as trickery and illusion and warning me to avoid mixing the discourses of Christian faith and scientific knowledge.

Haraway (1988) equated Christianity with harmful madness and emphasised the need for the thinking person to remain sane by avoiding the discursive practice of following the Christian faith in any circumstances and simultaneously condemned binary thinking. After reading Haraway (1988), I checked my work both for binary thinking and for stereotypes based on either the total acceptance or the total rejection of a single discourse; I apologise if some binary and stereotypical thoughts still remain.

2.1.(v). Gap in epistemology: the need for psychotic creativity.

Netchitailova (2019) focuses on service user activism through the creative arts rather than safe, comfortable, therapy; activism through the creative arts is a central focus of my study. Foucault (1965 [1961]; 2006 [1961]) had already brought this to the fore through the work of the poet Artaud in his PhD thesis, originally published in the early 1960s. *Conversations* (Parkinson, 2018) that promote, laud, justify and act upon the transformative power of **psychotic creativity** are explored, troubled and vindicated throughout my study.

2.1.(vi). Transformative co-production through Michel Foucault

The initial motivation for my study came from a close reading of *Madness & Civilisation, A History of Insanity in the Age of Reason* (Foucault, 1965 [1961]) and its Appendix: *Madness, the absence of an oeuvre* (Foucault, 2006 [1961]). Foucault was my motivator and companion during the whole period of study for my Professional Doctorate. I have shortened the unwieldy title of Foucault's 1965 [1961] work to *History of Madness* for the remainder of my study.

As the methodology for my study was based on the *History of Madness*, I have included the date of publication in my in-site references to provide evidence for my concentration on early Foucault. Before he embarked on his work on genealogy in the *History of Sexuality, Volume 1: The Will to Truth* (1980a [1976]), Foucault found that he had already carried out extensive work on critical analysis, genealogy and transformation through the creative arts in the *History of Madness* (1965 [1961], 1981[1970], 2006 [1961]). Alongside my use of the *History of Madness,* Foucault's 1961 PhD thesis, as a toolkit (3.1.(xi)), I troubled his early work on discursive language in *The Order of Things* (1994 [1966]).

I used Foucault’s later work in my research analysis when appropriate. The *Ziegler* scenario, for example, demonstrated the tragic consequences of treating the insight of the person with psychosis as babbling unreason; ignoring patients with a diagnosis of psychosis when they beg for help to protect themselves and other people is reflected in failures of twenty-first century psychiatric care (Foucault, 2002 [1978]; Vesty, 2020). When to listen to psychotic reason and when to take action to prevent tragic outcomes is a dilemma that psychiatrists have to face and resolve on a daily basis and requires taking time to listen to patients rather than ignoring what they have to say and always dismissing their words as as *unreason* and *(non)senses* (Ingram, 2016).

At the same time as analysing the tensions in power/knowledge relationships, Foucault’s *History of Madness* re-problematized the interaction of power and knowledge, showing that original works of art can disturb and disrupt the overall power/knowledge structure. Foucault’s finding that power is a dynamic force relates directly to my work on transformative co-production. I find, however, that the noun *power* can be interpreted both as a dynamic force and a *thing*, in the sense of utensil or commodity. *Power* is a noun and a noun in grammar is the name of a person, place or thing. Power is not the name of a person or place and therefore must be the name of a thing. Nouns that can be activated, as in the verbs empower, idealise and empathise can be seen as directive forces, but using the things called power, ideology and empathy as active forces does not preclude a conversation in my thesis about the concepts of power, ideology and empathy.

2.1.(vii). Transformative co-production through Walter Benjamin

I was only able to scratch the surface of the work of Walter Benjamin on the mystery and magic of madness. I did, however, trouble the title of an edited book *Border crossings between delusion and knowledge: On the co-evolution of experiment and paranoia* (Hahn, et al., 2002 [1850-1930]) to which Benjamin (2002 [1930]) contributed a chapter entitled: Experimental Paranoia: the construction of delusion and knowledge in narratives by the mentally ill. The title of the book and Benjamin’s findings on the links between delusion and knowledge highlight the aspect of transformative co-production unique to people with the gift of psychosis when they trouble the systematised delusions of psychosis through the creative arts. My own translation of the title of the book to which Benjamin contributed a chapter reads:

> Crossing borders between madness and knowledge through experimentation, leading to an understanding of the co-evolution of systematised delusions.

Experiment in German has the dual meaning of the knowledge gained from completed experiment and the act of experimentation as in the transformative co-production process in my study. Translations for *Wahn* from German to English include illusion, mania and delusion, all stigmatising words used in the UK to exclude the mad from contributing to knowledge. *Paranoia* can be translated into English as *systematised delusion*, an alternative knowledge that is logical to its creator. Throughout his life's work, Benjamin endeavoured to uncover, investigate and trouble the formerly secret knowledge of the person diagnosed as psychotic and therefore considered to speak unreason (Ross, 2020).

In *One Way Street and Other Writings*, Benjamin (1979 [1928]) found that setting free new knowledge by bringing together psychosis and experience acts as a fuel to reverse the direction of power and bring back to life what had previously been left for dead (Brennan, 1991). Benjamin recognised the importance of connecting personal experience and the inventiveness of the psychotic brain, comparing the action of transformative co-production in the mad person to that of the inventor (Ross, 2020). An important application of Benjamin's *Arcades Project* (Benjamin, 1997 [1927-1940]) in my thesis is Laura's explanation of how she creates and develops a metaphor through an enlightened focus, rather than as a meandering, unfocused *flâneur* (Baudelaire, 1964; Foucault, 1984, 1997 [1984]; Lamb, 2005).

2.1.(viii) The importance of verbs in doing transformative co-production

The many recent applications of supposedly *doing* co-production initially overwhelmed me, especially the very different understandings of what **doing** co-production actually means (Bradley, 2020). The concept of transformative co-production emerged in the 1970s as a unified and collaborative interaction between governing bodies and citizens; its purpose was to improve the relationship between service providers, such as healthcare professionals, and the recipients of services, such as patients in healthcare services (Cahn, 2008). The recipients of healthcare services were found to experience transformation through the ministrations of Experts by Education in professional health care to become healthier and safer citizens (Brandsen & Pestoff, 2006; Cahn, 2008). Two important issues on **co-production** arising from my study are the very different application of the term *co-production* when employed by mental health service providers or mental health service users, and the absolute power held by the state to close all third sector organisations if they fail to operate on the terms of the state.

An in-depth study of co-production made me even more aware of the significant action of verbs as *doing* words. I also found that some nouns and adjectives to describe similar experiences were to me far more emotionally evocative than others; *alien* is a far more vivid and graphic term than the seemingly more popular *other.* The verb *to other* is a false verb: it is a noun that has recently been verbalised (Merriam Webster, 2022): whereas the verb *to alienate* is active in creating the alien and has existed alongside *alien* for many years. *Other*, in its meaning as unwanted stranger, is a more recent term than *alien*, and does not have the range of antonyms that are available for alien. I found the dictionary opposites of alien to be familiar in the sense of a welcome neighbour, native and earthly, all desirable states of acceptance for me, Stephen, Laura and Ryan and contrasting with our frequent positionality as members of a parallel universe, separated from mainstream society and soon forgotten, other than as a danger to the status quo (1.1(i)).

2.1.(ix). Frontiers, Third Sector Research Network and Wolframe

The open-access Frontiers' website gave me straightforward access to recent work on co-production studies about the Public and Patient Involvement (PPI) programme (2.3.(iii)) and the concept of the mad genius (2.4.(ii)). The *mad genius* articles available on the Frontiers' website gave me a range of views on whether or not any mad geniuses actually exist and the articles critiquing PPI found that the directed co-production process in healthcare services leaves little room for the transformation of services.

Many of the really useful articles for my study on the Frontiers' website have been published in the last couple of years and are therefore up to date, such as Walsh and Foster's (2021) work on *interweaving* and *othering*. For in-depth, scholarly articles with easy, accurate connection to up-to-date citations, I found the digital library *JSTOR* and the independent academic publisher *SAGE Journals* to be particularly valuable.

My interaction with Third Sector Research Network was a learning opportunity outside academia, where I both gained access and contributed to the growing wealth of evidence-based research conducted by third sector practitioners (Atkinson, 2018). My epistemology has been strengthened by interaction with the press during the research process, including the work of Hannah Parkinson, Educator through the Experience of psychosis at *The Guardian* (the mental health *Conversation* – 3.1.(xi), 5.1.(iii), Carol Midgley, television critic at *The Times* (boring Carrie – 4.4.(vi)), Melanie Phillips frequent contributor to the *Comments* section of *The Times* (ideology rather than action – 1.1.(x)) and freelance writer, Martha Gill, an occasional contributor to *The Times* (alienation of less palatable diagnoses - 2.2.(x)).

I first came to Mad Studies through Wolframe's doctoral dissertation, accessed because of its connection to Laura's doctoral thesis; Wolframe's (2013b) doctoral thesis, focuses on the narratives of *mad* women in American literature, comparable to Laura's research interests (1.1.(xi.b)). My idiosyncratic search strategy has made helpful connections such as this, but can occasionally send me off on journeys not relevant for my thesis. I have, however, kept an increasingly tight reign on any meanderings as my professional doctorate has progressed.

2.1.(x). The psychotic brain and creativity

The founder of Mad Studies, Richard Ingram (2016:14) found that his “inability to think straight has queer and queering within it… at least I hope it does”; this ability, however, has caused problems for him in “thinking and relaying thoughts.” Studies troubling the link between madness and creativity have found strong similarities in the thought processes of people experiencing psychotic episodes and highly creative people (Jamison, 2011; Wang, et al., 2018), Other studies have found a clear borderline between advanced creative thinking in the non-psychotic person and the pathological and/or impoverished thinking of a person with a diagnosis of psychosis; as the concept of creative expression signifies a self-actualising, fully functioning person, advanced creative expression is an impossibility for a person with psychosis in the eyes of many critics (Kaufman & Paul, 2014; Dietrich, 2014).

Dietrich (2019:39) later found that neural links between madness and creativity were “highly complex and multi-faceted” and that a more targeted research process, “biting off smaller pieces of a larger pie” and changing both the structure and contents of the pie, would lead to more meaningful data and prevent all-encompassing general statements about creativity. My study has investigated how the practice of channelling symptoms of psychosis, including hallucinatory or delusional thoughts and feelings, through the medium of creative art forms has the potential to empower three young adults to create alternative discourses to trouble and unsettle the dynamic of power between service provider and service user through the interweaving of hybrid discourses (Tew, et. al., 2006; Oh, 2013; Kuipers, et. al., 2014; Cooke, 2017; Springer, et al., 2017; Walsh & Foster, 2021).

2.2.(i) Challenging relationships of power

The literature review and the research data in my study trouble the tensions of the link between creativity and psychosis and the perceived and actual ability of patients with a diagnosis of psychosis to creatively rationalise psychotic episodes. The poet Artaud, who experienced episodes of psychosis throughout his adult life, troubled the reading of psychosis as a creative force; Artaud spoke of the involuntary nature of psychosis and its disabling, debilitating force in modern society while identifying madness itself as an integral part of the creative process (Beresford, 2009; Artaud, 2010 [1938]). Challenging relationships of power in my study required tilting the power imbalance in favour of young adults with a diagnosis of psychosis by re-positioning them as acceptable contributors to discourse so that they could be heard, rather than excluded or ignored (NSUN, 2015; Rodriguez-Arroyo & Pearson, 2020)

2.2.(ii). History of anti-psychiatry movement

Foucault's doctoral thesis the *History of Madness* (1965 [1961], 2006 [1961]) and Goffman's seminal work *Asylums* (1961) have influenced different paradigms in the understanding and treatment of psychosis in UK society. An important watershed for different directions in the understanding and treatment of psychosis in society is the 1960s, when Foucault's doctoral thesis, the *History of Madness* (1965 [1961]) separated the construction of psychosis from other constructions of other mental disorders through the paradigm of identity.

I first examine the concept and development of *anti-psychiatry*. Members of the anti-psychiatry movement exclude themselves from psychiatry, considering themselves to be survivors of cruel and oppressive mental health services rather than survivors of a clinical disease that requires psychiatric diagnosis and treatment. Recovery from psychosis is defined by the medical model of psychiatry as a static and fixed goal, requiring clinical intervention for the alleviation of symptoms; the patient in psychiatric practice can recover to regain some social functioning, but remains mentally ill (Adame & Knudson, 2008; Jacob, 2015). The counter narratives of the anti-psychiatry survivor movement reject the medical model's recovery narrative, finding that full recovery is possible without the use of medications or other traditional psychiatric interventions that address the brain's functionality (Szasz, 1962; Adame, 2006; Adame & Knudson, 2008).

Even in the early days of anti-psychiatry there were disagreements about whether or not the condition of clinical psychosis was totally constructed by psychiatry. It was generally accepted in anti-psychiatry that the evils of society brought on the condition of psychosis, but there was a split between the medical and social models regarding the action of the brain in psychosis, as in psychiatry's distinction between *clinical* and *reactive* depression. Scientific studies have found that in clinical depression there is a physical change in the brain, whereas in reactive depression there is found to be no physical brain change, or at least not one that can be clearly traced and treated (Dai, et al, 2019). Both reactive and clinical depression are accepted by psychiatry as pathologies, but clinical depression in society can be explained as a physical malfunction and is found by psychiatrists to be treatable by anti-depressants (Cuijpers, et al., 2020) This is comparable to the difference between personality disorder and psychosis, psychosis being seen in psychiatric practice as a clinical disorder requiring treatment by anti-psychotic medication.

In contrast to the difference between reactive and clinical depression, no division is made in psychiatry between reactive and clinical psychosis. Reactive psychosis may well be a response to a cruel and oppressive society, but it can be shown that in all psychotic episodes there are changes in the brain that are found by psychiatrists to be treatable by anti-psychotic medication. There is, therefore scientific proof that psychosis is not a purely social disease. In his *History of Madness* (1965 [1961]),

Foucault was fully aware of the distinction between psychotic madness and identity madness and separated identity disorders constructed by society and disorders of the brain brought about by physical causes. When Foucault (2006 [1961]) spoke of madness coming to the fore, he was talking about the psychotic madness of creative artists such as Artaud and Van Gogh; Foucault separates the construction of madness as a clinical disorder from madness as constructed by society at a particular historical time. Although Foucault's *History of Madness* (1965 [1961], 2006 [1961]) has been used as a toolkit by anti-psychiatrists such as R.D. Laing and David Cooper, anti-psychiatry frequently fails to make this crucial distinction (Vallois, 2015, Tuana & Scott, 2020),

2.2.(iii). From Mad Pride of the 1990s to Mad Pride of the 2020s

In the late 1980s and early 1990s, patients leaving long-stay mental hospitals experienced an uneasy tension as they entered mainstream society after many years of isolation, hoping to enjoy their new found freedom but often feeling rejected and stigmatised in their new environment and missing the friendships they had made during their enforced incarceration (Abraham, 2016; Degerman, 2020) The Mad Pride movement, founded in 1993, provided a non-judgmental safe space for the mentally ill who felt rejected and stigmatised by wider society,. As in the Gay Pride movement, Mad Pride activists re-appropriated words used by society to shame and humiliate them and used them as vehicles to re-direct the dynamics of power, wearing words such as *mad* and *crazy* as badges of pride (Degerman, 2020).

Identifying as *mad* in Mad Pride, however, is very different to identifying as g*ay* in twenty-first century Gay Pride. The unreasonable behaviour found by psychiatry to be displayed during a psychotic episode is constructed by psychiatry as a cause for concern, always requiring psychiatric treatment and possibly incarceration so that the psychotic person does not endanger themselves or others. By identifying as mad, the psychotic person is constructed by psychiatry as dangerous, and becomes the problem that psychiatry needs to resolve (Ahmed, 2012; Poursanidou, 2013; Beresford, 2020). People identifying as gay, however, do not present a cause for concern in twenty-first century UK psychiatry; people with different sexualities are found not to require psychiatric treatment and/or incarceration to make them less dangerous to themselves or to other members of society.

Psychiatry's jurisdiction punishes deviations from the norm in different ways at different times. Foucault was seen as a criminal requiring psychiatric treatment because he opposed the norm of heterosexuality, but in 2022 homosexuality is no longer seen as a potentially dangerous crime requiring correction in prison or a mental hospital. Psychosis, however, consistently identifies the individual as having the potential to harm or even destroy other people. The framework of review and control in mental health services still maintains the crime of potential dangerousness in people with a diagnosis of psychosis; the Mental Health Act (1983) encapsulates in law the practice of separating, incarcerating and treating a person diagnosed as mentally ill because health professionals decide they might commit a crime in the future (Garland 1986; Hartvigsson, 2021)

Mad Pride's insistence that madness is a proud identity rather than a disorder requiring treatment brought about its downfall; Mad Pride's founder, increasingly lost touch with reality through episodes of psychosis and committed suicide and the Mad Pride movement lost its momentum (Rashed, 2020).
The Mad Pride activism of the 1990s has morphed into an opportunity to normalise the conversations around mental health in society in current Mad Pride celebrations of general wellbeing, engendering a feeling of togetherness and pulling people together to applaud comfortable similarities (Tsao, 2013; Parkinson, 2018;). A Mad Pride event in Salford in 2019 was advertised as a day of family- friendly fun and games at a family friendly festival; the invitation to become *curiouser and curiouser* about mental health is a direct reference the Mad Hatter's Tea Party in Alice in Wonderland by Lewis Carroll, a very uncomfortable and stigmatising reference for those of us who experience psychosis (Salford Mad Pride, 2019). Morphing, as in this example, includes the action of blurring boundaries between individuals to bring about comfortable feelings of togetherness. Non-psychotic, sane people, however, are not willing to blur boundaries between themselves and psychotic, insane people; psychotic people are found to endanger the paradigm of cosy togetherness through their dangerous differences and must be excluded from the celebrations (Tsao, 2013; Parkinson 2018). We become the performers in a freak show.

While Mad Pride discourse of the 1990s recognised that the experience of mental illness can be associated with distress and difficulties in social functioning, members of Mad Pride were proud of the positive aspects of the psychotic experience and psychotic madness was seen as a gift rather than a burden (Abraham, 2016; Rashed, 2020) The understanding that psychosis is simultaneously a source of creativity and suffering has led to individual traits and sensitivities in the person diagnosed as psychotic being seen as dangerous gifts that require cultivation in a safe, caring environment, where those diagnosed as mad can explore the unknown through alternative narratives (Foucault 2006 [1961]; Rashed, 2019, 2020; Netchitailova, 2019). In the status quo of the biochemical model, service user stories reflect the understanding that mental illness is like any other disease and always requires clinical treatment designed and administered by health professionals; only service users who see their illness purely as a disease requiring clinical treatment are allowed to contribute to epistemology. Rather than mad stories and opinions being assimilated into the status quo of the biochemical model, stories of madness through the ethos of 1990s Mad Pride encourages and leaves a space for alternative narratives, as in my thesis (Benjamin, 1969 [1936]; Beresford & Russo, 2016; Netchitailova, 2019).

2.2.(iv). From long-stay mental hospitals to Care in the Community

The Care in the Community programme in the UK was set up in 1983, the year that the Mental Health Act (1983) became law; this would seem to be a non-accidental coincidence, The Mental Health Act (1983) covers the assessment, treatment and rights of people with a mental health disorder and sets out when people can be detained and treated to in a secure setting when they are found to be at risk of harming themselves and/or other people because of their mental disorder. Assessment and treatment of psychosis in the UK through the Mental Health Act (1983) functions to legitimise unequal power relationships as it is based on the perceived risk presented by the patient in the opinion of mental health professionals empowering the health professionals to incarcerate and treat the patient as they see fit. (Adlam, et al., 2012; Shalin, 2014).

An example of treatment functioning to legitimise unequal power relations to the potential detriment of patient wellbeing is the legal requirement for people with a diagnosis of schizophrenia to receive regular anti-psychotic medication in high doses through depot injections; the dosage prescribed by the psychiatrist is administered without question. Over-medication can have a detrimental effect on creativity in all artistic fields. The medication lithium*,* used to stabilise patients with bipolar disorder, can make a person feel flatter and colourless and anti-psychotic medication, prescribed to get rid of delusions and hallucinations, can kill both motivation and creativity (Sussman, 2007; Kessock, 2020). The painter Munch (*The Scream*) found that taking medication would destroy his art; society has much to lose by over-medicating future Virginia Woolfs or Edvard Munchs (Sussman, 2007; Kessock, 2020). In our risk-averse society the benefits of any mental illnesses are seldom discussed and society as a whole is in danger of accepting that all departure from the accepted norm can and should be prevented by taking a pill (Martin, 2005; Sussman, 2007; Kessock, 2020).

After some years of Care in the Community, psychiatry found there was still a pressing need to separate people with psychosis from the rest of society; people with clinical psychosis needed to be classified differently from people with other forms of mental illness because of their involuntary dangerousness. The World Health Organization (WHO) stressed and exaggerated the differences between the insanity of the clinically psychotic and the sanity of the other ninety-seven per cent of the world's general population; in the UK, figures for the percentage of people with clinical psychosis population range between 0.7 per cent in any one year to three per cent over a lifetime (WHO, 2004b, 2013; NHS England**,** 2016).

2.2.(v). Global separation of mental disorder and mental health

An action plan written by the influential World Health Organization (WHO, 2013), was based on two separate reports written during 2004, one focusing on the promotion of mental health and the other the prevention of mental disorder. The WHO action plan (2013) justified the exclusion of people with severe mental illness from work and educational settings, and went one step further: severely mentally ill people should be excluded from society as a whole, and the burdensome and dangerous conditions of schizophrenia, bipolar disorder with psychosis and psychotic depression should, if possible, be eradicated. The primary purpose of the WHO is to create *soft* laws, in the form of guidelines, codes, or recommendations rather than *hard* and binding international law. Soft laws are underpinned by science, ethics, and human rights and although soft laws are not binding, the recommendations of the WHO are extremely influential and are often incorporated into national legislation, regulations or guidelines (Gostin, et al., 2015).

The WHO (2004a) report, which justified the promotion of mental health for all as the primary focus of mental health services, was published several months before the second report (WHO, 2004b), which focused on the prevention and eradication of mental disorder. It was found by the WHO that a focus on mental health and wellbeing would be of interest to all members of global society and would therefore need more time for dissemination than a report that focused on the separation of the mad from members of a sane society (WHO, 2004a, 2004b).

The distinction between health promotion and disorder prevention in the WHO mental health action plan of 2013 lay in its targeted outcomes. Mental Health Promotion (WHO, 2004a) aimed to increase positive mental health by increasing psychological wellbeing, competence and resilience through creating and supporting positive living conditions and environments, while Mental Disorder Prevention (WHO, 2004b) aimed to reduce the numbers of those diagnosed as having a mental disorder, with elimination of mental disorder as the ultimate goal (Saxena, et al., 2006; Goldman & Grob, 2006; Westerhof & Keyes, 2010; WHO, 2013; Saxena, et al., 2013). Neither report (WHO, 2004a, 2004b) encouraged or even suggested the provision of supportive services to improve the mental health and wellbeing of people already diagnosed with a mental disorder or supportive services for people who might develop a severe mental disorder in the future (Saxena, et al., 2014; Bloomfield, 2017; Parkinson, 2018, Dissanayaka, 2019).

While the WHO (2005) recognised that the euphemism mental *health* had become embedded in the language of first sector mental health services to describe and justify their practices of treatment and support, the WHO (2013) returned to its euphemistic use eight years later in their Mental Health Action Plan, 2013-2020. The WHO (2004a, 2013) sees mental health as a state of wellbeing to which everyone should aspire. People in a state of wellbeing are found to realise personal ambitions by efficacious use of their abilities, coping with the stresses of life and working productively and fruitfully, to contribute to both personal and community happiness and wellbeing (Department of Health and Human Services, 1999; WHO, 2004a; WHO, 2013). The euphemistic use of the term mental health to define general wellbeing across all discursive practices has created a barrier to proper understanding and acceptance of mental illnesses, including a failure to tackle stigma. People with mental disorders are stigmatised as burdens on society and members of society without a mental disorder, the vast majority of the population, are separated and shielded from those with a mental disorder (Bloomfield, 2017; Dissanayaka, 2019).

The WHO (2004b, 2013) presents people with mental disorders as stains on society. Mental disorders are found to be pathological diseases that place a significant burden on society and people with mental disorders must always be prevented from contaminating society (WHO, 2013). The inability to manage thoughts, emotions and behaviour in people with a psychotic mental disorder was found to significantly impair interaction with other people in social, cultural and economic spheres, imposing a heavy burden on the person with the mental disorder, and, more significantly to the WHO (2004b, 2013), on the community where they live.

2.2.(vi). Incarceration and exclusion of people with a diagnosis of psychosis

The term *psychosis* describes an amalgamation of psychological symptoms resulting in a loss of contact with reality and is the hallmark feature of schizophrenia and certain types of bipolar disorder (Morgan, et al., 2017) While up to three per cent of people in the world will meet diagnostic criteria for a psychotic disorder, a significantly larger number will experience at least one psychotic symptom in their lifetime (NHS England, 2016; Morgan, et al., 2017). Diagnostic tools in both the UK (ICD-11) and the USA (DSM-5TR) confirm that during an episode of psychosis a person's perceptions, thoughts, mood and behaviour are significantly to an "altered, abnormal, deviant state of mind or consciousness" (Koh, 206:214). Psychosis as defined by the ICD-11 and the DSM-5TR is characterised by distressing hallucinations and delusions, disturbed behaviour and confused memory, including the loss of the ability to retrieve and order relational memory (Kuipers, et al., 2014; Gaebel & Zielasek, 2015).

Perceptions, thoughts, moods and behaviour are found to be significantly altered during psychotic episodes, resulting in extremes of thought and mood which may translate into the social construction of irrational, irresponsible and dangerous behaviour (Foucault, 2002 [1978]; NICE, 2014; Kuipers, et al., 2014; Cooke, 2017) For example, during a psychotic episode a person may take on the persona of a long dead inspirational figure and attempt to change the world, or may leap off a high building believing that they will be able to fly (1.3.) Psychotic disorders include schizophrenia and some forms of bipolar disorder (Elkman, et al., 2017).

Neuroses, such as reactive depression and generalised anxiety disorder, can be significantly alleviated by making changes to one's life style, including improving one's diet and taking regular exercise (Null. et al., 2017; Velten, et al., 2018; Parkinson, 2018; Wattick, et al., 2018). During an episode of psychosis, however, a person can lose the ability to function in their daily life, the return to a state of functioning usually requiring far more than a change in lifestyle to resolve (Heckers, 2009; Lonergan, 2017; Jensen, 2018; Parkinson, 2018).

People diagnosed with psychosis often die fifteen to twenty years earlier than the non-psychotic population, and the gap between death rates for the severely mentally ill and the rest of the population in the UK is still widening (NHS England, 2016; Simon, et al., 2018). Many people with long-term psychosis suffer chronic physical health conditions and many people with a psychotic element in their psychiatric disorder commit suicide (NHS England, 2016; Simon, et al., 2018.).

2.2.(vii). Proven need for Early Intervention in Psychosis services.

Psychosis causes issues both for society and for the individual, including the internalised stigma caused by *socially prescribed perfectionism*. The advancement of structured competitive individualism rather than collective co-production has been found to contribute to a high incidence of socially prescribed perfectionism in the millenial age group, people born in the UK between 1981 and 1996 (Kuipers, et al., 2014; Curran & Hill, 2017; Flett & Hewitt, 2020). Socially prescribed perfectionism, the belief that society demands that a person behaves in an acceptably perfect way and castigates them if they fail to achieve perfection, is very common in people with a psychotic disorder and leads to internalised stigma that can lead to death by suicide; a recent study of young adults diagnosed with psychosis found that rates of mortality, including death from suicide, were significantly higher in young adults with a diagnosis clinical psychosis than in those who did not have such a diagnosis (Hofmann & DiBartolo, 2010; Hassan, 2017; Simon, et al., 2018; Flett, & Hewitt, 2020).

Alongside the challenges for the individual, psychosis presents social, clinical and financial challenges to the United Kingdom (Marson, et al., 2006; Killaspy, et al., 2014; Kuipers, et al., 2014). People with a psychotic disorder are likely to experience poorer physical health, more limited social functioning and poorer educational and employment outcomes than other members of society (Yung, et al., 2009; Yung, 2012; NHS England, 2016). When the financial and emotional burdens on families and informal carers are also taken into account, people with long-term chronic psychosis in England place a financial burden on society of nearly twelve billion pounds a year (NHS England, 2016).

If the illusory nature of the hallucination or delusion is not recognised and bizarre delusions and grandiose delusions of power are accepted without question, psychosis presents a danger to both the individual and society. (Birchwood, et al, 1998; McGorry, et al. 2008; Arciniegas, 2015; Neale & Kinnair, 2017). There is an increasing recognition of the importance of early Intervention in psychosis as the longer the period of untreated psychosis, the greater the risk of serious disruption to the mentally ill person's life (McGorry, et. al., 2008; Bird, 2010; NICE, 2015; NHS England, 2016). The earlier a severe mental disorder is treated, the better the long term outcomes; waiting to provide treatment for people with psychosis until symptoms become severe and often irreversible is found to represent a failure in care (Birchwood, et al., 1998; McGorry, et al. 2008; NICE, 2015; Neale and Kinnaird, 2017).

The greater risk of serious disruption to the psychotic person's life includes both the likely increase of positive symptoms such as delusions and hallucinations, and the likely increase of negative symptoms, such as depression and withdrawal from social contact (Birchwood, et al, 1998; Shrivastava, et al., 2010; Norman, 2014; NICE, 2015; Bodatsch, et al, 2015). The use of negative for symptoms of depression and withdrawal from social contact would be accepted in both psychotic and non-psychotic communities, in contrast to psychiatry's use of the term *positive*. Positive symptoms in a person with psychosis are found in psychiatry to be added symptoms that bring about bad, often dangerous behaviour and need to be erased or at least dampened down to prevent danger to the psychotic person and to society. In overall society, positive always holds connotations of beneficence and approval. The use of *positive* to define unwanted, added symptoms that are found in the mad but not in the sane presents the psychotic person as dangerous, inferior and faulty as opposed to the sane person, a positioning troubled by Laura (4.3.(iv)).

Practising early intervention in the treatment of psychosis has been found to decrease admission to hospital and reduce severity of symptoms; Early Intervention in Psychosis (EIP) teams were set up early in the twenty-first century in all NHS Hospital Trusts to enable mental health professionals to address problems associated with all aspects of psychosis at the earliest opportunity, with an emphasis on service user participation and co-production (Killackey & Yung, 2007; Malla, et al., 2008; McGorry, et al., 2008; Bird, et al., 2010; Harrington, et al., 2013; NICE, 2015; NHS England, 2016). Herein lies an inherent tension at the heart of co-production. Treatment or care is necessary to prevent serious disruption and danger to the individual and to society, but treatment of people with psychosis can function to legitimate unequal power relations and locations between the treated and those administrating the treatment (Rose & Kalathil, 2019).

EIP services are designed to reduce the impact of psychosis by providing interventions through early medical, social and educational interventions

(Birchwood, et al., 1998; Dixon & Lieberman, 2015; Stain, et al., 2017). Effective EIP services can reduce rates of relapse for people with psychotic disorders, lessen the severity of positive and negative symptoms and improve access to and engagement with a range of interventions that encourage independence and greater wellbeing (Bird, et al., 2010; Dixon, & Lieberman, 2015; Csillag, et al., 2016; Neale & Kinnair, 2017).

2.2.(viii). Early and sustained intervention needed to treat psychosis

There is clear evidence that initial outcomes for patients in formal or informal EIP services are better than in standard, generic care (McGorry, et al., 2008; NICE, 2015; Neale & Kinnair, 2017; Correll, et al, 2018; Marcy, et al., 2018) Staff in EIP services have lower caseloads and better access to support and treatment for their patients through psychological and social support services and members of EIP teams have the opportunity to work more intensively with patients and their families, using individually designed packages of care that focus on the needs of the individual patient (NICE, 2015; Neale & Kinnair, 2017; Fusar-Poli, et al., 2019). By improving access to and engagement with a wide range of medical, social and educational interventions, EIP services have enabled young adults with psychosis to live more fulfilling and independent lives, lessening the impact of psychosis, reducing hospital admissions and rates of relapse for people with psychotic disorders and decreasing the severity of the psychotic element in adults with bipolar disorder and schizophrenia (McGorry, et al., 2008; Singh, 2010; NICE, 2015; Neale & Kinnair. 2017; Fusar-Poli, et al., 2019).

While long-term treatment through a sustained, sustainable and integrated co-productive process is recognised as essential for efficacious recovery from psychosis, patients in England receive treatment from EIP services for a maximum of three years. Concern has been frequently expressed about this time limit and successive governments have been asked for reassurances that services focusing on young adults with a diagnosis of psychosis will be maintained after discharge from generic EIP services, but no such guarantee has been given

(McGorry et al, 2008; Kuipers, et al., 2014; NICE, 2015; NHS, England, 2016; Bodatsch, et al, 2015; McDaid, et al., 2016; Neale & Kinnair, 2017; Chandra, et al. 2018; Edwards, et al., 2019).

There is limited evidence that EIP services in the UK have any impact on longer-term outcomes for patients with psychosis as concerns have frequently been expressed that patients do not maintain the positive aspects of physical and social health when discharged from EIP services to standard care (Kuipers, et al., 2014; Neale & Kinnair, 2017; Puntis, et al., 2020). A co-produced approach to recovery from psychosis is found to be of urgent necessity to augment evidence-based clinical practice, including measures to improve functioning in wider society (Morgan, et al., 2017; Calabrese & Khalili 2022). In addition, the co-productive process should be flexible as there may be periods when a person with a psychotic disorder may not be well enough to participate; this should not cause an unrectifiable rupture (Clark, 2015; Ross & Naylor, 2017).

2.2.(ix). Sustained intervention achievable through Headspace

In contrast to membership of EIP services, membership of Headspace Bolton is not time limited. Headspace has provided open-ended recovery services for over ten years, and continues to do so. Stephen, one of the participants in my study, was a founder member of Headspace in 2011, and is still a member at the time of writing. Headspace is already a functioning contributor to EIP services, using creative processes to provide a local care pathway in the third sector for young adults with a psychotic disorder. Local care pathways, requiring involvement of third sector services in their development and going beyond support for people with more common mental health problems such as anxiety and reactive depression, were set up to embed change within local mental health systems (NCCMH, 2019). Headspace has already been providing a local mental health care pathway (NICE, 2012) since its formation in 2011.

Service user group Headspace Bolton has been part of EIP services since Headspace's inception over ten years ago, providing an activity based supportive environment in the third sector for young adults between the ages of eighteen and thirty-five who have recently experienced a first episode of psychosis. When Stephen, Laura and Ryan joined Headspace, they were assessed by Greater Manchester West (GMW) Mental Health Trust as having reached a level of recovery to enable them to benefit from community activities, especially activities designed to improve positive mental health and wellbeing. Headspace Bolton was initially funded by GMW Mental Health Trust; Headspace still receives regular referrals from Greater Manchester Mental Health Trust (formerly GMW Mental Health Trust) although much of its funding now comes from other sources.

2.2.(x). Balances of power in Headspace and Early Intervention services

Headspace Bolton uses an intervention model of support for mental illness, based on sustainable practices of co-production through creative art forms such as poetry, art and drama (Castillo, et al., 2019**).** At Headspace, mental health service users are empowered to turn original ideas into exciting reality through involvement with a variety of creative arts, without specific focus on their mental health disorder (Headspace Bolton, 2022). At the time of the research interviews, June to September 2019, Stephen, Laura and Ryan were all active members of Headspace Bolton. As found in their narratives, they were encouraged and supported at Headspace to develop their creative skills by creating and performing works of art in genres such as stand-up comedy, music, musical comedy and creative writing.

Providers of statutory services are required to support service users to move towards mental health recovery in community settings, but at the same time they must minimise risks service users may cause to the community because of their mental health problems, creating an uneasy tension between service users and professionals (Pilgrim, 2008; Pilgrim & Rogers, 2009; Field & Reed, 2016; Frost, et al., 2017). My study troubles the tensions found in service user groups that provide mental health recovery services in a community setting using neither bio-medical nor psycho-social models of recovery.

Foucault's (2007 [1977-1978]) theories of governmentality have been developed by health professionals through standard psychosocial micro programmes to control mentally ill individuals while instructing them in self-monitoring practices; such programmes function to increase the power of the health professional through continuous surveillance, seen by Foucault as the *medical gaze* (Pilgrim, 2008; Pilgrim & Rogers, 2009; Terkelsen, 2009; Hancock, 2018), Twenty-first century patients are found to submit to the imposed regime, constantly monitoring and changing their behaviour, by unlearning old ways of coping and relearning new strategies of recovery according to the rules and direction of the health professionals to enable their re-introduction into wider society. In the bio-medical or psycho-social models of mental health treatment, the relationship between health professional and service user reinforces the authority of the provider and subjugates the service user to the will of the health or social care professional (Terkelsen, 2009; Beresford & Russo, 2016; Slade, 2017).

2.2.(xi). Headspace and the emancipatory power of creative art

Headspace does not work to either the bio-medical or psychosocial models of recovery; Headspace Bolton's expressed focus is on the emancipatory potential of creative art, focusing on the psychotic experience as a positive contributor to the creative process in a wide range of art forms, including fine art, poetry and music (Headspace Bolton, n.d., 2022). The co-productive process at Headspace requires mental health service users to be seen as creators and respected contributors to mental health discourse rather than passive recipients of services.

Transformative co-production at Headspace is troubled and interrogated in my study as the process through which psychosis and creative skills come together to produce stand-alone works of art in poetry, musical comedy, stand-up comedy and fine art (Foucault, 1965 [1961]; 2006 [1961]). By focusing on the abilities and achievements of the mentally ill, the wider community has the opportunity to see mental health service users in a positive light and shift the power imbalance to favour the mental health service user.

It is becoming increasingly difficult, however, to recognise and present psychotic difference as having any worthwhile and beneficial aspects either for the person with the diagnosis of psychosis or for wider society. In a recent article in *The Times,* Martha Gill highlighted the increasing separation of people with psychosis and people with more acceptable mental illnesses by troubling the stigma of unacceptable difference.

> Fighting mental health stigma is is important work…(but) when it comes to mental health awareness, big campaigns and outspoken celebrities are directing the lion's share of attention to conditions such as burnout, stress, low mood, anxiety and the concept of 'wellness'. More severe disorders such as schizophrenia, psychosis and serious depression are being left behind (Gill, 2022)

The timeliness and relevance of my thesis, focusing as it does on less palatable mental disorders, is clearly evident.

2.3.(i). The notion of wellbeing as a diagnostic tool

The World Health Organization (2005; 2013) defines positive mental health as a state of wellbeing during which a person achieves self-realisation and contributes to society; the core components of the state of wellbeing are feelings of happiness with life and positive functioning through self-realisation and contribution to society (Westerhof & Keyes, 2010). The concept of wellbeing is conceived differently by different populations, and is often vaguely defined in the field of mental health (Schrank, et al., 2013). Although the mental health system has historically focused on treating the symptoms of mental disorders through medication or psychotherapy, twenty-first century mental health services promote recovery through the increase of wellbeing in a non-punitive environment where the mentally ill can be fruitfully occupied; this is similar to the environment promoted by *positive psychology* where mental health is rightly found to be far more than the absence of illness (WHO, 2004a; Slade, 2010; Schrank, et al., 2013).

If the main aim of mental health services is to promote mental health rather than treating a pathological condition, mental health workers are found to need new approaches to assess and treat people diagnosed as mentally ill (Slade, 2010). Recovery in the context of positive psychology does not rely on clinical therapy, but encourages patients to re-engage with their former life on the basis of their own goals and strengths, finding a meaning and purpose in their life through constructing and/or reclaiming an identity and taking on societal roles that are valued by themselves and by society (Resnick & Rosencheck, 2006; Slade, 2010; Schrank, et al., 2014).

When mental health discourse sees the patient with a severe mental illness as being a burden to self and community, people with severe mental illness are effectively excluded from discourse (WHO, 2004b, 2013; Resnick & Rosenheck, 2006). The focus of positive psychology on the fulfillment of the patient's individual goals is also problematic in clinical recovery discourse; understanding of the term *recovery* is frequently different for patient and clinician, the different discourses of doctors and their patients resulting in a discrepancy between what the patient considers they need to achieve recovery and the medical profession's way of defining those needs (Slade & Longden, 2015; Kwame & Petrucka, 2021).

A Guardian journalist with a diagnosis of psychosis (Parkinson, 2018) found that although it is important to normalise good mental health and wellbeing the terms *mental health* and *mental illness* are not interchangeable; a person can have a mental illness at the same time as experiencing good mental health and may be experiencing poor mental health but not have a diagnosed mental illness (Schrank, et al., 2013). Hydén (1995) finds that experiences of mental distress and recovery are inextricably linked to a patient's overall life narrative; recovery acquires meaning within the context of a patient's aspirations and self-image as they evaluate their life in terms of how it matches up to their personal conception of the "good life" (Adame & Knudson, 2008:146).

Neither the concept of recovery nor the concept of mental health should be thought of as goals to be reached through an objectively measured attainment level, but should be troubled through re-narration and re-problematization of personal cultural, social, and psychological experiences (Tew, 2006; Jacob, 2015; Metselaar, et al., 2017; McConnell, & Snoek, 2018). Alienated from discourse through difference yet clinging to the hopes and possibilities they are constantly being asked to discard and reject, Stephen, Laura and Ryan have rebelled by opening up alternative discourses of psychotic madness rather than searching out and focusing on the common elements that bind them to their oppressors.

2.3.(ii). History and rise of the Expert by Experience

A term integral to current discursive practice in health and social care is *Expert by Experience*. The seemingly innocent identification of being an Expert by Experience is a disturbing example of specific terminology that has slithered into UK health and social care services in the twenty-first century, significantly changing and weakening the practice of mental health service user involvement (Bee, et al., 2015; Millar, 2016). *Expert by Experience*, unlike *service user*, is usually capitalised to create the impression that Experts by Experience contribute significantly to discourse and discursive practice in health and social care; being an Expert with a capital **E** implies power and a high level of knowledge.

While the term *service user* has rightly been criticised for making a binary distinction between service user and service provider and refusing to acknowledge the hybrid socially constructed identities all members of society inhabit, the term *Expert by Experience* raises the questions of how much experience is needed to be seen as an expert and how an expert should be defined (Beresford, 2005; McLaughlin, 2009; Fox, 2016; Lonbay, et al., 2020). Service users often see themselves neither as activists in their own care nor contributors to overall service improvement, but as passive recipients of provider services; techniques of normalisation in the service user involvement process are highlighted by Hodge (2005) and confirmed by later critiques

(Pilgrim 2008; McLaughlin, 2009; Scourfield, 2010; NSUN, 2015; El Enany, 2013; Lewis, 2014; Tierney, et al., 2016; Fredrikkson & Tritter, 2017).

The term *Expert by Experience* has, in its comparatively short lifetime, been used in several different ways, such as involvement in service inspections and contributing as an expert to one's own care programme or the care of wider society through the Patient and Public Involvement (PPI) programme. The Expert by Experience programme was set up by the Commission for Social Care Inspection (CSCI) in 2005 and was expanded over the following two years (CSCI, 2007, 2008). Its purpose is to seek and take into account the views of people who use services, including disabled people, in the planning and delivery of services. The CSCI Expert by Experience programme usually focuses on the inspection of health and social care services by the users of these services and is often a paid role (Care Quality Commission, 2022). According to NHS England (2017), the purpose of the Expert by Experience programme is to involve service users and their carers in decisions about their treatment and care through the NHS flagship Patient and Public Involvement programme.

2.3.(iii). Patient and Public Involvement in the National Health Service

All members of the public who use or have used a service and also their carers are invited to become involved in the planning, development and delivery of that service, through a framework known as Patient and Public Involvement (PPI); guidance and quality standards for PPI are provided by the National Institute for Clinical Excellence (NICE, 2013). The National Health Service (NHS) and the National Institute for Care Excellence (NICE) are both government funded and government directed agencies. According to the NICE (2013), the Patient and Public Involvement Initiative was an extension of an already successful service user involvement programme that included patients, service users, carers, third sector sector organisations and the wider public in its work.

In 2017, NHS England found that PPI participants should be referred to as Experts by Experience to recognise and value their personal experiences in health care, and the significance of their contribution to health services. The framework for PPI is based on assumptions of commonality between all patients regarding needs and desired outcomes of health service provision. The implementers of the PPI programme have failed to recognise that public involvement in the development of services should be conceptualized and operationalized differently than a patient's involvement in their own care; an effective PPI programme requires the individual needs and desired outcomes inherent in the concept of patient choice to be weighed against the good of the community as a whole (Fredrikkson & Tritter 2017; McPherson, et al., 2020).

The Patient and Public Involvement programme has been found to be little more than an opportunity for health professionals to swallow whole a series of emotional *lived experience* testimonies without the need to place these experiences in context; it also saves time in the research process as it obviates the need either to engage with the wider public or to consider alternative narratives (Voronka, 2016; Madden & Speed, 2017; McPherson, et al., 2020). As all experience is lived, *lived experience* is a tautology; it is, however, a term in popular use, used seemingly unconsciously by service users, academics and service providers (4.2.(iii) 2.3.(iii), 3.1.(ix)).

2.3.(iv). Turning the Expert by Experience into the Educator by Experience

Pathway, a charity set up to support people who experience alienation from *normal* society by not having a home, found that Expert by Experience discourse recognises at least two perspectives in any situation, including the perspectives of Expert *by Experience* and the *Expert by Education* (Pathway, 2017). Health and social care professionals were found to be *Experts By Education* through rigorous training courses, while members of specific communities such as the homeless and mentally ill add to discourse by being *Experts by Experience* (McLaughlin, 2009, Domecq, et al., 2014; Pathway, 2017) The service user Expert by Experience was found to learn and teach in equal measure, contributing to knowledge as an Expert by Experience and learning about health and social care discourse and discursive practice by listening to the designated health and care professionals: the Experts by Education (Pathway, 2017; Howarth, et al,. 2019).

In Pathway's (2017) thesis a a health professional could be both an Expert by Experience and an Expert by Education; members of the vulnerable, less powerful community with whom they associated, however, such as homeless people, people who are mentally ill or people with learning or physical impairments, are positioned as Experts by Experience, but never as Experts by Education (Castillo, et al., 2019). Clinical Commissioning Groups (CCGs), clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services in a local area, were created in 2013 and have been found to control the recruitment of Experts by Experience to PPI research bodies and to decide on the legitimacy of knowledge gained through the PPI process. Members of CCGs have failed to recognise that, in a truly transformative co-production process, the experiential knowledge of service users is of equal value to the scientific ways of thinking of the Experts by Education (Fredrikkson & Tritter, 2017; Stuttaford, et al., 2017; O'Shea, et al., 2019; Green & Johns, 2019).

Co-production between professionals and mental health service users in Expert by Experience groups has been critiqued as being fundamentally unequal; Expert by Experience groups have failed to achieve a collaborative third space where previously subjugated knowledges could be acknowledged and given credence (Bhabha, 2004; Rose and Kalathil, 2019). While the paradigm of *co-production* implies that all knowledge produced in Expert by Experience groups is equal in value, researchers are found to designate elite sites of knowledge generation and exclude mental health service users from contribution to these sites (Rose and Kalathil, 2019).

While Expert by Experience groups offer limited opportunities for transformative co-production, they can present a useful learning experience for service users, who often become Experts by Education because of the training they receive to become accepted contributors to the PPI process (Scourfield, 2010; Fredrikkson and Tritter, 2017). One of the participants in my study (Stephen) turned the low level co-production process when he was "*telling the services story"* into a higher level of co-production; Stephen used the training provided by professional health services as a framework to tell his story of psychotic creativity.

While professional mental health service discursive practice separates the service user Experts by Experience from the service providers, who have the dual roles of Expert by Experience and Expert by Education, the concept of the Educator by Experience in my study goes some way to narrowing the binary divide between service user and service provider (2.3.(viii)). People with a diagnosis of mental illness, however, have been further excluded as subjects under the Equality Act (2010).

2.3.(v). The positionality of the adult with psychosis in UK legislation

Government legislation intended to get professionals working in partnership with service users, as defined in *Patient and Public Involvement in the New NHS* (Department of Health, 1999) and *Putting People First* (Department of Health, 2007), has been counteracted in mental health services by the focus on the safety of the wider community through *Modernising Mental Health Services* (Department of Health, 1998) and the updated Mental Health Act (2007). This has resulted in the control and containment of people with psychosis rather than freedom to move forward and contribute to mental health discursive practice (Pilgrim, 2008; Pilgrim & Rogers, 2009; Paylor & McKevitt, 2019; Oliver, et al., 2019).

Legislation through the Equality Act (2010) and interpretations of the terms *mental health* and *mental disorder* through two World Health Organization reports (2004a, 2004b) and the WHO action plan of 2013 have spurred on and substantially achieved the exclusion of people diagnosed with psychosis; they are neither Educators by Experience nor contributors to workplace productivity. The Equality Act (2010), an Act of Parliament enforced in all the areas of the UK, was brought in to legally protect members of UK society from discrimination, harassment or victimisation, particularly in the workplace (Government Equalities Office, 2013). The aim of the Equality Act (2010) is to enable all UK citizens to access work, educational opportunities and services on an equal basis to the rest of society and to not be discriminated against or disadvantaged because they are in possession of one or more of nine *protected* characteristics: age, disability, gender reassignment, marriage or civil partnership, pregnancy/maternity, race, religion or belief, sex, and sexual orientation. Section 2 of the Equality Act, headlined *Disability,* replaced all previous UK legislation in England that protected people with a physical or learning disability or a mental health issue/problem from discrimination, harassment and/or victimisation, particularly in the workplace or in the field of education (Government Equalities Office, 2013). People diagnosed with a severe clinical mental disorder, however, are only protected under the terms of the The Equality Act (2010) through holding the identity of one or more of the the other eight protected characteristics.

Mental health problems seen through the Equality Act (2010) and its implementation through No Health without Mental Health (Department of Health and Social Care, 2011) directly relate to improving the mental health of all members of the workplace through improving the workplace environment; this excludes the specific needs and problems faced by people diagnosed with a severe clinical mental disorder, such as psychosis. People with physical or learning impairments are identified as potential contributors to learning and productivity; the environment at school and the workplace is required by the Equality Act to be adapted and adjusted to encourage their contributions; that such adaptations and adjustments often fail to materialise is a failure of application of the Equality Act, not of the Act itself.

People with a severe clinical mental disorder are identified as outsiders at both school and the workplace; they have to learn to fit in. The employer or teacher is not required to adjust the work or education environment to accommodate a person identified as having a mental disorder when the student or worker is diagnosed with a severe mental illness, such as schizophrenia, bipolar disorder or psychotic depression. The person with the mental disorder is forced to adapt to their environment rather than the environment being adapted to accommodate the person with the mental disorder.

Identification through psychiatric services and integration through social recovery practices and direct acts of power from the psychiatrist such as mind-altering medication force the mentally ill to fit into an educational or work environment. The person with a diagnosis of severe mental illness is reconstructed so that they fit into the workplace or school and if they fail to adjust and fit in they are often sacked or expelled (Pêcheux, 1982; Jacob, 2015).

All identities function as points of identification to others because of the capacity of those in power to construct boundaries, often unspoken but understood and accepted (Hall, 2009). When identities are constructed through difference, those who construct the discourses of identification and attachment have the right and the power to define discursive practice and to cast a human being in the role of alien (Foucault, 1994 [1966]; Hall, 2009). The language used to reconstruct the person diagnosed as mad further stigmatises them as alien beings.

2.3.(vi). The power of language to stigmatise and exclude

Being *mad* implies violence and destruction rather than being *creative* in the language of psychiatry; the use of the prefix *psycho* by psychiatrists, the press, film directors, television playwrights and crime novelists to define the psychopath, the psychotic person and psychopathology results in in horrific public perceptions of the psychotic person, whose violence is involuntary rather than deliberate, as it is brought on by the physical action of a psychotic episode.

Society as a whole, and at times mental health services, fails to see psychosis and personality disorder as separate pathologies, categorising all people with severe mental illness as inherently violent and dangerous. The only way found for the person with psychosis to become less *dangerous* to other members of society is for them to be restrained and medicated, then taught how to behave so that they can be moulded into the acceptable citizen; the diagnosed mad are required to gratefully accept treatment so that they become less dangerous under the control of psychiatry (McWade, 2016; Ingram, 2016).

The label of mental illness today is so stigmatising that healthcare providers and the public frequently use the term *mental health* when they are referring to people who are diagnosed with any mental illness; in the first two decades of the twenty-first century all sections of society have increasingly changed the understanding of *mental health* so that today it is almost interchangeable with *mental illness* (Parkinson, 2018; Dissanayaka, 2019). The generalising of the concept of mental illness to become interchangeable with mental health has been troubled throughout my thesis. During the Covid-19 pandemic, I have noticed that the term *mental health illness* to indicate mental ill health or poor mental health has become increasingly popular, indicating the confusion felt by the wider public.

The contribution to knowledge by the person with the disorder of psychosis, or of any diagnosed mental disorder, can be undervalued by controlling and punishing the person with the disorder according to the rules of psychiatry; this prevents a person diagnosed with a mental disorder from presenting an alternative perspective by personally troubling their experiences of psychosis (Hargrave, 2020). The participants in my study and I contribute to discourse and discursive practice about psychosis because we have **experience** of psychosis and we became simultaneously Experts by Experience and Experts by Education by positioning ourselves as Educators by Experience (Hemming, et al., 2017; Lonbay, et al., 2020).

2.3.(vii). Stephen, Laura and Ryan as Educators by Experience

As the power/knowledge continuum is already used as an abusive mechanism by the oppressor to silence and exclude the oppressed, the power/knowledge continuum can be used to expose and critique the abuse of power but cannot directly re-route power dynamics (Keenan, 1987; Foucault, 1998 [1964-1984]). Educators by Experience bring to the table knowledge of disadvantages they have experienced; they use their insight and ability to form social and emotional connections and create a two-way empathic connection with those they educate (Rose, 2003a; Riess, 2017).

Empathy, the ability to place oneself in another person's shoes without descending into patronising sympathy, is a central tenet of transformative co-production; its two-way nature is demonstrated in the narratives and works of art of the participants in my study and is explored and troubled in my thesis through three different scenarios (4.5.(i), 4.5.(ii), 4.5.(iii)). Rather than generalise the concept of mental health by relating it to general wellbeing, I sited my research in a specific context. The Educators by Experience in my study were three young adults, all with a diagnosis of psychosis, who reflected on the process of creating works of art while members of Headspace Bolton, a supportive third sector mental health organisation (Foucault, 1982; Hemming, et al., 2017; Hassan, et al., 2020; Howard & Thomas-Hughes, 2021).

Educators by Experience may have formal qualifications, in health and/or social care and in other areas of academic/professional study: Laura has a BA and an MA in English and is studying for a PhD and Ryan has a degree in English and creative writing and is studying for an MA. In the English education system, all young people in the millennial age group were required to remain in formal education until the age of sixteen, for the participants in my study, this meant at least GCSE level. Being an Educator by Experience, however, is far more than being educated to a certain level in a formal education system.

My expertise, and that of the participants in my study, is gained both through formal qualification and the experience of meeting challenges of daily life while living with psychosis. Every day of our life we have to justify our existence as a valuable member of society while fighting the suffering brought on by the illness itself and by the oppression and castigation of a society that either wants to exclude us or see us as pathetic objects to be pitied and despised. At Headspace, Stephen, Laura and Ryan can justify their existence by interweaving psychotic madness and experience through creative practices in physical and mental third spaces to safely create works of art that present the alternative perspectives of people traditionally excluded from knowledge production (Howard & Thomas-Hughes, 2021).

2.4.(i). Creative madness and the mental third space

Ekphrasis is the use of a detailed description of a work of art as a literary device; by using ekphrasis as a tool to study and describe objects, places, and spaces, a creative artist gains the power to envision past times and the people, places, and ideas that populated a specific moment in history (Jones, 2014; Vargas, 2017). The creative artist is therefore empowered to think outside the restricting boundaries of linear narratives. Moments of time, past and present, and moments of human experience, past and present come together through works of art, a vast, interwoven and at times tangled web; creative artists recognise the importance of the past in depicting present experience and use this experience to add extra layers of depth, colour and drama to their works of art (Laura, 4.5.{ii}).

Creative madness in the discourses of visual art and poetry can be described as a state of being outside oneself and grasping an ideal state found at that moment to be accessible, an experience known as *ekstasis* (Pine, 2007; Küpers, 2014). The creative artist with the gift of psychosis is found to experience that moment in time far more profoundly and with far more insight than people who do not have that gift; Benjamin used hashish to achieve this hallucinatory state (Shapiro, 2003; Pine, 2007; Küpers, 2014). The concept of creative madness would not apply when a psychiatrist is required to judge whether a person is sane or insane.

Madness and artistic processes and ideas and concepts from different ways of seeing and thinking overlap in a mental third space, an indeterminate area where "identity can become estranged from itself" (Pine, 2007:11). In the process of reconstituting the experience, at the crossroads of what is known and permissible and what is known but must be kept hidden, new knowledge is created (Bhabha 1984; Pine, 2007; Bruchac, 2014) The boundaries of the in-between space between madness and sanity are unclear and unknown; it is found by many commentators to be impossible to draw a simple, clear boundary line between the mentally well and the mentally ill (Macklin, 1972; Hershman & Lieb, 1998; Jenkins, 2003; Clark, et al., 2017).

When madness enters a region of excluded language it is found to release itself from its association with mental illness, opening up a liminal space in-between reason and madness. (Foucault & Miskowiez, 1986 (1967]) The liminal space in-between reason and madness is found to have three characteristics: liminality, when the artist stands at the threshold of a change in identity, an aperture where ideas from different ways of creative seeing and thinking overlap and the potential for creative artists to reconstitute themselves through their works of art through examination, interrogation and reflection, (Lorde, 1984; Bhabha, 1984, 2004; Hall, 2009),

Capturing the present moment in all its complexity through created works of art enables multi-layered engagement with the environment, transforming the present by grasping the heroic aspect of a moment in time and giving it artistic form through self-experimentation. The work of the creative artist Constantin Guys was found to trouble the interplay between reality and the exercise of freedom to make natural things more natural and beautiful things more beautiful (Foucault, 1984, 1997 [1984]). The creation of art is separate from society and yet linked to society and justifiably claims its niche to influence wider society (Foucault, 1984, 1997 [1984]; Cartwright, 2017).

2.4.(ii). The concept of the mad genius: Foucault

The interpretation of madness in the Middle Ages through the Ship of Fools (Foucault, 1965 [1961]) has continued through Literature and Art, including Bosch (*Tree of Knowledge*, 1490), Shakespeare (*King Lear*, 1605) and Cervantes (*Don Quixote*, 1615), in the interpretation and construction of the madman as a shining beacon of truth in a mad world. In modern terminology, the eponymous Don Quixote and King Lear would both be diagnosed with a form of psychosis. During a recent study posing the question: *Madness and Creativity: Yes, No or Maybe?*: academic critics interrogated the association, if any, between madness and creativity (Abraham, 2015). It was found that psychopathology may motivate individuals to engage in creative activities to enhance their lives through art therapy, while the openness to experience often found in a person with a mental disorder may have the potential to channel and direct their chaotic drive for novelty generation in a positive direction, often found to be therapeutic (Slayton, et al., 2010; Maujean, et al., 2014; Kaufman & Paul, 2014; Forgeard & Elstein, 2014).

In 2014, Dietrich found no positive relationship between mental illness and creativity because of the impossibility for the mad person to reach the summit of Maslow's hierarchy of needs, the level of self-actualisation. According to Dietrich (2014), while there was a positive relationship between creativity and mental health, the person with a mental disorder was not a self-actualising, fully functioning person; there was therefore no positive relationship between creativity and mental disorder. Five years later Dietrich (2019:38-39) found creativity to be a highly complex and multidimensional phenomenon, "fully embedded and distributed in the brain, or in a word, everywhere." Dietrich (2019) found that research should be focused on different aspects of the creative process, not "on making grandiose statements about creativity per se." Dietrich (2019) validates my focus on alternative narratives.

Lindell (2014) found that enhanced divergent thinking, fundamental to creativity, can result from derealisation, a dissociative disorder when a person feels detached both from their body and their surroundings and which can result in deep, percipient and insightful perceptions. In my study, Laura finds her enhanced divergent thinking to be a proof of deep, insightful thinking, not the symptoms of a pathological condition (4.5.(ii)). Enhanced divergent thinking is found to indicate higher than average ability to find unexpected connections between elements that would appear to have nothing in common (Benjamin, 2005 [1931-1934]; Lindell, 2014**)**, as in the unusual and original associations found in Ryan's stand up set (4.4.(v.a)).

During a psychotic episode, the experience of reduced latent inhibition increases the range of stimuli available to the person experiencing psychosis and enables them to combine and manipulate the stimuli to perceive a mundane object that they have seen many times before in a highly original way (Carson, 2011;

Kaufman & Paul, 2014). Laura's *bin* metaphor (4.5.(ii)) is an example of insightful reduced latent inhibition.

2.4.(iii). Creativity through music and critical musical comedy

Adorno, a theorist, violinist and pianist was both a music critic and a performer, focusing on the power relations between producers of music and their audience and seeing the musicians themselves as Experts and Educators by Experience (Adorno, 1973 [1949]). The creative process in the musician with a high level of expertise, as evidenced by their high level of performance, enables high-level performers, with their first-hand experience of musical creativity, to find what works best in their culturally specific and frequently changing creative environments, whether or not they have formal theoretical training (Huovinen, 2008). Stephen does not have formal theoretical training but has the gift of musical creativity.

A successful co-productive process in the genre of music is found to be far more than bringing people together in the same space (Adorno, 1973 [1949]; DeNora, 2003: Huivonen, 2008) In a transformative co-production process, musical materials are created, revised and disrupted with reference to their social relationships and the social context of the activity, performers acting as agents of social change in composing, performing, and otherwise engaging with musical materials (DeNora, 2003). In his reflection on the musical comedy production *B.E.D.S: The Musical,* Stephen identifies scenarios when socio-cultural realisations of power constrain by exclusion or normalisation, and, significantly, when socio-cultural realisations of power can empower the creators, directly influencing the way thinking and knowing are legitimised (Adorno, 1973 [1949]; DeNora, 2003),

The rap artist Loyle Carner found that condition of Attention Deficit Hyperactivity Disorder (ADHD) gave him the tools to compose his music, the condition of ADHD both providing insight and making him highly articulate. The sensitivity inherent in Carner's experience of ADHD, which made him extremely sensitive to criticism, also enabled greater creativity in his music, particularly when applied to social issues; Carner saw ADHD not as a disabler, but as his *superpower* (Bassil, 2016).

A review of *B.E.D.S. – The Musical* by the private sector organisation Made my Mortals (2022) refers to the musical comedies *Avenue Q* and *Book of Mormon*. Through the medium of satire, *Avenue Q* and the *Book of Mormon* expose the truth that everyday life is far more complex and paradoxical than many people like to think. Through a satirical twist, *Avenue Q* brings up supposedly burning questions, such as the purpose and use of life, the purpose and use of the internet, and my personal burning question, only answered fifty-four years after the event: *What is the purpose and use of a BA in English?*

Both the *Book of Mormon* and *Avenue Q* are found to capture the hearts of their audiences through their emotion, passion and conviction (Lyricsfreak, 2022). In addition, I have found the answer to my own burning question, as my BA degree in English language and literature brought about my passion for language and motivated me to take on the challenge of a professional doctorate.

2.4.(iv). The construction of the fool in Shakespearean drama

The fool in Shakespeare's plays was in a position to question the status quo in society through the manipulation of language in metaphors, riddles and puns, often making comments through songs accompanied by powerful music. Feste, the fool in *Twelfth Night* (2008 [1602], Act 1, Scene 5) sums up Shakespeare's respect for the role of the fool, finding "better a witty fool than a foolish wit." The fool as social commentator is explored in my study through *B.E.D.S. – The Musical* (4.2.(vi.b).

In Shakespeare's King Lear (1964 [1606]), madness is initially understood as a constructed concept given to the designated fool, but the when Gloucester's son Edgar speaks of Lear's "reason in madness"(Act IV, Sc. VI), Lear has already developed a psychotic disorder and is therefore expressing a reasoned argument while in a state of psychosis; Lear has here taken on the role of the fool and is positioned to question the status quo in society.

2.4.(v). Artaud, Plath and the insta-poets as seekers of truth through poetry

The poet Antonin Artaud longed to write a book of poetry that would open a door to the situated knowledge of psychotic madness (Artaud, 2010 [1938]). While the sane person could never directly access Artaud's world of madness, people without the gift of psychotic madness could experience madness vicariously through the language of his poetry (Sontag, 1988). Artaud found that the relationship between the discourse of madness and the discourse of language was dialogical; troubling the links between madness and language exposed localities where hidden/secret truth existed but was not openly expressed (Foucault, 1986 [1967]; Sontag, 1988; Artaud, 2010 [1938]).

Artaud, a frequent patient in mental hospitals, longed for his poetry to open the door to the hidden situated knowledge of madness as experienced by a situated knower, a patient diagnosed as psychotic. Artaud saw his works as far more than personal psychological documents that catalogued his deteriorating mental health believing that his poems stood as works of art in their own right (Sontag, 1988; Artaud, 2010 [1938]).

Sylvia Plath is a pioneer in *confessional* poetry, a style of poetry popular in the 1950s and 1960s that is used to address traumatic personal experiences and to connect moments of extreme individual trauma to broader social themes, such as feminism (Graham & Sontag, 2001; Fatima, et al., 2022). The confessional poets considered themselves to be the keepers and the advocates of a deep, alternative truth only accessible through their poetry; their truths required considerable effort from the reader to unveil and unmask, Plath's truth in particular being very elaborately masked (Hoffman, 1978; Graham & Sontag, 2001; Fatima, et al., 2022). According to Hodgkinson (2019:16), the "***insta-poetry***" of today, rather than hitting the reader with a telling depiction of a social issue that requires close scrutiny and reflection, lands a "*sucker punch*", a quick buzz that is soon forgotten. In contrast, the confessional poetry of Artaud and Plath requires the reader to think deeply and reflect at length on the meaning of the poems (4.3.(iii)). As Perry (1979) finds, each additional reading of a semantically complex poem will narrow the gap between the reader and writer of the text and at the same time take the reader in alternative directions as the reader/interpreter troubles alternative social readings of the poem.

In her poem *Edge* written a few weeks before her death, Plath (1981 [1963]) found herself flawed by the imposed trappings of society, requiring both a location, an address and social security number, and having to meet other people's expectations when performing within this oppressive location. Plath found that she could only shake off these flaws and become perfect through death itself, a concept going back to the time of Greek philosophy. (Plath, 1981 [1963]; Hoffman, 1978).

The question of whether Plath's completed suicide was a cry for help or her way of achieving perfection has never been answered, and is an unanswered question in all completed suicides (Atlas, 2022). Plath's perfection through the act of suicide is one way of looking at suicide, but by no means the only one, and it is currently impossible to know the reason for and logic behind individual suicides; even a suicide note can be interpreted in different ways by the living (Atlas, 2022). In addition, the living mad cannot provide safe entry into the suicidal mind and should never be asked to do so.

In the *History of Madness*, Foucault found madness to be a significant contributor to knowledge, providing "elements of a difficult, hermetic, esoteric learning" as in the work of Artaud, a hermetic and esoteric poet greatly admired by Foucault (1965 [1961]) for his originality of his poetry. Melin (2000:7) finds that hermetic poetry achieves a profound tension between private identity, poetic expression and communication with its public and is imbued with vivid, mystical imagery.

2.4.(vi). The psychotic comic persona and the psycho in fictional works

By troubling the relationship between the truth of madness and the comic persona, stand-up comedy offers new ways of thinking about the experience of madness (Lee, 2010; Hargrave, 2020). Comic personas in Stand up comedy can act as a protective shields; the stand up artists choose the parts of themselves that they will open to public scrutiny, allowing the exposure of vulnerabilities that might otherwise be too painful to share (Hargrave, 2020) While the art of acting requires actors to put on a new character each time they perform in a new play, the art of stand-up comedy requires the adoption of a *comic persona* who develops and grows each time the stand up comedian take to the stage (Hargrave, 2020). The comic persona can change direction and develop in a very different way; the late Richard Pryor completely changed direction in his stand-up comedy sets from gently amusing to his audience to becoming a political commentator on racial prejudice, sharing his personal struggles through his comic persona (Watkins, 2005; Rossing, 2014)

In live stand-up comedy, the reaction from and interaction with the audience can make a funny situation even funnier, as the audience enters the stand up comedian's world and sees society through their eyes. As a stand up comedian's persona becomes more directly critical of societal issues, the reaction from members of the audience becomes more positive or more negative, depending on their personal stance on the issue critiqued (Mintz, 1985; Rutter, 1997; Hall & Friedman, 2020; Webber, et al., 2021).

The depiction of the monstrous mad person as a figure of abnormality in crime thrillers was introduced in the late nineteenth century (Foucault, 1965 [1961], 2003 [1974-1975]) and all post WW2 crime fiction is found to adopt a stance in relation to the concept of the monstrous (Glover, 2003; Erb, 2006; Tyler, 2008**).** Patricia Highsmith portrays her monster criminal anti-heroes as attractive and fairly likeable while, in contrast, Mickey Spillane depicts his female villains as grotesque and sub-human, mainly to justify their elimination at the hands of the hero (Glover, 2003).

Although thriller writer Jim Thomson was found by Glover (2003:147) to excel at evoking the "claustrophobia of madness, its bright infernal logic and amoral compulsions," very few U.S. thriller writers are found by Glover to portray madness in any great depth, authors labelling their mad killers as sociopaths, psychopaths or schizophrenics without considering the behaviour implied by their different clinical labels. No matter what clinical label the mad killers wear, they remain essentially monsters and all have at their centre, “a kernel of pure unmotivated evil” (Glover, 2003:148).

The settings in science fiction and fantasy novels since WW2 are very different to those of the U.S. crime thriller; in science fiction the heroes or anti-heroes of the text communicate the experience of mental disorder through a virtual reality adventure game, “the mind rendered in physical form” explored through the atmospheric “inner space” of the *mad* person’s mind (Mayo, 2020:260). The genre of science fiction depicts the explorers of this *inner space* as clinical psychiatrists or psychologists, characters with healthy minds who use the disordered mind as a space to be explored through interaction with its constituent parts in order to provide therapeutic treatment (Mayo, 2020).

2.5. Conclusions drawn from literature review

My literature review has shown how two significant changes in language, *from mental illness* to *mental health and wellbeing* and *from service user* to *Expert by Experience,* both imposed by twenty-first century governments, have significantly changed discursive practice in mental health service provision and prevented people with psychosis from contributing to epistemology. Stephen, Laura and Ryan are fighting back, linking psychosis and creativity in the creation and completion of works of art in poetry, musical comedy and stand up comedy through narrative of the “good life” (Adame, 2006:5) as premised by the survivor movement (Adame & Knudson, 2008; Adame, 2014). Stephen, Laura and Ryan are all mental health service *survivors*, still standing, functioning and contributing to society.

The narrative of the survivor movement goes beyond a counter-narrative to the medical model’s narrative of recovery, operating within an entirely different discourse than the master narrative’s binaries of illness and health; Stephen, Laura and Ryan have created a narrative for a *good life* at Headspace Bolton through their works of art and how they narrate the transformative co-production process involved in the creation of their works of art. While troubling the creative process, they have have created new knowledge in a range of epistemological areas, including writing the comic book with an increased focus on mental health problems (Ryan), using psychotic insight (Laura) and forming an active partnership between second and third sectors (Stephen).

The participants in my study found that the collective voice of madness expressed through works of art is not based on fear and coercion but on the ideals of empathy and connectivity. Stephen, Laura and Ryan recognised their unique abilities to critique the wrongs of society and and simultaneously transform their own lives, exposing the vast gulf between the stance of Headspace Bolton members and mental health professional service providers when they troubled the links between madness and creativity. My thesis is neither a general wellbeing package nor an anti-psychiatry approach; it is a recognition of the voices of Educators by Experience as exciting and valid alternative narrators.

Chapter 3: Research methodology and Ethics

3.1.(i). Interweaving of discourses

The interweaving of discourses can result in stigmatising hierarchical practices that subjugate and oppress the person diagnosed with psychosis. In binary divisions between *mad* and *sane*, the person identified as *sane* deconstructs and then reconstructs the person identified as *mad* to remove all traces of difference; this is a deliberate policy of those holding power to subjugate those lower down the power hierarchy (Pêcheux, 1982; Lorde, 1984; Hall, 2009; Walsh & Foster, 2021). Deliberately interweaving discourses, however, can have many positive outcomes; in my study this has led to greater depth of research, capturing the complexity of a moment in time through narratives or works of art and troubling and unsettling the dynamics of power between service provider and service user. Psychotic madness and creative skills are interwoven at the in-between space of Headspace to create dynamic works of art that tell new stories about the world of psychotic creativity.

The data from my study troubled the already unstable and contested notion of the true voice through the interweaving of hybrid situated knowledges, finding that creatively troubling the interaction and interweaving of power, knowledge and agency requires both inventiveness and insight, as demonstrated by the participants in my study. Through shifting hierarchies of power, the transformative co-production process used by the participants on my study tilts balances of power in favour of the formerly oppressed, the shift in hierarchy in my study coming from a structured research process rather than as a blinding flash. Chapter 3 explains how I organised the data provided by Stephen, Laura and Ryan, including positioning their findings according to three levels of co-production (3.1.(xv)).

3.1.(ii). Epistemology and ontology of my study

Epistemologically, I believe that ontology is a personally constructed concept, formed by personal experience and environment, each person forming multiple different ontologies in their own minds every day, with or without interaction with other people. I find my own ontology and that of the participants in my study to be at times shaped by physical forces outside our control, which means we contribute new, exciting ideas and concepts to a meeting of minds, either one to one or in a group, but at times disturb the equilibrium of other people, who deem themselves and others as so vulnerable to our dangerous ramblings that we are excluded from interaction with the non-psychotic community. Having an ontology frequently visited by psychosis is both an issue in everyday interaction and in trying to form a reasoned argument to run through academic work at a high level.

In conjunction with all other thinking members of the worldwide human race, the participants in my study and I already have an angled perception on the co-production process in our personal worlds (Voorber, et al., 2014; Chambers, et al., 2022). My task as researcher is to align what I have learned about the epistemology of co-production, both before and during the period of this study, to what has been revealed through the texts provided by the participants in my study and in doing so to create alternative, challenging versions of co-production. The data from Stephen, Laura and Ryan troubles the tensions that arise in presenting these alternative knowledges to a public that lives outside the unreason zone of psychosis.

The exclusion and invalidation of psychosis as unreason is a political action, needing to be fought and countered politically by using psychosis as a political force (Cooper, 1980; Szasz, 2007 [1973-2006]; Jenkins, 2003; Benning, 2016). The political struggle between power and knowledge can challenge and disrupt social oppression through deconstruction and reconstruction of personal experience and the formerly oppressed can re-route power dynamics by troubling the relationships between power and knowledge (Foucault, 2002 (1978]; Crossley, 2004; McNay, 2009).

The participants in my study disrupted dominant conceptions of the legitimacy of the accepted order through their narratives and works of art; the distressing and frightening images of the experience of psychosis generated within psychiatry and, increasingly within wider society were replaced by images that presented an illuminating and more a positive perspective on psychosis from people with personal experience (Crossley, 2004; McNay, 2009; Saleh, 2020). Mindful of the participants' creative power for subversion through their creativity, my methodology has drawn on theoretical frameworks that foreground the participant's personal truths.

Stephen, Laura and Ryan did not resort to traditional binaries in developing the method for data analysis in their narratives, co-producing their work through the in-between space that had already been created through Headspace. Through a process of transformative co-production, Stephen, Laura and Ryan not only produced data but also designed and enabled a tool of analysis where the hybrid interweaving in the participants' narratives and works of art disrupted and replaced binaries with alternative versions of the world of psychotic madness. I was mindful throughout that every interaction creates a new situated knowledge (2.1.(iv)), a truth that did not exist before the interaction, will exist after the interaction has taken place, and will be changed with every subsequent interaction (Huffer, 2013; Tuana & Scott, 2020).

The psychotic person's truth is worthless as evidence in law and inadmissible in authentication of deeds and contracts but can be interpreted as divine words of wisdom rather than crazy babbling, when the tenuous, unproven links between premonition and event are found to reveal hidden truths through the words of the fortune-teller or soothsayer. Despite my focus on the truths found in the personal stories of Stephen, Laura and Ryan, l do not accept that whatever my participants say is a divine, unquestioned truth because they have been given and therefore own the magical gift of psychosis; my study is not a binary invocation of unreason as a valid counterpoint to reason through its magical properties in every circumstance. Despite this proviso, I still find something magical in the way Laura and Ryan combine language, insight and the psychotic experience in their works of art disrupting the current understanding of the concepts of mental health and mental illness found in predominant discourses of the twenty-first century.

The challenge of my research is to set out a coherent, persuasive and meaningful alignment and conjunction of elements that is of practical use to professional mental health services by choosing appropriately from the myriad possibilities of individual experiences and cultural and historical interconnections in which co-production in my study lives and manifests itself (McCaffrey & Edwards, 2015; McCaffrey, et al., 2021). Co-production in my study is not simply a critique of present day co-production in health and care services, or, even worse, a tick-box exercise, but is a living testament to transformative co-production, privileging the knowledge of the participants over that of all other discourses. Data from Stephen, Laura and Ryan map out and interrogate the many different dimensions of the many positions of co-production in my study, all of which are interrelated. My study is of use to health and social care practitioners rather than just a critique of their practices; I use the insight of the participants in my study to trouble the psychiatric gaze (Foucault, 1973 [1963]; O'Callaghan, 2021).

To trouble the psychiatric gaze, I at times needed to pick up what was not directly stated in Stephen's, Laura's and Ryan's narratives, such as a critique of defining personality quirks and traits as pathologies (Stephen), the frustration felt by mad women, particularly women poets, when they are positioned lower than creative madmen as truth givers (Laura) and the tendency of the UK education system to stifle creativity (Ryan). To carry out my quest to find and illuminate hidden knowledge, I position power as a force that changes relationships between things rather than an entity in itself (Foucault, 1980b [1976]). My methodology is a combination of social constructionism, critical discourse analysis and Foucauldian discourse analysis. I accept the premise found in all three discourses that society exists as a subjective and objective reality that is co-constructed by the individual and society.

3.1.(iii). Using social constructionism as interpretative framework

Stephen. Laura and Ryan's narratives and works of art are snapshot moments in the world that Stephen, Laura and Ryan have to face and manoeuvre every day (Willig, 2008; Hamilton, 2010). Social constructionism finds that experience of the same phenomenon can give rise to different linguistic perceptions, including narration of the experience through the creative arts, such as poetry and comedy (Beall & Sternberg, 1995; Kernan, 1985; Willis, 2008). I find that social constructionism as a sole methodology, while constructing vividly emotional pictures of an oppressive society, provides little opportunity for escape for those who are positioned as the victims of oppression.

The epistemology of social constructionism in my study interrogates how knowledge is constructed and understood, with a particular focus on how each participant in my study uses language to construct their personal ontology; the language used by Stephen, Laura and Ryan gains its meaning from how it is used in a particular social context (Burr, 2003; Andrews, 2012; Burr & Dick, 2017). In attempting to make sense of the social world, social constructionists view epistemology as constructed as opposed to created (Andrews, 2012; Khan & MacEachen, 2021). In the ontology of social constructionism, a possibility in one world may not be a possibility in another as all experiences through a social constructionism methodology are constructed by a society that sets the rules and boundaries for all discursive practices (Foucault, 1994 [1966]; Andrews, 2012).

Interpretation of the interaction between interviewer and participant in social constructionist methodology highlights and illuminates the oppressed and vulnerable positionality of certain stigmatised populations, showing how the meaning of our social action is constructed through our interactions in a socio-cultural and political context (Khan & MacEachen 2021). Understanding and adopting the tenet of social constructionism that there is no single definitive truth is vital to my transformative co-production methodology (Berger & Luckman, 1971 [1966]).

3.1.(iv). Power as a force that can be re-routed and re-directed

Social constructionism is a methodology that presents the oppressed in society in a compassionate way, the researcher attempting the empathic practice of putting themself in another's shoes and railing against a society that has constructed the poor, the oppressed, the freak, the mad and the alien. Social constructionism finds that more vulnerable members of society are crushed by repressive power, as though power is a physical oppressive weight, dividing all members of society into *them* or us; oppressed individuals and communities are found by social constructionism to be totally constituted and constructed by the forces of a sovereign power that acts as the vehicle of oppression and subjugation.

Foucault (1994 [1966]) finds, in contrast, that power is not an oppressive weight but a force that changes the relationships between things; power, therefore, can be re-directed and re-routed to tilt the balance of power acting as an anti-disciplinary agent (3.1.(xiii). The interpretation of *construction* in social constructionism therefore questions and ultimately negates my belief and the motivation for my thesis: that it is possible to bring personal change and change in society by re-directing and re-routing the dynamic of power.

Archaeological critique through social constructionism misses the dimension that Foucault adds to the power/knowledge conundrum through genealogy, losing touch with or excluding the active role of games of power. *Games* of power trouble how power plays out between and within discourses in a specific situation at a particular time and place (Foucault, 1982; Huffer, 2013; Tuana & Scott, 2020; Bamber, 2020; Khan & MacEachan, 2021). Not all discourses are afforded equal presence or equal authority and discourse analysis explores the power of language to create and trouble different texts and how words are used as pawns in the power game in different discourses (Cheek, 2008).

<u>3.1.(v). My discourse analytic approach as a textual scholar</u>

In literary theory a text is any object that can be read or *interpreted*, the readable object ranging from a work of literature to a street sign, to an arrangement of buildings in a town or city; a text is a coherent set of signs that transmits some kind of informative message (Eagleton, 1996). In my study, texts are both the works of art created by Laura and Ryan and the spoken narratives of Stephen, Laura and Ryan. Texts created through the vehicles of poetry and comedy, as in my study, are seen by social constructionists, exponents of critical discourse analysis and Foucauldian discourse analysts to be valid objects of textual analysis, as are the narratives that explain the construction of these works of art (Eagleton, 1996; Graham, 2003; Fairclough, 2003, 2010; Willig, 2008).

Discourse analysis in its present form was developed as an academic field in the 1970s. I find that my understanding of textual analysis from the mid to late 1960s reflects the current application of discourse analysis as an approach to analysing written and spoken language that goes beyond the analysis of the technical construction of words and sentences and sets language in its social context (Cap, 2019, 2021). *Beyond* is significant here; putting a text in its social context does not eliminate the need for a writing style that clearly makes its point, is interesting to read and both engages and challenges the reader (Goldberg, 2005; Graham, 2019).

Twenty-first century discourse analysis posits that the discourse analyst should interpret and convey to the reader what the textual data conveys about the social experience of the study participants (Fairclough, 2003, 2010; Koller, 2009). In mid-sixties' academia, my contemporaries and I set our critiques of literary language in the social and political context of our time to learn from and critique past societies. Language and context are the two essential elements of the major analytic approaches employed by discourse analysts (Song, 2010; Cap, 2019). As Lerer and Dane (1995:10) found:

> As textual scholars, we all stand at the nexus of object and artefact: of physical thing and constitutive subject of institutional study.

Texts are carriers of meanings that construct the social world through a dialogue between those who create the texts and those who interpret them (Caronia & Mortari, 2015).

3.1.(vi). The power of the text shown through discourse analysis

That texts are embedded within their social environment was recognised both during my time as a student of English in the 1960s and far further back in literary history. The author of Beowulf (Anon, 1950 [700-1000 AD]), and the medieval author of The Canterbury Tales (Chaucer, 1476), works of art studied in depth during my time at the University of Leeds, embedded their texts within the politics, ideology and machinations of power of their time and this was recognised and troubled by textual scholars in the 1960s from undergraduate level onwards (Lerer & Dane, 1995). In addition, as textual scholars, we critiqued technical writing ability; social and political critique did not replace a critique of the language used in the texts and whether or not it made the text interesting and enjoyable to read; both are essential to a complete textual analysis (2.4.(v)).

Discourse analysis has the potential to uncover the unstated, unconscious assumptions hidden within the text that have shaped its original production by considering how the texts themselves have been constructed, ordered and shaped according to their social and historical positionality (Cheek, 2008; Mullet, 2018). Expressions of language through texts are never neutral; they are value-laden and embedded in context (Mullet, 2018). Texts are the product of and also produce understandings of aspects of reality; the understanding of aspects of *truth* are based on the movement and direction of power through discursive practices (Foucault, (1981 [1970]], 1994 [1966]).

3.1.(vii). Critical discourse analysis as text and talk

The relevance of critical discourse analysis (CDA) as a methodology for my study is in the way CDA interrogates how power is exercised in society through the discursive practice of "text and talk" (Salkind, 2010: 370). The social context in which a *text* is created teems with the dynamics of power, established, enacted and maintained through the structured rules and practices found in the *talk* of discursive practice; CDA interprets the study of language as a purposeful social and cultural discursive practice that constructs, maintains, and legitimises social inequalities (Salkind, 2010; Mullet, 2018). CDA emphasizes the role of language itself as an empowering or disempowering resource, bringing in the understanding of hierarchical power as a normalising force (Mullet, 2018). CDA critiques the action of normalisation that always distinguishes the normal from the abnormal through a model constructed by those with the highest level of discursive influence.

The concept of normalisation shows how pedagogic practices become the norm over time, the practice of discourse creating objects and positioning subjects. There is no space for human agency or the possibility of resistance and the individual is little more than a passive pawn or “sock puppet” (Ainsworth, 2012:1), an “instrument of state” (Lewis, 1999a:17) controlled by the power/knowledge network (Arribas-Ayllon & Walkerdine, 2008; Hanna, 2014). By suggesting that the truth of discourse is always attached to and dependent on a specific discursive frame of reference, people outside this discursive boundary are stigmatised as subordinate and inferior to those within the discursive frame of reference (Foucault, 1982; Willig, 2008; Hanna, 2014).

3.1.(viii). The complexity for the mad of opposing normalisation

CDA promotes itself as a critiquing force and is often used to critique practices that oppress and punish people identifying with different sexualities or coming from different ethnic backgrounds; as in social constructionism, CDA mainly researches situations where things have gone wrong (Bastalich, 2009; Tuana & Scott, 2020). Findings through CDA present an overwhelmingly negative view of minority communities as oppressed, excluded and passive, similar to the overwhelming findings of social constructionist research (Breeze, 2011).

CDA finds that entering the realm of discourse can produce docile, self-monitoring bodies, legitimising the power of the experts over their charges through the passive submission of the oppressed subjects; CDA requires oppressed communities of identity to directly oppose this subjectification (Bastalich, 2009; Breeze, 2011; Cap, 2019). Political opposition to the oppressive practices of ideology when activists oppose the construction of the mad person by society is far more complex, however, than the simple binaries of conforming/not conforming and accepting/resisting; taking a totally supportive or totally oppositional stance will never trouble the complex and pervasive binaries of madness and sanity in current society (McNay, 2009; Chapman, 2021).

When delivered through CDA, social constructionism reinforces or even reconstitutes the binary division between madness and sanity, positioning the severely mentally ill in a passive, transactional relationship with their oppressors with no agency to transform society. (Segal & Baumohl, 1980; Tsao, 2013). The complex and often uncomfortable perspectives of the mentally ill are excluded from Conversations/conversations about mental illness and mental health in both social constructionism and critical discourse analysis.

3.1.(ix). Generalisation of conversations around mental health

Current conversations around mental health exclude people with psychosis as they usually focus on anxiety, depression and post-traumatic stress disorder; the only way psychotic people can enter the conversation about mental health is to draw on universally accepted images of the shared concept of *lived experience* (2.3.(iii)), thereby gaining access to systems of knowledge production (Foucault, 1982; Lorde, 1984; Voronka, 2016; Parkinson, 2018). The generalized and user-friendly language in mental health conversations risks effacing the critical edges and differences that members of the mental health survivor movement and other activists have worked so hard to illuminate.

Focusing on situated knowledges as seen by situated knowers by drawing out and troubling the differences between situated knowledges and mainstream discourses (Haraway, 1988) is the way forward in my study. *Situated difference* does not mean that I am dreaming of an inaccessible and vague utopia. While I have a point of focus through the narratives and works of art of the participants in my study, I do not attempt to solve the problem of biased thinking by focusing on overarching binaries. The data provided by Stephen, Laura and Ryan in my thesis troubles accepted knowledges by thinking through sometimes messy alternatives (Vogelmann. 2016, 2017) and has the power to persuade people to understand psychosis and the concepts of mental illness and mental health in many different ways, in contrast to the present day Conversation (Parkinson, 2018)

The *Conversation* (Parkinson, 2018) offers only a repetitive “auto-critique” (Brown & Stenner 2009:158) “narrating the continuous unravelling of the ideal necessity" (Foucault, 1981 [1970]:69), with no alternative way forward (Bastalich, 2009; Lewis, 2014; Voronka, 2016: Parkinson, 2018). In contrast, critical reflection through works of art such as paintings and poems reveals formerly hidden data and should be celebrated for the alternative knowledges the data presents **(**Foucault, 1965 [1961]); Hewett, 2004; Hanna, 2014**).**

3.1.(x). Foucauldian discourse analysis as adaptable discursive analytic

Troubling the interaction and interweaving of of power, knowledge and agency requires both a degree of creative inventiveness and visualisation (Haraway, 1988) and also an acceptance by academia and professional mental health services that the emerging findings are acceptable as valid knowledges (Townley, 1993; Falk-Rafael, 2005; Hanna, 2014). Psychotic creativity in my thesis relies on a range of discursive practices that create, articulate, and cascade meaning rather than portraying a parallel world that exists independently from the language that constructs it (Wight, 2019).

The data in my thesis troubles the already unstable and contested notion of the true voice through situated knowledges and requires a hybrid range of methodologies to do so. The interactions in the everyday world in which the person with psychosis exists and functions require hybrid analyses to take into account the pressures imposed by society, including the ways that the person with psychosis escapes from or mitigates these pressures and the disadvantages and advantages caused by the disorder of psychosis itself.

By using FDA as an "adaptable discursive analytic" (Wight, 2019:123), I was able to adapt Foucault to suit my purposes rather than fitting myself into partitioned and restrictive ways of working. I selected specific tools from the Foucauldian toolbox embedded in the *History of Madness* to justify both my thesis and the alternative narratives of the participants in my study rather than positioning myself as a performer in another person's power play (Foucault, 1982; Russo & Beresford, 2015; Beresford & Russo, 2016; Bamber 2020) I was then able to interweave Foucault's exploration of psychotic creativity and its frequent alienation from accepted epistemology with other discursive analyses, using the vivid, emotional picture painted by social constructionism and the impassioned support for the underdog found in CDA,

3.1.(xi). Foucauldian toolkit through History of Madness

The History of Sexuality Vol. 1 (Foucault, 1980a [1976]) was found by Philo (**2**007) to reflect a significant shift in Foucault's understanding of *power*, from the separation of power as a sovereign disciplinary force to a power operating at different levels in different discourses, yet still directed by disciplinary mechanisms. During my in-depth research process, I found that Foucault had already mixed the various levels of power and disciplinary mechanisms in the *History of Madness* (1965 [1961). In writing the *History of Madness* and the *Birth of the Clinic* (1989 [1963]), Foucault provided a genealogical history of madness by retracing and re-examining how a certain number of institutions had brought their power to bear on groups of individuals according to their own particular values (Tuana & Scott, 2020)

Foucault expanded his genealogical study in *Discipline and Punish* (1991 [1975]) by looking at processes of subject formation operating in all modern penal institutions, including prisons and psychiatric hospitals, finding that inmates in psychiatric hospitals are not just punished by being deprived of their liberty, but are also categorised as delinquent subjects with dangerous and criminal proclivities (Tuana & Scott, 2020). In *Discipline and Punish* (Foucault [1991 [1975]) supplemented the toolkit provided in the *History of Madness* (1965 [1961]).

In his PhD thesis, Foucault (2006 [1961]) recognised the potential for the unreason of the mad to become the accepted discourse of truth through the works of art created by Van Gogh and the poet Artaud. Foucault saw his work a tool box/toolkit that psychotic activists could use to change accepted truths about madness and its place in society (Iliopoulos, 2022) Foucauldian discourse analysis (FDA) in my study is about identifying, selecting, and using tools from extensive toolkit provided by Foucault's work to shape and frame the research conducted and the analysis undertaken (Hill, 2009; Hope, 2015 Rivera López, et al., 2021). FDA enabled the analysis of research data in my thesis for evidence of the interplay between different stakeholders and their power/knowledge relationships, providing the framework to explore Headspace's potential to change the power/knowledge relationships between mental health service users and those they view as their oppressors. Re-routing the power/knowledge dynamic has the potential to positively change mental health service provision while transforming the lives of the mental health service users involved (Objective 4, 1.1(xix.b)).

In psychiatry, sovereignty and disciplinary mechanisms are both integral and inter-related components of the overall mechanism of power in modern society and activists need to find new ways to re-route and re-direct the power dynamic to change relationships between oppressors and oppressed (Russo & Beresford, 2015; Beresford & Russo, 2016). According to Foucault (1980b [1976]:108), the solution is an anti-disciplinary fight against specific discursive injustices brought about by the dynamics of power; activists have to be *anti-something*, such as being opposed to oppressive practices, but not *anti-everything*. By being anti-everything, activists risk throwing the baby out with the bathwater (1.5). To engage in this anti-disciplinary battle, Foucault provided a tool kit for the use of service user activists from which an active researcher can pick and mix or pick and adapt; rather than providing just one method to be followed slavishly; Foucault therefore provided an adaptable mechanism for discourse analysis (Foucault, 1994 [1966]); Vallois, 2015; Wight, 2019).

My study takes its lead from Foucault in neither creating a new norm by dismantling current discourses through direct confrontation (anti-psychiatry) nor trying to create a permanently proud identity of psychosis (Mad Pride), which is often a distressing and crippling disease. The participants in my study do not reclaim madness by pretending to be sane and pretending to conform as they then lose the power of difference that empowers the person with psychosis to contribute to an alternative discourse through personal *(non)senses* or discursive *unreason* (Haraway, 1988; Foucault, 2006 [1961]; Ingram, 2016; Tuana & Scott, 2020; Khan & MacEachen, 2021).

3.1.(xii). Politics of madness separated from politics of identity

In the *History of Madness* (1965 [1961]), Foucault separated the politics of psychotic madness from the madness of identity politics, tracing the mad practice of identifying and treating people with different sexualities as if they had a mental disorder through the four volumes of the *History of Sexuality* (1976-1984). Foucault (2006 [1961]) was speaking of the mad psychotic when he found the truth of madness was coming to the fore in 1961; after four books charting the history of sexuality, Foucault found that alternative sexualities had still not been constructed as an accepted situated knowledge/truth in professional mental health services. Contrary to Foucault's expectations, while alternative sexualities are not seen as a mental disorder in twenty-first century Western Europe, psychosis in France and the UK still functions as a cause for concern in professional mental health services, being seen as a mental disorder that requires curative treatment through psychiatry.

The *History of Madness* looks at effects of power in the understanding, construction and treatment of psychosis, including how psychosis is constituted. Foucault finds that the Artauds and Nietzsches of this world are always seen as mad, while the madness attributed to people identifying with different sexualities is constructed according to the prejudices of a particular country at a particular time. In the *History of Madness*, Foucault (1965 [1961]; 2006 [1961]) separated the identity categorisation of sexuality from the clinical disease of psychosis, exploring the genealogy of madness and at the same time how psychosis could be re-interpreted to re-route power dynamics and tilt the balance of power in favour of the psychotic creative artist.

3.1.(xiii). Psychotic madness as both the problem and the solution

Foucault (1965 [1961]) found the re-routing of power to be possible, despite people with psychosis being outnumbered one hundred to one by those designated sane. The inspiration for my study came from Foucault's acknowledgement that something special and magical happens when the experience of psychosis and the experience of everyday living come together.

Creative art can deflect, trouble and disrupt psychiatric knowledge by focusing on the psychotic person's alien status, finding a researchable connection between the experience of psychosis and created works of art.

> There is no madness except as the final instant of the work of art – the work endlessly drives madness to its limits; where there is a work of art there is no madness; and yet madness is contemporary with the work of art since it inaugurates the time of its truth (Foucault, 1965[1961]:288-289)

Works of art created by the psychotic mad when they are seen as *situated knowers* (Haraway, 1988) present a truth acceptable to members of a sane society.

In the Appendix to Madness and Civilisation, Foucault, (2006 [1961]: 541, 549) found that accepting the connection between madness and creativity positioned the discursive practices of the psychotic poet Artaud as integral to the foundation of language. In the *History of Madness* (1965 [1961]) Foucault saw psychotic madness and creativity to be both problem and the solution in the battle against oppressive power. By troubling ways of being, acting, and speaking that constitute abnormality and disease in psychiatry, Foucault found that madness could be re-constituted and power re-directed through the work of creative artists with a diagnosis of psychosis, such as Antonin Artaud (Foucault, 1965 [1961]; Tuana & Scott, 2020).

Foucault stated in his preface to the *Order of Things* (1994 [1966]) that his 1966 work was a distinction between the othe*r* (the excluded alien) and the same *(*the accepted norm*)* and that his *History of Madness* (2006 [1961]) was a history of the *alien other*. Foucault's *other*, in my study *the alien*, is the non-citizen from another world suspended in outer space. Alien can be contrasted with its binary opposites, the antonyms *familiar, native* and *earthly*, to show how the alien other can be brought back into the fold through works of art created **by** the alienated others. Analysis of the data in my study re-routes power dynamics so that Stephen, Laura and Ryan are positioned as the binary opposites (or antonyms) of alien; they are positioned at Headspace Bolton as familiar (welcome as a neighbour), natives (functioning members of UK society) and earthly, as opposed to living in a parallel world/universe. Members of the psychotic community can find a safe, welcoming home and a space to function creatively at Headspace Bolton, a third space (Bhabha, 2004) where they can be separate from and yet connected with wider society, and where they can develop their works of art under their own terms.

In the *History of Madness,* Foucault (1965 [1961]) likened the mental hospital to a penal institution, with an added twist of curing the mad person of their debilitating and dangerous madness. At the same time, Foucault showed how power could be re-routed and the power dynamic troubled through the creative arts. At times I find Foucault's language difficult to follow, particularly when he describes the links between psychosis and creativity in the *History of Madness* (Foucault 1965:288-289; 2006:542). I turned to Walter Benjamin for more clarification, including his explanation why psychotic madness can be seen as gift as a creator of new knowledge; Benjamin sees psychotic madness as a form of perceptivity and insight that engenders that bears and cascades value-laden epistemological fruits (Benjamin, 1999 [1927-1940]; Ross, 2020). The great scientific discoveries are found by Benjamin to coincide with a moment of psychotic madness; the psychotic inventor makes sense of what would be seen as random occurrences by those who do not have the gift of psychosis (Benjamin, 1999 [1927-1940], Benjamin, 2002 [1930]; 2005 [1927-1930], 2005 [1931-1934]; Ross, 2020).

Benjamin invokes insanity or psychosis (*Wahnsinn*) as a special, mysterious and magical illustration of what it means to be perceptive. For Benjamin, the insane person is one who is able to perceive to a greater degree than a member of the sane community; the psychotic seeker of truth is positioned as a perceptive person who finds legibility where the rest of the community has only seen a mass of insignificant events (Benjamin, 1999 [1927-1940], 2002 [1930], 2005 [1927-1930], 2005 [1931-1934]; Etzler, 2014; Ross, 2020).

As found in my search strategy (2.1.(vii)), Benjamin (2002 [1930]) contributed a chapter on *experimental paranoia* to a book epitomising truly transformative co-production; the editors of the book, Hahn, et al. (2002 [1850-1930]), acknowledged and highlighted the aspect of transformative co-production that is unique to people with the gift of psychosis when they cross the borders between psychosis and madness. Benjamin found that the moment of truth discovered by the psychotic person is a very special illustration of a transformative co-production process, a central tenet of my thesis.

3.1.(xiv). Issues related to co-production in my study

Both Foucault and Benjamin stress the importance of considering people with different positions and perspectives in power/knowledge relationships, such as service users, service providers and policymakers, finding it essential to harvest and cascade multiple, interweaving perspectives for successful user involvement (Walsh & Foster, 2021). Transformative co-production in Foucauldian terms is not a direct confrontation between opposing sides but an opportunity for potential adversaries to move forward in a respectful partnership. The concept of respectful partnership has been idealised in the twenty-first century interpretation of the co-productive process where everyone is required to be seen as an asset in the process; everyone involved is required to gain from the process and the action of transformative co-production is found to always achieve beneficial change by adding value in the form of new knowledge and changing self and society for the better (Slay & Stephens, 2013).

Requiring everyone to be seen equally as contributors to a transformative co-production can have several undesirable outcomes. The co-productive process can end up as a perpetual talking shop, with no action being taken to achieve personal change or change in any part of wider society, there is no opportunity to consider the quality of the end product, whether the end product is a completed project or a work of art. Everyone cannot gain from co-production; there will be losers as well as winners in any co-production process. If everyone has to be seen as an equal asset to the co-production process and there can be no losers in the process, it is impossible to see how the co-production process can achieve any positive change. As shown in my study, a co-productive process always transforms, but can be detrimental to self and society rather than adding value (Batalden, et al., 2016; Oliver, et al., 2019). The reciprocity of the funding process in England that greatly favours the first over the third sector is troubled in my thesis with regard to the first sector's stigmatising and excluding behaviour (1.1.(xiv)).

Doing co-production may provide a strong critique of existing approaches to reform, but transformative co-production requires more than this to make a real impact on first sector services, including a high level of shared understanding between the people involved in the process and a strong, clear evidence base (Boyle & Harris, 2009; Beresford, 2019a). Even when the process is *in theory* **positively** transformative, co-production struggles to positively **transform**, a tension troubled throughout my study, but never resolved.

In my study, I refused to squash myself into either FDA through the *History of Madness* or into modern day co-production. Both, however, have their advantages. In the *History of Madness (*1965 [1961]), Foucault saw co-production as a process in a person's mind, when skills and experiences come together to create works of art; Foucault found that the higher the level of skill and the more intense the experience, the greater the quality and impact of the work of art. This essential aspect of transformative co-production is ignored in today's co-production process but is central to Laura and Ryan's analyses of their works of art (4.3.(iv), 4.4.(iv.b)). In the *History of Madness* (2006 [1961]) Foucault **did** co-production by positioning the poet Antonin Artaud as an asset whose works of art re-directed and re-routed power and acted as a catalyst for change. Laura and Ryan similarly showed how the psychosis could be more clearly envisaged, providing the basis for a new discourse by tapping into psychotic creativity.

In his Appendix to the *History of Madness (*2006[1961], Foucault found that the force of psychotic madness was changing the power/knowledge relationships between the mad and the sane. Foucault did not make the direct link between madness and creativity through created works of art but Laura and Ryan bridge this gap in epistemology. In the *History of Madness* (1965 [1961]), Foucault failed to acknowledge the potential for transformative co-production when two or more people bring different skills to a co-productive process; Stephen bridges this gap in epistemology by troubling the symbiotic relationship between lyricist and composer when Headspace members and composer Alan co-produce new knowledge (4.2.(iv)).

While Foucault's (1994 [1966]) finding that power is a dynamic force rather than a thing relates directly to my work on transformative co-production, I have found during the research process that power is both a thing and a dynamic force. It would seem that Foucault agrees. At the same time as analysing the tensions in power/knowledge relationships, Foucault's *History of Madness* (1965 [1961]) re-problematized the interaction of power and knowledge, showing that original works of art, as *things*, can trouble and disrupt the overall power/knowledge structure. In my study, Stephen, Laura and Ryan trouble this connection, showing how works of art in comedy and poetry can transform the power/knowledge relationship.

At the same time as demonstrating transformative co-production through works of art, all the participants in my study present a political critique of current co-production practices. Through her poetry, Laura critiques politically the current co-production process from a personal to a national to a global level (4.3.(ii), 4.3.(iii)). Ryan critiques the current UK education system (4.4.(ii), and, Stephen critiques current processes in professional mental health services (4.2.(ii)).

I have positioned my data analysis in a framework understandable to people who read my thesis today, through co-production, the buzz word of the twenty-first century (Bradley, 2020) The practice of co-production in the twenty–first century has resulted in three levels of involvement for service users, ranging from token involvement or manipulation of narratives to the potential relocation and redirection of power and control in mental health discursive practice through the creation of alternative discourses. The three levels of involvement are described by Realpe & Wallace (2017) as *descriptive, recognisable* and *transformative*.

3.1.(xv). Descriptive, recognisable and transformative co-production

Stephen, Laura and Ryan trouble co-production by interrogating and troubling the effects of the three co-production levels on their personal experiences. As the transformative co-production sections in my study (4.2.(iv), 4.3.(iv), 4.4.(iv.a), 4.4.(iv.b)) focus on the the creation of works of art, levels of comparison with other levels of co-production were used in my thesis to highlight the added value of the transformative level of co-production in the field of creative art.

Descriptive co-production includes the practice of carrying out a project through a consultative process when the outcome of the process is already determined, bringing about token involvement in the service (Realpe & Wallace, 2017) More sinister outcomes of a descriptive process of service user involvement include the manipulative training of service users so that they sing the praises of the services that have constructed them while supposedly telling their own stories. At the descriptive level of co-production, service users are always positioned as patients, they are shoe-horned into pre-determined structures to confirm findings already decided and their narratives are manipulated so that service providers are found as the saviours of service users and the sole reason for their recovery.

In professional mental health services, service providers make the rules of discourse and in turn evaluate and assess people as to how well they have followed the imposed discourse; the creators of the discursive rules drive discursive practice through descriptive co-production (Foucault, 1994 [1966]; Bradley, 2020). Effects of a descriptive co-production process include patronising attitudes towards the less powerful members of society, imposition of discourse by the more powerful agents, levelling down rather than up and getting people to attend rather than contribute to meetings about co-production.

The *recognisable,* intermediate level of co-production is concerned with getting everyone involved at a meaningful level in the co-production process (Realpe & Wallace, 2017). By putting structures in place to reduce or remove the barriers to involvement in the process, such as the participant raising a card to show they are having problems with following the discussion and the ensuing explanation from the facilitator about the point at issue, the service user is found able to contribute to the discussion (Needham & Carr, 2009). Realpe and Wallace (2017) call this level of co-production *recognisable* as it fits the requirements of a transformative co-productive process set out by accepted authorities such as the Social Care Institute for Excellence (SCIE, 2022).

The SCIE (2022) finds that a transformative co-production process should allow everyone who wants to get involved to take part, should listen to everyone's point of view, and should adapt the environment so that everyone can get involved in the process; the service user can then be seen as knowledge creator. The service user, however, is trumped and upstaged by the lowliest of health professionals, as the recognisable level of co-production does not re-direct the power dynamic in favour of the service user.

PhD student Laura, for example, cannot influence professional mental health discursive practice as she holds the position of patient in mental health services. For all service recipients, the recognisable level of co-production stops short of a shift in the power that service providers hold, as the service providers still determine how the services they provide are delivered and assessed (Needham & Carr, 2009; Realpe & Wallace, 2017). Transformative co-production is discussed throughout my study, but transformative co-production in its present day application in society fails to shift power imbalances to favour of those lower down the power hierarchy. In addition, transformative co-production is a two-way process that can be either positive or negative for the service user.

3.1.(xvi). The importance of verbs in transformative co-production

Certain nouns signifying action come up when co-production is mentioned, such as *empowerment, reciprocity* and *empathy,* and certain verbs and verbal phrases

phrases are associated with the process of transformative co-production, such as *morph, equalise* and *level up.* While the action of morphing can be positive when boundaries are blurred as it can achieve an empathic connection, empathy can morph into sympathy, leading to pity and patronising attitudes. The process of morphing in *B.E.D.S. – The Musical* meant that the focus of the musical comedy was changed from a critique of psychiatric services, as put forward by Headspace members, to a general critique of a greedy, grasping society, a scenario that would not put health professionals in the direct line of critique.

While well-run projects can level up by equalising at a higher level, badly run projects usually have the opposite effect, resulting in levelling down (Stephen, 4.2.(ii)). Reciprocity, the act of giving and taking, means that the person in a lower position of power has to **give** so much more than they **take** in the unequal funding processes between first, second and third sectors. Co-production is not a doing word; it sets the scene rather than bringing about change. In the Findings sections of my study (4.2.(i.-v.), 4.3.(i.-v.), 4.4.(i.-v.), I have differentiated co-production at three levels for clarity of analysis. The data in my study finds, however, that all co-production is ultimately descriptive and does not in itself bring about change. As I am the keeper of the rare, precious knowledge given/gifted to me by the participants in my study, I need to protect that knowledge and those who provide the knowledge from any harm caused by involvement in my research study.

3.2.(i). Taking an ethical stance to co-production

My ethical stance to co-production is to do no harm to the participants in my study, three young adults with a diagnosis of mental illness, while adding to the knowledge about how young adults with a diagnosis of mental illness use creative art to construct processes of co-production.

I received ethical approval to carry out this research on 4 June 2019 through the head of the Research, Enterprise and Engagement Panel at the University of Salford (Appendix 3). All four of the original participants in my research study signed the informed consent form I provided, demonstrating that they gave informed consent to the research process and that I could use the data they supplied as detailed by me on the Participant Information Sheet (Appendix 4).

The importance of social research in the field of mental health was clearly recognised at the turn of the twenty-first century, following the publication of the National Service Framework for Mental Health (Department of Health, 1999). In 2017, the UK Policy Framework for Health and Social Care Research replaced the Research Governance Framework for Health and Social Care (Department of Health, 2005; NHS, 2017). Both frameworks focus on on the dignity, safety and wellbeing of research participants and both find that the primary consideration in the research process should be to prevent harm to the research participants. The UK Policy Framework (NHS, 2017) states clearly that the safety and wellbeing of participants should take precedence over the interests of science and society, the ethical stance that I have maintained throughout the research process.

The Research Governance Framework (Department of Health, 2005) finds that research carried out in the field of mental health should be of value to the research participants and to others in a similar situation. The UK Policy Framework (NHS, 2017) expands on this general comment, finding that health research involving service users should result in access to generalizable and/or transferable new knowledge, including new knowledge about existing practices. The requirement to create new and at the same time transferable knowledge is central to my thesis.

Ethical behaviour throughout my study enabled me to keep the vital balance between protecting service users from harm and giving them the opportunity to get their voice heard by people who could influence discursive practice in mental health services. Ethical discourse in my study was constructed through balancing a duty of care with a foundation of received knowledge; I adhered to the required institutional framework in carrying out my research and personal subjectivity applied to particular events by the participants in my study presented an argument that both reflected and disrupted the current discursive interpretations of psychotic madness and mental illness. The participants in my study and I have to negotiate this tension every day of our lives as patients in mental health services. As sole researcher, I aimed to maximise the benefits for the participants in my study and for society and at the same time minimise risk and harm. The rights and dignity of the participants in my study and the rights and dignity of the organisation Headspace Bolton were respected at all times.

The research was conducted according to the ethical research principles of respect, informed consent, confidentiality and doing no harm (Barrow, et al., 2020). I also adhered to the six principles of safeguarding set out in the Statutory Guidance for the Care Act of adults (SCIE, 2014): empowerment, protection, prevention, proportionality, partnership and accountability, Following the moral principle of beneficence, I always balanced potential benefits for Stephen, Laura and Ryan against possible risks, coming down on the side of keeping all participants safe and well throughout the research process, as far as it was in my power to do so.

Too much emphasis on protecting research participants rather than listening to what they had to say would have led to a paternalistic approach that was over-protective of the service user (Faulkner, 2012) and throughout the research process I took the least intrusive response that was appropriate to any risks presented. Through balancing risk and benefit throughout the process, the participants were empowered to get their voices heard and all remained safe from harm. I ensured that additional support was available to Stephen, Laura, Ryan and to the participant who later withdrew at all stages of the research process; support was available from me, from mentors during the interview process, from my doctoral supervisors and from the head of ethics at the University of Salford.

3.2.(ii). Confidentiality and anonymity in my study

The process of co-production in my study required the participants, overtly or covertly, to trouble, analyse and interrogate discourse and discursive practice in mental health services and I could not risk hindering either their personal wellbeing or their future progression in the world of work through my study. Keeping the confidentiality of the participants in my study was a vital thread running through my whole study; keeping, and if necessary breaking, confidentiality was essential for the safety of the participants, the researcher and society itself.

During data collection, I treated any personal or sensitive information in confidence and would have only broken confidentiality during patient recruitment and data collection, if I, in conjunction with the health professional mentor involved in the research process, had decided that there was a danger to the participant or to another person because of what the participant might do. The participants in my study and I are used to being treated as a potential danger to self or society and did not question this proviso. There was no need for me to break confidentiality at any time during the recruitment and data collection processes as none of the four participants at this stage was found to present a danger to themselves or to others.

To maintain participant confidentiality, I transcribed the spoken interviews myself, removing each spoken interview from the recorder as soon as I had written it up. The works of art in poetry and stand up comedy were already in the public domain. I stored the interview data, the transcripts of the narratives, Laura's poems and Ryan's stand-up comedy set, in a locked cabinet at my home. The main issue regarding confidentiality was keeping the participants safe while enabling them to get their voices heard as Stephen, Laura and Ryan presented a danger to the repressive and stultifying status quo in the field of mental health. An ethical and methodological co-productive stance enabled me to celebrate the excellence of the participants' works of art while keeping all the participants safe, a balancing act I followed throughout the research process. The psychological and social safety of the participants, including keeping their contributions confidential except in extreme circumstances, were my primary concerns; the overriding need to keep the participants in my study safe was stressed throughout my ethics' application.

3.2.(iii). Tensions of co-production as an ethical research methodology

Co-production in research is a methodology that aims for collaboration with those parties to which the research pertains, known in my study as *the participants*. In my study, the final participants were three young adults with a diagnosis of psychosis who were creators or co-creators of original works of art while members of the third sector organisation Headspace and who came to Headspace via Early Intervention in Psychosis (EIP) services. When used as a methodology, co-production can blur the lines between the researcher, the participants and other stakeholder; this raises complex ethical considerations around responsibility, accountability and power (UKRI, 2022). The theory of collaborative co-production provides useful insights into the particular features of collaborative working that stimulate the requisite mechanisms for generating knowledges that are translated into practice and is therefore a potentially useful basis for applying health research in a range of contexts: in my thesis, the context of psychotic creativity (Heaton, et al., 2016).

Co-production was not a straightforward process in my study. I needed to enable the participants' voices to reflect on their experiences in mental health services, but could not risk hindering either their personal wellbeing or their future progression in the world of work; my most ambitious objective was to effect positive change within mental health service provision, while changing the lives of the mental health service users involved for the better (1.1.(xix.b)).

There is a close fit between the principles and mechanisms of a transformative co-production that promotes equality through the principles of active agency for all those involved in the process, mutual association and interdependence. Co-production, however, can present an equally close fit in promoting inequality, such as forcing a third sector organisation to *morph* into the more powerful agency, the less powerful organisation mutating into a mirror image of its funders. Troubling the concepts of *morphing and isomorphing* (1.1.(xiv)) is central to the analysis of co-production in my study.

3.2.(iv). Madness a dangerous truth: withdrawal of research participant

An inherent tension in my thesis is the need to take an ethical stance on co-production while using co-production as my methodology. Taking an ethical stance to co-production in my study brought about loss as well as gain, as in the loss of valuable data from a former participant. As a knowing subject for over fifty years as to how *mental health* and *mental illness* are constructed by those who hold the balance of power, I drew on my own experiences when when the participant was forced to withdraw from the research study.

While the lowly positionality of the oppressed service user is not irretrievable as the power imbalance can be tilted in favour of the oppressed through foregrounding subjugated, local knowledges, creative artists with a diagnosis of psychosis have found that bringing subjugated knowledges to the fore can be extremely dangerous (Foucault, 1965 [1961], 1980, 2006 [1961]; Parker, 2010). The vivid pictures created in my psychotic brain from reading Laura's poems, Ryan's stand-up set and all three narratives made me even more aware the duty of care needed when bringing formerly incarcerated knowledges into the light of day.

When being a participant in my study threatened the professional future of one of the original four participants, I removed, at their request, all traces of her from my study. The former participant could not be seen as psychotic if she wanted to work in the therapeutic services chosen as her professional career and was in danger of not being able to follow the career path she had chosen if she contributed to my study. Although I physically removed all traces of the former participant from the printed page, the former participant was ever-present in my study through issues of co-production, power and stigma.

Removing the valuable data from the former participant in my study was necessary because of the unequal power relations created to keep people with a diagnosis of psychosis at the margins of discourse and, when deemed necessary by those in power, those already on the margins are totally excluded from discursive practice. The participant who withdrew from my study would have been unable to follow a therapeutic career pathway with the status of *unreason* as her recognised identity; in most Western psychiatric systems, including that of the UK, an individual's psychiatric record constitutes the legitimate version of that person’s history and places restrictions on future life opportunities, particularly in employment (Wolframe, 2013a).

Sylvia Plath found it dangerous both socially and professionally to come out as a patient in mental health services, writing her only autobiography *The Bell Jar* (Plath, 1971 [1963]) under a pseudonym. For the participant who withdrew from my study, even contributing to my study under a pseudonym would not have kept her safe. When the former participant weighed her professional future against the contribution she could make to knowledge, her professional future justifiably took precedence. This example is the embodiment of negative transformative co-production in action.

All four original participants had separately signed informed consent forms before the interviews took place and I was not legally obliged to remove the information provided by the participant, as any information given by them up to the point of withdrawal could be used in my research study. As a patient in mental health services for over fifty years, I have struggled to follow a professional career path because of my mental illness and I immediately decided that the former participant’s future career was at this time of far higher ethical importance than her potential contribution to knowledge through my research study.

The participant who withdrew from my study to enable her to gain work in her chosen therapeutic field in the future could not do so with any hint of psychosis in her diagnosis. When applying for work in the public sector, I constructed myself as a recovered anorexic (true) with occasional periods of depression, also true, but I did not say these were the downs of bipolar disorder. My first significant periods of work, were in the private sector, where employers did not require me to fill in a form about my psychiatric status. Access to my medical records, however, would have constructed me as *insane*.

3.2.(v). Rationale for sampling strategy

The identification of the research participants was through the method of purposeful sampling, widely used in qualitative research for the identification and selection of information-rich cases related to a particular phenomenon of interest (Ritchie & Lewis, 2003; Gentles, et. al., 2015). Purposeful sampling embeds the idea that, rather than research participants being viewed as interchangeable, the parameters of who a person is and where they are located within a group are of vital importance (Palys, 2008).

The three participants in my study showed diversity in the data collected in terms of gender, age and experience of mental illness although Stephen, Laura and Ryan were all within the millennial age range (born between 1981 and 1994) because of the requisite parameters of my participant selection process. Two of the contributors to my final study identified as male and one as female. All three had an element of psychosis in their diagnosis as this again was required within the parameters of my participant selection process but, as seen in my study, all have had different experiences on their journeys following their categorisation as psychotic.

The texts analysed in my final study are ten in total: transcriptions of the three unstructured interviews carried out with Stephen, Laura and Ryan, six completed poems composed, transcribed and given to me by Laura and one completed stand-up comedy set, composed, transcribed and given to me by Ryan. Even allowing for the withdrawal of one participant, the remaining interviews have generated a sizeable quantity of rich and varied data. The criterion for determining the size of a qualitative sample in my study was 'information power" (Malterud, et al., 2016:1753), based on the intensity of the contact needed to gather sufficient data regarding the phenomenon under study (Cohen, et. al., 2000).

By "showing what struggles had to be fought and what alternative forms of knowledge had to be subjugated in order to arrive at the solemn truths we are now accustomed to" (Vogelmann, 2021:204), the participants in my study provide enough *information power* to propagate several theses. The concept of *interweaving* promotes a contextualized understanding of mental health-related knowledges as embodied and functional; this required a full examination of the particular physical, cultural, economic, and political architectures that located sense-making about mental health and illness before intervention, as in my complex and detailed literature review (Springer, et al., 2017; Hudson, et al., 2020; Walsh & Foster, 2021). The process of interweaving goes further than targeting key groups; it locates individual behaviour in the physical, social and organisational environments in which the behaviour takes place.

A concept central to the content and process of othering/alienation central to my study is that othering is culturally determined through the understanding of psychosis/madness, and at the same time structurally determined through mental health services (O'Connor, 2016; Springer, et al. 2017; Hudson, et al., 2020; Walsh & Foster, 2021). The stakeholders in my study are therefore not just Stephen, Laura and Ryan. The participant who was forced to withdraw, the late Michel Foucault, mental health professionals and third sector mental health groups are all stakeholders and embodied in my research study; they are involved at all times in the interweaving process.

3.2.(vi). The roles of the mentor during the research process

One of the two founder members of Headspace (the second was Stephen) identified Stephen, Laura, Ryan and the participant who has since withdrawn as potential participants in the research process. At the time of the recruitment and interview processes in my study, the founder member was an occupational therapist in Greater Manchester West mental health services. Her involvement with the grassroots organisation Headspace has at all times been in a non-professional capacity; she has at no time held the role of health professional at Headspace.

All four original participants came to Headspace via Early Intervention in Psychosis services and all were found by the founder member to have used creative art forms during their time as Headspace members to express how they saw themselves and how they perceived others saw them people. Stephen, Laura, Ryan and the participant who later withdrew have all created works of art that have been shown or performed in the public domain.

At the time of participant recruitment, all the participants in my study had been involved with Headspace Bolton for over four years, being actively involved with Headspace in a variety of creative art forms throughout their time as Headspace members. The founder member agreed in writing to act as mentor by providing both short and long-term support for the duration of the research project to any of the participants who might become distressed in any way because of their involvement in my study; this promise of support was in her professional capacity an occupational therapist.

The four participants invited to take part in my study had the mental capacity to opt into the research process as, in accordance with the according to the Mental Capacity Act (2005), no health or social care professional had found that any of the participants lacked the mental capacity to make an informed decision on opting into this or any previous research processes in which they were involved. In addition, all four participants were found to have the mental capacity to opt into the research process when assessed according to the regulations of the General Data Protector Regulator, the body that regulates the collection and use of personal data according to accountability. All four participants opted in and gave consent to data collection by separately signing consent forms. The four participants demonstrated they were aware of the purpose of the research study and wished to opt into the process; they therefore gave *informed* consent.

3.2.(vii). Invitation to four Headspace members to take part in my study

I approached the four potential participants and invited them face-to-face to become participants in my study. Following separate meetings at the Octagon Café, a familiar meeting place for all the participants, to discuss participation in the study, all four potential participants read the participation information sheet, part of my Health Research Ethics Application Form that received formal approval on June 3, 2019. I clarified any areas of confusion or concern with each participant, all of whom, by signing the informed consent form, stated that they wished to opt into the process as they were aware of the purpose of the research study, understood how they would contribute to the study and trusted me to keep them safe during the overall research process.

The participant information sheets outlined what being a research participant in my study involved, including issues of confidentiality, anonymity and the right to withdraw. All four prospective participants had previous experience of being involved in research processes with the University of Bolton and with Greater Manchester West mental health services and Greater Manchester Mental Health services and had previously taken part in educational awareness-raising initiatives related to creativity. All four participants had previously expressed their interest to me about taking part in academic research that had the potential to improve mental health practices in Bolton and further afield.

3.2.(viii). Ethical interview process through Foucauldian discourse analysis

Foucauldian Discourse Analysis, as used in my study, uses traditional and conventional methods of data collection, including unstructured, recorded interviews to to generate texts that can be analysed within Foucauldian theoretical frames (Cheek, 2008). Unstructured interviews are a recognised and recommended flexible framework to interrogate the diverse information sources used by creative artists and gave Stephen, Laura and Ryan the freedom to reflect on their own terms how creating their artworks at Headspace both troubled oppressive power regimes and significantly changed their own lives (Cheek, 2008; Zhang & Wildemuth, 2009).

In my study, the quality of the dialogue was enhanced by the fact that, in the unstructured conversational style interview, all participants, including Stephen, Laura and Ryan, were invited to reflect on their own created art form, already in the public domain. The founder member of Headspace, Ginny, who suggested the original four participants for my study, was available by phone during all the interviews to provide support if required; her support, however, was not required during the interview process. As the works of art for reflection in my study were already in the public domain, the participants' proximity to the initial, stressful creative process was significantly decreased. I always ensured that I kept the participants' potential vulnerability in mind at all times during the research process, and acted appropriately.

As part of the interview process, I built in time to personally carry out a person-centred de-briefing session of up to one hour for each participant after each interview; a de-briefing session in a safe space is essential after an unstructured interview for research participants identifying with severe mental health problems (McCann & Clark, 2005). I organised the de-briefing sessions to ensure that all the conversations with me took place in a safe space according to the needs of each participant. Ginny, who provided short and long-term support for all the participants in my study in her roles of founder member of Headspace and occupational therapist, was available for all the de-briefing sessions but was not needed at any de-briefing session.

I ensured that interview venues were available at St George's Centre, Bolton, my place of work; the participants in my study could name their own venue if they preferred to do so. Two of the four participants accepted the invitation to carry out the interview at St George's Centre, and the other two, both members of Neo-Artists, Bolton, chose the Neo-Artists' studios as their interview venue. All four interviews were recorded, as agreed with participants, via digital recorder. I, the sole researcher, transcribed the interviews to increase data confidentiality.

3.2.(ix). Safe collection of data during the research process

I approached the collection of data at interview proactively. For a few minutes before the interview, during the interview and for an hour after each interview (I had set a maximum time of one hour for each interview) I had in place at the end of a phone the occupational therapist who had agreed to act as mentor in the research process (3.2.(vi)). The occupational therapist was available immediately to respond to any issues during the interviews, such as the need to break confidentiality. The mentor for the interview process was also available to the participants, either directly or through me, for one week before and two weeks after the interview to discuss any areas of concern.

The head of ethics was also available for any issue that could not be resolved at a lower level. The head of ethics was not required at this stage, but was invaluable in helping to resolve the issue of the withdrawal of the participant at a much later stage in the research process. There were no issues immediately before, during and after data collection that required any help from the mentor or any other health professional to resolve; all participants were satisfied with the support I provided before, during and immediately after the data collection process.

3.2.(x). Importance of a third space for safety and influential creativity

The grassroots organisation Headspace Bolton provides a supportive in-between space between the frightening world outside and frightening space in the psychotic person's head where creativity can function and high-level works of art can be created and disseminated. The in-between "third space" (Bhabha, 2004:53) of Headspace Bolton functioned in my study as a subversive discourse against institutionalised practices as this was essential to the disruption of power dynamics (Reed, 2009; Chapman, 2016) Outside the island of Headspace, the participants in my study are categorised as passive recipients of controlling discourses and through their categorisation they are subjected to discursive practices that marginalise and even exclude them.

During the recording and writing up the interviews, I was able to picture in my mind the experience of the interviews with Stephen, Laura and Ryan at particular stages; this made the data more visible to me and at the same time more complex and multi-layered. When I read a poem or novel, I in my mind the experience of the hero or heroine in the situation they are facing; if I cannot do this, the poem or novel loses much of its impact for me. By setting their own definitive boundaries during their interviews, Stephen, Laura and Ryan brought their personal experiences of mental illness to life.

3.2.(xi). Different identities through the experience of psychosis

Personal risks experienced by the participants in my study and myself include either identification as dangerous troublemakers when we go too far in critiques of current practices or mental health services linking our critiques of practices in mental health services and wider society as signs of incipient and developing illness. Finding signs of a developing illness may be justified, as at times those of us with the condition of psychosis do not know if we are speaking truth or nonsense (Ingram, 2016). The risk of being identified as a dangerous troublemaker, and the finding by mental health services that by questioning the status quo we are speaking unreason, are everyday experiences for Stephen, Laura, Ryan and me.

Data analysis of individual narratives interrogated under what conditions and through what forms the subject of the narrative appeared in the order of discourse, asking questions on positionality, functionality and the rules each participant was required to follow in different discourses (Foucault, 1970 [1966] 1998 [1969]). Although the author of any text is part of a system of discursive practices that aim to limit and confine meaning, Stephen, Laura and Ryan were found to have the power to inaugurate new lines of thought by occupying different subjective positions and adopting different authorial roles, leaving their footprints behind on the many pathways they traversed (Foucault, 1977 [1969]; Ahmadi, 2012; Vandaele, 2016).

3.2.(xii). Issues related to my own safety as researcher

The research process for me was time consuming and at times frustrating in its iterative practices and created *messy* knowledge, a particular issue for me as a researcher with a *messy* brain (Vogelmann, 2016, 2017, 2021; Oliver, et al., 2019). During the research process, I at times explored avenues interesting to me but irrelevant to the purpose of my study, a time consuming and potentially fruitless experience when writing a focused research study. This apparently common experience during any research process (Vogelmann, 2016, 2017, 2021; Oliver, et al., 2019) was greatly magnified for me with my psychotic brain, as I dug ever deeper into what started as a seemingly simple train of thought. I turned what could have been a destructive experience to good use by writing personal reflective memos throughout the research process to reflect on the layers of data produced and use the data itself as a tool for critical analysis (Nonhoff, 2017; Noorani, 2019).

I found, that reflective memos helped to keep me fairly sane during the very difficult research process, as the intimate relationship with the participants in my study brought up a number of disturbing memories that at times adversely affected my mental health. My wellbeing was maintained throughout the interview process through my close contact with the mentor in my study and has been maintained throughout the research process through the support of my supervisors, who have gone beyond the call of duty to enable me to keep the psychotic and depressive elements of my mental illness under control.

3.3. My engagement with Stephen, Laura and Ryan

Stephen is a singer/songwriter who combines emotionally evocative words and music to interpret and trouble life experiences. Stephen's experiences, depicted through words and music, range from happy and exciting to distressing and even tragic. I share a love of vocal music as a performance medium with Stephen. I am however, just a performer of music; Stephen is both performer and songwriter. The work of the singer/songwriter whom I most admire, the late Leonard Cohen, reminds me of Stephen's songs. Cohen found that the condition of depression was the everyday sea he swam in, the environment in which he existed and against which he fought every day of his life (Gilmore, 2016).

Stephen also positions the songs he writes within his day-to-day experiences, for Stephen, the everyday experiences of psychosis. Stephen finds that although people with the experience psychosis might see themselves as "*the second coming of Christ,*" they are at the same time *"all human just trying to make [their] way through life"* (4.2.(v)). The empathic connection I experience with Stephen extends to the invaluable help he gives me in writing stand-up comedy sets; on several occasions Stephen has given me a perfect final punch line for my own stand-up comedy set without requiring credit for doing so, a consummate example of mutual reciprocity.

Laura and I are both doctoral students and we share a diagnosis of bipolar disorder, although I do not share Laura's fascination with air disasters (1.1.(xi.b)). Laura and I met at the opening session of Headspace's stand-up comedy course that was facilitated by Kiri Pritchard-McLean. Our close interaction has increased over the years; I am the company secretary of Breakdown Bolton, the third sector mental health organisation of which Laura is a founder member and director.

The function of Breakdown Bolton is similar to that of Headspace: to promote high-level creativity, individual expression and empowerment through art by breaking down barriers between *them* and *us*. In August 2020, I was invited to speak about my research at Headspace during a conference organised by Breakdown Bolton at the Manchester theatre and arts charity, 53two*.* Although I was self-isolating at the time because of Covid, Laura set up a link with the conference so that I could directly contribute.

Ryan and I were partners on a creative writing course run by Headspace. We simultaneously chose the opening sentences from *The Bell Jar* (Plath, 1971 [1963]): *It was a queer, sultry summer, the summer they electrocuted the Rosenbergs, and I didn't know what I was doing in New York*: and from *1984* (Orwell, 1991 [1949]): *It was a bright cold day in April, and the clocks were striking thirteen*: as appropriate opening sentences for a creative writing exercise.

Ryan finds such connectivity to be very special and always delights in finding connections between himself and people he works and with whom he is in a social bubble. Ryan was thrilled that I was at school with his favourite James Bond, Timothy Dalton, and that I began my training as a primary school teacher on the site where he studied for his degree in creative writing. Ryan has the knack of making me feel special because we have these connections; he uses this empathic connection to wider effect in his stand-up comedy sets.

My close relationships with Stephen, Laura and Ryan contribute significantly to my overall thesis as demonstrated throughout my study. In Chapter 4, I analyse and discuss how the ontologies of Stephen, Laura and Ryan, through their narratives and works of art, contribute to epistemology.

Chapter 4: Findings and Discussion

4.1. Student-teacher relationship favouring study participants

All three participants responded to, troubled and interrogated psychotic creativity by setting the scene and developing their narratives as a teaching/learning exercise in which I was the student. In the participant information sheet, accepted by all participants when they signed the declaration of informed consent concerning participation in my study, I asked each participant to:

> Select a piece of artwork created and/or performed by you. I will ask you to talk to me about the relationship between your chosen work of art and your experiences as a young adult identifying as having psychosis (Participant information Sheet, 16/5/19).

As a student learning from Stephen, Laura and Ryan, I became ever more aware of the tensions involved in working with emergent rather than pre-defined concepts, through the theory of "thinking through picturing" (Sauzet, 2015:37), when the data from the participants' narratives and works of art troubled and unsettled the links between madness and creativity, linking what already exists to what might be possible. *Thinking through picturing* in my thesis sees *picturing* as an active verb (2.1.(iv)) that draws emotionally moving pictures through social constructionism (3.1.(iii)), creates vividly dramatic pictures through the language of poetry and stand-up comedy when painted by the psychotic brain (3.2.(iv)) and increases the dramatic pictorial effect of a text when re-interpreted through the reader of the text (3.2.(x)).

Excerpts from the participant narratives in my study are separated from the important quotes from other sources that are indented but not italicised by being both indented and put in italics. I have separated the quotes from academic and social critics from those of the participants to show that participant data is of far higher importance to my study than the data from academic and social critics. Quotes from the works of academic and social critics and quotes from the participants' narratives constitute *raw* data that was troubled analytically by me, as researcher. Excerpts from the works of art themselves are indented, italicised and written in **bold** print. The quotes from the works of art also constitute raw data and have been troubled analytically by me as researcher. I have put in **bold** type the quotes from Laura and Ryan's works of art for clarity and not to suggest that quotes from their works of art are more important to my study than quotes from Stephen's narrative, which does not include a completed work of art. The single quote from *B.E.D.S. – The Musical* is similarly put in bold print and italicised (4.2.(v)).

In this chapter, I have separated Stephen, Laura and Ryan's contributions to knowledge through their narratives and works of art as they approach co-production in different ways and provide alternative ways of looking at psychotic madness and creativity. I have brought the participant contributions together through their different interpretations of *truth* at the end of this chapter, demonstrating both their togetherness in their purpose to forward psychotic creativity and their individual, personal interpretations of truth as situated knowers. (4.5.(i), 4.5.(ii), 4.5.(iii)).

I have, used the same format for data analysis for all three participants, separating the co-production process into *descriptive* (low), *recognisable* (intermediate) and *transformative* (high) levels of co-production This method of formatting has two purposes: to emphasise that co-production is a slippery term requiring continuous troubling at different levels (Cicmil, & Gaggiotti, 2014) and to demonstrate the high level of analysis carried out by Stephen, Laura and Ryan as they describe and use co-production in their narratives and works of art.

I have not followed this separation into different levels of co-production slavishly and have followed the direction indicated by Stephen, Laura and Ryan when positioning different analyses at different levels of co-production. Laura, for example, analyses her six poems as critiques of the low, intermediate and transformative levels of co-production in local and global society and I have followed Laura's lead in separating the poems themselves into different levels of co-production.

4.2.(i). Stephen: Introduction to Findings

Stephen positions himself as an accepted contributor to private sector discursive practice by flattening the hierarchies and troubling the tensions that create barriers between the private sector and the *mad* community. Stephen found that he gained a position of power in private sector discursive practice through writing and performing a musical comedy in a co-productive partnership with both the private sector and other members of Headspace. Stephen saw himself both as a player within an entrepreneurial business enterprise and as an Educator by Experience (1.3., 2.3.(iv)).

Stephen echoed the work of Foucault by critiquing the linguistic absurdities found in psychiatric practice through the title of the musical comedy. In *B.E.D.S. – The Musical*, B.E.D.S. stands for Bell-End Disorder Syndrome, a critique of the ever more complicated, often ludicrous and at times meaningless diagnoses currently handed out to patients by psychiatrists. *B.E.D.S. - The Musical* argues against binary discursive separation of the mad and the sane, focusing on the complexity and hybridity of discourse (Foucault, 1980, 1982, 1986 [1967]).

Stephen used the skills he developed at Headspace to contribute to a comedy collective that critiqued practices in current mental health services through the format of musical comedy. The Ancient Greeks, particularly Aristotle, found that comedy was primarily concerned with people as social beings; the function of comedy was to hold an amusing mirror up to society in the hope that people in the audience would recognise their own follies and vices and find ways to be rehabilitated as more caring and moral members of society (Hoy, 2000; Cullen, 2013**)**. Comedy seduces and entices its audience and at the same time holds them at a distance, engendering uncomfortable feelings of repugnance and disquiet (Barrault, 1972). To make this disconcerting paradoxical experience less frightening for the audience, the characters depicted as the villain are portrayed as ridiculous rather than frightening, promoting laughter rather than fear.

Members of the audience are detached from feeling strong and painful emotions of pity or anger about any of the characters on the stage through the de-stressing power of laughter; at same time audience members turns he spotlight on themselves by reflecting on what their own reaction would be in similar circumstances (Woodruff, 1997)

The empathy the audience members feel towards the hero/victim in a comedy performance prevents them from dismissing the message of the comedy as ridiculous (Woodruff, 1997; Farrow & Woodruff, 2007). A comedy performance cannot in itself bring about social change; the performance of comedy is an attempt to engage with the present by bringing the past and the possible future together in an amusing way, and persuading the audience to play its part in the performance as they interact emotionally with the players on stage (Barrault, 1972; Rutter, 1997; Webber, et al., 2021).

A review of *B.E.D.S. – The Musical* by the private sector organisation Made by Mortals refers to *Avenue Q* and the *Book of Mormon,* musical comedies that find everyday life to be far less binary and far more paradoxical than many people like to think. *B.E.D.S – the Musical* troubles the paradox that we may often desire what we claim to despise, such as making easy money by illegal or immoral means; the musical comedy ridicules the grasping, get rich quick attitudes of western society while simultaneously suggesting devious ways to get rich quick by abusing the benefits system.

In his narrative, Stephen focuses both on his personal contribution to the musical comedy and the collective contribution of Headspace members who were involved in the writing and performance of the musical comedy. *B.E.D.S. - The Musical* was performed to university staff and students and some members of the wider public at the University of Bolton on July 3rd, 2019.

4.2.(ii). Descriptive co-production as STAR worker

Stephen found that inclusion in the co-productive process does not in itself bring about positive change; the discourse generated through third sector organisations is manipulated by all three sectors to justify their own practices (Thatcher, 2006; El Enany, et al., 2013; Noorani, 2013; Bee, et al., 2015; Stomski & Morrison, 2017; Thompson, et al., 2017; Green & Johns, 2019; Paylor & McKevitt, 2019). When Stephen worked for Greater Manchester Mental Health (GMMH) Services as an *STR/STAR* worker he found he was manipulated into telling the GMMH's story as though it was his own.

> *I was an STR worker for 7 years. By getting into a system, I was then no longer seen as a peer. That was my experience in the system – the moment when I was no longer a peer: I was Stephen or I was the STR worker. I was the wunderkind who could talk about my experiences, could tell how wonderful the service has been.*

Support time and recovery (STR/STAR) workers in Early Intervention in Psychosis (EIP) services provide support in a wide range of activities to give young adults with psychosis the confidence to try out new activities or to get back to activities they enjoyed doing before they developed psychosis. Stephen argues that being a *peer* in a more powerful discourse excludes him from being a *peer* in a less powerful discourse: "*I was Stephen or the STR worker.*" As an STR worker, Stephen found he was a passive participant in GMMH's power play, yet presented by EIP services as a *star* or *wunderkind*, two highly evocative words.

> *It's just nice for me to tell my own narratives - that's why I enjoy talking about it because I have a lot of passion and it's nice to use that background and those skills that I developed telling my story – well to be fair at the time telling what I thought at that time was my story because the people I'd been surrounded by in the system I was I thought it was – but it wasn't my story – it was the service's story – that I happened to be in as a star.*

Stephen explores the paradox that his story as a STAR worker **was** his story and at the same time **was not** his story when he reflects on the different perspectives of health professionals and their patients. Different perspectives bring up different stories and Stephen finds that health professionals also have a perspective that must be taken into account.

Stephen troubles the complexity of power dynamics and reflects on the ways different discourses interweave. Stephen was manipulated by EIP services so that he told their story, but at that time in his life it was Stephen's story too. Stephen found later that he could use skills taught by GMMH to tell his own personal story, and was simultaneously aware that there is no single true, authentic story; Stephen's story at different stages of his life is interwoven with other discourses and changes with each subsequent interaction (3.1.(ii)).

While a STAR worker, Stephen was used as an ideological symbol by senior management to demonstrate the purported equality and levelling up practices within GMMH.

> *The advantage of speaking with Ginny has made me realise how others saw me I was not under scrutiny, at least not publicly - I know privately it was different. There were still conversations - " Oh, is Stephen doing well?" – mainly by management. Workers on the ground appreciated me and what I was doing and saw the benefits.*

Stephen's narrative shows the effect of hierarchical levels within areas of discursive practice; workers at grass roots level were far less likely to focus on ideology as they were just getting on with a difficult job. Workers "*on the ground*" appreciated Stephen's contribution to team working and regarded him as a member of the mental health team.

Stephen uses "*conversation(s)"* five times in his narrative:

W*e had a very interesting* ***conversation***
Stephen had a "*very interesting*" conversation with Peter (the facilitator) about the potential of the musician new to Headspace (Alan) to fit into Headspace's way of working; Stephen found that Peter always levelled him up to equalise relationships between them rather than patronising him, in contrast to other second sector workers.

It eventually morphed – again beyond this conversation you had people with lived experience
Stephen found that the *conversation* had changed its initial purpose: the conversation "*morphed"* into a deliberate ploy to cloak an uncomfortable truth, in this case the medicalization of personality quirks or difficulties.

Just that frank conversation, that openness
Stephen spoke of *conversations* with Peter as being "*frank"*, open and transparent, contrasting conversations with Made by Mortals with conversations with other people in positions of power, where those in power fail to be transparent, open and "*frank*".

Paul genuinely had a conversation with me
Stephen was very aware that so many conversations are not "*genuine"*, implying critique of the false, manipulative relationship when he was a STAR worker for Greater Manchester West by stressing that his conversation with Peter was "*genuine"*, with truth on both sides.

There were still conversations - " Oh, is Stephen doing well?" – mainly by management.
This is the most sinister side of the *conversation* where those in power discuss an object of their oppressive practices without that person being allowed to contribute to the conversation; the subject and object of the conversation is often not even present when the conversation takes place. Stephen only knew these conversations had taken place through Ginny, who was at a far higher hierarchical level in mental health services. The person being discussed in these *conversations* is not a living, breathing human being but a case study for examination and analysis; in this example, Stephen shows he has populated several case studies ("*conversations"*). Case study conversations can take several different forms. Using female poets with a diagnosis of psychosis as case studies is discussed in my study through the Sylvia Plath effect; in the Sylvia Plath effect, madness is found to be revealed through the poet's work but the act of writing poetry is paradoxically found to bring on madness (4.3.(vi)).

The mental health professional (Ginny), Stephen's fellow founder member of Headspace, was placed far higher in the invisible hierarchy of power than Stephen. Both Ginny and Stephen were supposedly equal as fellow founder members and directors of Headspace as neither had a role of health professional within Headspace Bolton.

> *Ginny has a psychology degree, Occupational Therapy degree and a Master's in OT and Psychology and years of training in the NHS. She goes to a meeting and things get done; if I go to a meeting, things don't get done. It's a pattern she's noticed and I've noticed.*

While Headspace does not work through biomedical or psychosocial models of mental health, the interweaving practices between health professionals, service users and society reinforce Ginny's authority in society, positioning Stephen, as service user in EIP services, far lower down the hierarchy. Stephen liked to "*work with organisations that treat me as a creative and a peer of equal level*", but found he was frequently excluded from mental health discursive practice and his actions were closely scrutinised and "*double checked.*" Ginny herself noticed a very different pattern of inclusion and exclusion for her as a qualified mental health professional when compared to Stephen's experiences. Ginny is an Expert by Education in the traditional sense of Expert by professional Education (2.3.(iv)); this trumps Stephen's role as Educator by Experience as Stephen does not have professional qualifications.

The hierarchical ranking of third sector organisations below the primary ranking of the state and the secondary ranking of the private sector also pushes third sector organisation Headspace into a role of first and second sector *sock puppet* (Ainsworth, 2012), performing as a *statutory instrument* (Lewis, 1999a). Made by Mortals, a second sector organisation "*vying for pots of money*" with other second sector organisations, is required to follow the dictates of the state in the reciprocal arrangement with first sector funders. The reciprocal game of give and take forces the less powerful organisation to **give** far more than they **take**.

Both second and third sector organisations require sustained funding just to survive from day-to-day and this funding is mainly channelled through first sector funding. Stephen highlights the uncomfortable, contradictory co-production relationship between first and third sectors when power dynamics are directed through an allocation of resources that disproportionately favour the more powerful funding agency. Reciprocity, the concept of give and take, requires the less powerful agency to give their services for minimum economic and social benefit to the underdog, while the more powerful agency takes credit for the success of any project. Issues related to the slippery concept of reciprocity are picked up and potential solutions considered in Chapter 5 (5.1.(i), 5.1.(ii), 5.1.(iii)).

Stephen critiques community groups in the private sector that are "*fluffy*" and "*very guided, very safe.*" The facilitators of such groups are trained not to cause offence to supposedly vulnerable groups and in the end say nothing of any value, and excuse their cowardice through false modesty:

> *Ooh, I don't think* ***I'm*** *qualified to say that.*

The pretence that Stephen is positioned as the Expert by Experience and therefore in a position of power in the co-productive process is troubled by Stephen:

> *I know for a fact that in a lot of places being childish, allowing yourself to have fun is seen as a negative, is seen as if "we don't want to make you feel like you are lesser than us", but it's like, well, by making your provision crap you're doing that anyway.*

The relationship between second and third sector organisations is found by Stephen to be rarely one of mutual respect, but the relationship between Made by Mortals and Stephen bucks this trend. Many private (second) sector agencies are found by Stephen to treat people with mental health difficulties in a patronising, disrespectful way, despite protestations to the contrary; Stephen is immediately positioned on a lower level than most private sector facilitators by being the recipient of poor quality community provision. Categorising and stereotyping Stephen as a vulnerable member of society because he has a mental disorder stigmatises him through the "*crap*" services provided.

Stephen's interview with me took place a week before B*.E.D.S. – The Musical* was performed at Bolton University. Stephen carried the only printed script around on his person and in his head; he could not risk its impact and message being gazumped by anyone not directly involved in the process; Stephen was reflecting the very real fear for third sector activist groups that they will have their work stolen and then reproduced by more powerful organisations for the benefit of the more powerful body.

4.2.(iii). Recognisable co-production: complexity of power dynamics

From the start of his narrative, Stephen demonstrated the effect of the power dynamic in all areas of discursive practice, including hierarchical power at Headspace, and found that, in contrast to EIP services, there was no imposed power dynamic at Headspace.

> *It's very much there's no power dynamic at Headspace. We're all creatives, it doesn't matter that all of us have experience of mental health issues, it matters that we are creatives, that's the main thing.*

Stephen does not deny that power dynamics are present in all interactions; instead he finds that Headspace does not require its members to follow discursive practices imposed by those who make the rules of discourse who in turn evaluate and assess people as to how well they have followed the imposed discourse (Foucault, 1994 [1966]). What is important in the discursive practice of Headspace is the individual member's contribution to the creative process, not their diagnosis of mental disorder.

Stephen also troubles the concept of *morphing.* Although Stephen finds that he has been treated by the expert facilitator as a "*creative peer*": "*Peter has just given* *me unlimited rein – I've organised the performance spaces, I've correlated the scripts, I've had a hand in everything":* Stephen could not prevent *B.E.D.S. – The Musical* from morphing from its original critique of psychiatric diagnosis into a more generalised critique of society. The newly designed musical comedy focused on ways that a person diagnosed with a psychiatric disorder can play the benefits' system; the person diagnosed as mad was positioned as an anti-hero with society as their victim.

> *Our first thought ended up into a song, it didn't end up as the main theme of the piece. It eventually morphed again beyond this conversation you have with people with lived experience - that just because you're a mental doesn't mean you're not a bell-end.*

In going along with the new direction of *B.E.D.S. – The Musical* without a fight, Stephen could be seen as a pawn in Peter's power play (Bamber, 2020). Peter was in turn a pawn at a higher level in the overarching and overriding power dynamics of GMMH; Peter was required to change the subject matter of the musical comedy, as only then would he be assured of funding for future projects. The funders of the project were professional mental health services and the producer of the musical comedy had to please them, or at the very least not offend them. *B.E.D.S. – The Musical* could not directly critique psychiatric practice and, as a critique of ICD-11 was central to the plot line in the original version of the musical comedy, the critique of psychiatric practices had to be scrapped, or at least become peripheral to the action. ICD-11 is the system used in the UK to categorise mental illnesses prior to treatment; to avoid causing offence, the musical comedy was requited to *morph* into a more general critique of an opportunistic society (4.2.(vi.a))

Co-production is found to be disempowering when one person attempts to give power to another (McConnell, et al., 2019; Oliver, et al., 2019). Stephen, however, felt he had been empowered by the facilitator from Made by Mortals.

> *Peter has just given me unlimited rein – I've organised the performance spaces, I've correlated the scripts, had a hand in everything - and I've been treated as a peer.*

McConnell, et al. (2019) and Oliver, et al., (2019) would argue that Stephen had been disempowered, despite Stephen's impression that Peter had "*acted fairly*" by creating a space where Stephen had been raised to the level of other members of the private sector creative team. When I was teaching self-advocacy skills in a community education setting, I was trained to think that if someone tries to give away their power, even with the best of intentions, the recipient of the gift of power is found to be disempowered as power is not a thing that can be *gifted* to someone else. I find the verbalised noun *gifted* to be a useful alternative for *given* in this example, despite my dislike of verbalised nouns.

Stephen believed that he was given greater power when asked by Peter to take on responsibility for certain tasks; Stephen felt empowered when given these responsibilities. Peter's gift of power to Stephen when he asked Stephen to take on responsibility for certain tasks made Stephen feel more powerful, despite members of *sane* society not accepting his elevation (4.2.(ii)). I therefore question the impossibility of one person empowering another, as Stephen felt empowered. In addition, when a person holding greater power shares their power with a formerly less powerful person, the effect of sharing power can be greater than the sum of its parts; when Made by Mortals musician Alan and Headspace member Stephen shared power **both** Alan and Stephen become more powerful (4.2.(iv)).

4.2.(iv). Transformative co-production: power dynamics re-routed through the creative peer

Stephen uses the concept of the *creative peer* to emphasise the link between a valued peer and a valued creative. Stephen places great importance on being treated as a "*peer of equal level*" and troubled the hierarchies interwoven into discursive practices at the descriptive level of co-production (4.2.(i)). The musician from Made by Mortals (Alan), central to Stephen's example of transformative co-production, was initially a stranger to active transformation in the third sector. Alan was won over by the "*quality of the writing and the dedication and talent*" of the Headspace members.

> *The musician was not used to a group like this, a group of creatives who are empowered. He's used to community groups who don't really know what they want to say, He was very much like this, even in the depression song which we saw as nicest, the least controversial of our songs: "I don't know if we're allowed to say this, and we just have to be careful."*

The words "not used to" indicate an internalized social construction that requires a shift so that the musician normalises Headspace's discursive practices by working in an equal partnership with Headspace members, "*a group of creatives who are empowered."* Stephen opens up the debate about who does the allowing by quoting Alan: *"I don't know if we're allowed to say this."* Here Stephen troubles the inherent rules of society about what can and cannot be said in an acceptable social context (Foucault, 1994 [1966]).

Stephen juxtaposes what creatives are and what they do, seeing Headspace members as "*a group of incredible creatives, who are very talented…a group of creatives who are empowered."* and positions *creative* as noun and verb to define the role he ranks highly, that of *creative peer*. Stephen found that the musician brought in to compose music for the lyrics written by Headspace members (Alan) positioned Headspace members on an equal footing to Alan's fellow workers at private sector company Made by Mortals. The private sector musician became part of the Headspace project group by valuing the members of Headspace as creative peers, emphasising the strong connection between a valued *peer* and a *creator*.

Stephen made his own value judgment when he stereotyped *composers;* he found that composers worked with theory rather than working with the people who change theory:

> *Now composers are famously not that into people. They like music; they will take ideas and do it.*

In just two minutes, however, the musician was able to shift and re-route power dynamics to include and level up all the members of Headspace involved in the co-productive process by working directly with the lyrics created by Stephen and his peers.

> *It was literally just two minutes. [Alan] was so happy with the group - we were just composing ad lib - and was so into his work that he just stopped. He just stopped talking and started writing things down. "I'm just doing notation – go and get a coffee, whatever" [Alan]. It was so informal because he saw us all as creatives.*

Stephen and the other members of Headspace all became part of the creative team, through a "*change of membership*"; they all became bona fide members of the production company. In a few words, Stephen conveyed the relaxed yet focused informality of a successful process of transformative co-production, the musician positioning himself as an asset and simultaneously accepting his fellow workers at Headspace as assets because of their ability as lyric writers.

Professional is used in Stephen's narrative to indicate that Alan the musician set high standards, showed respect to others in the team and demonstrated that he cared deeply about his work. The respect between Stephen and Alan was mutual; Stephen found that Alan had become a "*lovely community artist.*"

> *When Alan started to see the quality of writing, the dedication of people, the talent of the singers and the musicians he changed completely: like aren't we just doing great things, which I knew he was as a composer.*

Stephen here explains three important ingredients of a positively transforming co-production process, morphing to blur boundaries to the advantage of the former underdogs, equalising by levelling up and reciprocal respect.

4.2.(v). Empathy via critique of psychiatric practice

To see laughter as an empathic tool, a distinction needs to be made between laughing at people and laughing with them. Laughing **with** people means laughing at their predicament rather than laughing at them because they have laughable characteristics. Laughing with someone is compatible with a high degree of empathy (Woodruff, 1997; Spencer, et al., 2018).

The purpose of *B.E.D.S. – the Musical* was not to overtly and directly convey knowledge to the audience, but to present a humorous situation and let them draw their own conclusions according to what made them laugh during the performance, The musical comedy drew the audience's attention to the current diagnostic labelling of patients in psychiatric care; psychiatrists attempting to exactly categorise a clinical personality disorder have given labels to the diagnosed mad that have become increasingly complicated and confusing, at times inaccurate and often ultimately meaningless (Lilienfeld, et al., 2015; Clark, et al., 2017). The actors in *B.E.D.S. – The Musical* constructed their own clinical diagnostic label (*Bell-End Disorder Syndrome – B.E.D.S.*) and applied the label in different scenarios to show how meaningless a psychiatric label can be in both clinical and social contexts. The audience demonstrated their willingness to empathise with *B.E.D.S. – The Musical's* rational critique of psychiatric labelling through their laughter and applause.

Empathic connections were achieved through a transformative interweaving between performers and audience. The ways the atmospheric music added to the impact of the already highly evocative words and the empathic interaction with the audience cannot, however, be reproduced on the printed page. The words below, quoted directly from *B.E.D.S. – The Musical* illustrate this point:

> ***Just because I swear ($*£t!) randomly***
> ***Just because I wash my hands 'til they bleed***
> ***Or have 10 conversations about 50 different things in a minute***
>
> ***Just because I am the second coming of Christ***
> ***Just because I check my door 27 times***
> ***We're all human, just trying to make our way through life***

Despite vividly describing issues related to Obsessive Compulsive Disorder, psychosis and other distressing mental disorders **(“*swear randomly*”)** the printed words fail to demonstrate the full transformational impact of the song; the reader of my thesis cannot hear the haunting music or appreciate the atmosphere as a member of the audience.

Stephen: Discussion of Findings

4.2.(vi.a). Normal people with issues: troubling the concept of the alien

Although Stephen found there were no boundaries to working with Made by Mortals, the project morphed *“beyond this conversation you had with people with lived experience”* into a theme suggested by the project facilitator; Peter was in turn directed and restricted by reciprocal practices required by the state sector. From a telling critique of psychiatric diagnosis, *B.E.D.S. – The Musical* morphed into a more general discussion of poverty and oppression.

> *We had no boundaries, you know. Our first thought ended up into a song; it didn’t end up as the main theme of the piece, it eventually morphed.*

In the original theme of *B.E.D.S. – The Musical*, members of Headspace picked up how ICD-11 pathologised both personality quirks and difficulties of functioning. The Headspace members then questioned and troubled the categorisation of personality quirks and difficulties as psychiatric disorders. ICD-11 introduces *personality difficulty* as a new diagnostic term; a patient with a personality difficulty is classified as having problematic personality characteristics that may affect successful treatment in health services but is not seen as serious or problematic as a *personality disorder* (Ekselius, 2018). In contrast to a personality *disorder*, a personality *difficulty* manifests itself in periodic and/or low-level cognitive and emotional experiences that are problematic but not considered to be a “mental disorder per se” (Bach & First, 2018:3).

Although ICD-11 was only formally introduced in January 2022, it had been piloted for several years as a solution to the confusion arising from the classification and categorisation of personality disorders (Bach & First, 2018;

Mulder, 2021). The attempts to simplify the personality disorder model into mild, moderate and severe have required ever more complicated definition of the disorder suffered by every person diagnosed with a personality disorder, and as the classification system for personality disorder is completely different from the old system in ICD-10 there is limited evidence of the utility and validity of the ICD-11 classification (Mulder, 2021)

In *B.E.D.S. - The Musical*, members of Headspace found that the symptoms attributed to personality difficulty have led to an over-medicalization of obnoxious, unacceptable behaviour, as in the fictitious syndrome of *bell-end disorder.* As Stephen found:

> *Just because you're a mental doesn't mean you're not a bell-end. You can be both, you can be completely both - it doesn't mean you're an awful person, but it doesn't mean you're a saint either. It means you're a normal person who has issues.*

The failure to engage in any form of good interpersonal relations, as in the case of the contemptible *bell-end*, is increasingly being used to label and treat personality difficulties or personality quirks as clinical personality disorders (Mulder, 2021). The musical comedy reveals the failings of the system used in 2022 to label and categorise people with personality disorders.

4.2.(vi.b). Role of the fool to critique the status quo

Stephen found he was able to trouble the term *mental* as he identifies as a "*mental*" himself; Stephen troubled oppressive discourse by revealing that the use of language is the key tension in the process of co-production between unequal subjectivities. This tension cannot be resolved in my study, as when the victims of oppression trouble oppression they only have the discourse used by their oppressors available to them. The victims of oppression, however, can critique the practice of oppression by holding a mirror up to oppressive services and oppressive disorders, much like the *fool* in Shakespeare's plays.

Survivor groups in the 1970s and 1980s applied the notion of the oppressed patient to confront and ridicule mental health services by taking on the role of *fool* or *court jester* (Foucault, 1965 [1961]; Noorani, 2013). In many of Shakespeare's plays, the poems of the fool are used to comment on the main action of the play, providing alternative narratives for subjects discussed in the play; the poems are often set to powerfully moving music. The songs in the musical comedy similarly comment on the unfolding action in the overall play; in *B.E.D.S. – The Musical,* situated knowers within situated knowledges troubled their personal experiences of Obsessive Compulsive Disorder, clinical depression and psychosis; their reflective lyrics were set to powerfully moving music by Alan, thereby intensifying their effect. Further lyrics, again set to powerful music by Alan, ridicule some of the faults, frailties and limitations of society's discursive practices.

The creators of *B.E.D.S. – The Musical* did not seek to lay the blame for survivor suffering wholly on the shoulders of professional mental health services, nor did they find that mental disorders are purely fictional creations designed by psychiatry to justify their positions of power; The symbiosis of words and music brought about feelings of both sympathy and empathy in members of the audience as they connected personally with specific sections within the songs (4.2.(v)). Patients and providers from different areas of society took into consideration and mulled over the impact of the songs during the performance of *B.E.D.S. –The Musical*; the reflection continued for me when I left the theatre, in my own head and in discussion with other people.

4.3.(i). Laura: Introduction to Findings

Laura brought to the interview six of the poems she had created while a member of Headspace. This was the first time I had seen the six poems, and with the help of Laura's analysis of how she used metaphor in the six poems, I took away my own memories of interacting with the poems. The meaning and significance of a poem are only partly determined by the author at the moment of writing and are contested and conceptualized anew as they enter subsequent contexts; the continuing existence or afterlife of a text opens it to reconfiguration and re-evaluation (Foucault, 1977 [1969]; Novak, 2017). The reader of my study has the opportunity to enjoy and interact with Laura's poems (Appendix 1) in their own way.

Laura makes effective use of metaphor in the six poems discussed in this study. Metaphor production is a creative process of thinking outside the box, applying a word or phrase to an object or action with which it does not have a literal connection. Metaphor is a valuable communication mechanism in troubling the complex emotion of *love* as in Laura's poems, ***Love song for a friend*** (Appendix 1e) and ***Love song revisited*** (Appendix 1f). Metaphor allows Laura to convey vivid imagery that transcends literal meaning through her troubling of connections between seemingly unlike things. Laura found that as a person with the gift of psychosis she could:

> *See things that other people don't see and that allows us to be the truth givers and the true keepers and protectors of certain things in the world. That's a really beautiful thing.*

I have further explored Laura as the *truth giver* through the insight granted by the gift of psychosis at 4.5.(ii)).

In ***Love song revisited*** (1f), the *love* metaphor is given weight, depth and brilliance by the psychotic experience:

> *It was a sort of psychedelic love: every mood was so much more intensified, it was all very colourful, it was all very wonderful*

"Psychedelic" brings in the magic of psychosis, with its overtones of hallucination and its ability to expand consciousness through mind-blowing properties (Shapiro, 2003; Millière, et al., 2018). Laura's use of metaphor to add an extra layer of vividness and drama to her poetry is discussed throughout this section, I placed Laura's poems at the different levels of co-production, descriptive, recognisable and transformative according to the subject matter discussed in the

poems. The intermediate/recognisable level of co-production positioned Laura as a social critic and while the poem ***Crime A*** (Appendix 1c) fits into this category as a critique of a "***murderous***" invasion, the insight demonstrated by Laura in ***Crime A,*** written in 2014 after the invasion of Crimea, belongs in the transformative co-production section:

> ***I pray there won't be a Crime B***
> ***But it's not like anyone cares.***

Here Laura foresees the invasion of Ukraine in 2022 and bemoans the lack of awareness that a future invasion was likely to occur**;** Laura's insight here is so prescient of actual future events.

> *So I wrote this poem in 2014; it was just when the Ukrainian/Russian crisis was breaking out over Crimea and as you can see the title Crime A is a play on the word 'Crimea'.*

Laura "***prays there won't be a Crime B***." Pray is a very "*strong*" word for Laura, as she does not usually pray.

Laura foretells the horrors of the Russian invasion of Ukraine and positions herself both as an accepted social critic and as an insightful soothsayer whose premonitions are ignored and unconsidered: "***it's not like anyone cares*.**"

4.3.(ii). Descriptive co-production: Blue Eve and Heiress

Blue Eve (Appendix 1a) and ***Heiress*** (Appendix 1b) show women's positionality in a patriarchal society, where men position themselves as superior to women and women are required by men to know and accept their place; patriarchy stereotypes women by positioning them as lower than men in political, economic, social and cultural levels of society (King, 2004; Soman, 2009; Rawat, 2014; Tabassum & Nayak, 2021). Foucault failed to recognise the significance of gender when women are measured and judged against the norm of men; Foucault's theories troubled the power play between sections of society according to their levels of power, but did not critique the play of power when women are positioned at a lower level than men in economic, social and cultural levels of society (King, 2004). Foucault, however, saw his work as a toolkit for activists to use as appropriate to justify their cause rather than as a condemnation of, in this example, acts of patriarchy or misogyny (3.1.(xiii)).

In ***Blue Eve*** (1a), Laura troubles and challenges the positioning of women as the weaker sex and always "*second best*"; she cannot change the positionality of women in a patriarchal society, but can critique the assumptions made by a patriarchal society that all woman are simultaneously weak and evil.

> ***From me, my dignity, the world would thieve***
> ***For he's forever pure Adam, I am Blue Eve.***

Laura finds that the religious discourse positioning Eve as being totally responsible for the Fall of Man has always been accepted in UK society as an irrefutable truth, and has been stressed in "*Church of England primary schools from the very first RE lesson.*" In ***Blue Eve*** (1a), Laura assumes the denigrated position of *woman* silenced by the more powerful voice of *man*:

> ***Even when I disobeyed God's word***
> ***They were calls of liberty almost heard.***
> ***Sharp as a serpent's tooth it struck***
> ***And stole my integrity like a crook.***

"Serpent's tooth" is intentionally linked to the image of an ungrateful child and the noun "***crook"*** defines both an implement to hook and restrain (shepherd's crook) and a criminal. The weak woman is always positioned as the source of evil while the strong man is always glorified as the source of good. Laura troubles this paradox through the confusion sometimes felt by the all-powerful male.

> *I get on the bus and there's an elderly gentleman who clearly needs a seat more than I do, but then he tries to get up and give me his seat because I'm female.*

Eve, as symbolic woman, succumbs to weakness by taking and eating the fruit from the tree of all knowledge when tempted by the devil and then becomes a powerful force for evil as she persuades Adam to eat from the same tree. Women in Eve's image can therefore be positioned as simultaneously weak and evil.
At the time of her interview, July 2019, Laura felt that the feminist cause had moved on slightly from when she wrote the poem in 2013, but still had a long way to go.

Laura introduces her metaphorical colour palette (Netchitailova, 2019) in ***Blue Eve*** (1a), seeing the poem as a work of visual art:

> *Like something painted by Picasso with all the different little sections, but sort of like…this is going to sound…strange…sort of like the Mona Lisa but in Picasso's style with just one single tear running down her face but in all different shades of blue.*

Laura's use of metaphor empowers her to stand outside of herself and her present time and place and to think about how her poetry was created: who and what were the agencies that took part in its co-production and why did it end up where it did. Laura's *"reach to creatively develop situations as narratives in my head that other people haven't got"* is developed through Laura's troubling of the concept of insight (4.5.(ii)).

Laura's metaphorical colour palette is also used in ***This Time*** (Appendix 1d), where the **"*gold leaf pen*"** is found by Laura to be the perfect instrument to convey her thoughts. In ***Heiress*** (1b), Laura critiques silver as a cool/cold colour as opposed to gold. In ***Love song for a friend*** (1e) and ***Love song revisited*** (1f) Laura contrasts seemingly innocent *whit*e with dangerously dramatic *gold*.

Heiress (1b) is Laura's reflection on the importance of surface beauty to a woman in a patriarchal society, lamenting the impending tragedy of losing both beauty and desirability at what the Heiress feels is an early stage in her life.

Your tepid excitement
Over life not yet nor soon hither
Soon perishes in the early February frost
And she will not bloom but wither

There is here an implied and distressing comparison with men who do not lose purpose and desirability at an early age, including keeping the ability to procreate throughout their life.

In ***Heiress*** (1b)**,** the heroine of the poem is at an apex in her life where she has passed the moment of full bloom of youth but still does not see herself as having "***withered***" to a significant degree.

> *It's a sort of an ode, a tribute to a* ***nice*** *lying'. I always think of silver when I think of lies because we're told that gold comes first, silver is second, and with silver you're not getting the best and I always feel silver is a very cool colour.*

Laura uses the colour silver in "***silver tongue of the earth***" to show that the heiress is still fooling herself that she is as beautiful and desirable as she once was. This delusion is, however, a "*nice lying*" that creates "***tepid***" emotion and does not hurt the heiress to a painful degree. The inheritance of the heiress is the loss of her beauty: "***the colours of life taint her pale skin***"*:* but she still clings on to the illusions of beauty and desirability.

Towards the end of the poem, the heiress realises she is fooling herself:

Your tepid excitement runs cold in your blood
As you despise what you have created
She is no woman or the beauty you desired

Laura repeats "***tepid excitement***" from the first line of the poem to show that the heiress is putting up a defence mechanism to protect herself from a cruel unforgiving world by avoiding deep emotion. The poem ***Heiress*** is also a metaphor for the barriers women have to leap over or break down if they wish to establish themselves as creative artists. Skills and abilities evident from an early age are belittled as legitimate ways of being in and seeing the world; the future creative artist's future is degraded and ***"desecrated"*** (Northfield, 2014).

"***Tepid excitement***" brings to mind Foucault's (2006 [1961]:545) "tepid aquariums" where medication controls the restless mad, transforms them into passive subjects in a general state of apathy; "***Tepid excitemen****t*" in Laura's poem is also an oxymoron; excitement does not sit easily with tepid and the juxtaposition of ***tepid*** and ***excitement*** reveals a protective mechanism used by the heiress so that she does not feel too deeply and cannot be hurt too much.

4.3.(iii). Recognisable co-production: Crime A and This Time

When I was first given Laura's six poems at the start of the interview, I was surprised that she had not included any of her self-published work, ***My Psychiatrist's trying to Kill Me,*** but reasoned that this was because the poems were under copyright to a publisher and therefore not available as part of my research study. I then realised what Laura had probably reasoned; she was more likely to be accepted as a poet rather than as a patient with psychosis if she provided social criticism by combining Mode 1 and Mode 2 research.

Mode 1 research focuses on new knowledge as defined by a set of peers within a particular academic discipline. *Mode 2* research focuses on new methods of academic research that cross disciplinary boundaries, an outward looking approach that co-produces new knowledge by including all those who are affected by the problem in the co-productive research process and considering how the knowledge gained fits into wider society (Cruickshank, 2013). Mode I knowledge aims to accumulate knowledge as an end in itself, while Mode 2 knowledge aims to find knowledge that can be applied to re-problematize and resolve problems in society, focusing on understanding and addressing challenges that are meaningful to people outside academia (Ernø-Kjølhede & Hansson, 2011). Mode 2, non-linear knowledge is produced outside established academic settings and is diverse and original in its performativity, not requiring validation through traditional research paradigms and methodologies; Mode 2 knowledge creates new, alternative knowledges as it is not restricted to proving discipline designed and designated truths (Davies, 2016).

While oppressive academic practices at times cause polarization between Mode 1 and Mode 2 approaches, academic knowledges are increasingly intersecting and often co-existing, rather than being separate and adversarial; academics are increasingly required to place their research in a wider context and to understand how it can have a wider impact (Ernø-Kjølhede & Hansson, 2011; Lindell, 2014; Coghlan & Brydon Miller, 2014; Cruickshank, 2016). Both Laura and Ryan use intersecting modes of knowledge to demonstrate how they **do** co-production, increasing the impact of their narratives and works of art by grounding their new knowledge in the world in which they live and function; new knowledge emerges from a strong foundation (Cruickshank, 2016). Laura deliberately intersects Mode 1 and Mode 2 through her poetry as a social commentator. Neither Laura nor Ryan use the word *conversation* in their narratives, but both develop alternative conversations by combining Mode 1 and Mode 2 language (5.1.(iii)).

To be accepted as an Educator by Experience, Laura had to position herself as a poet and academic, not as a mad woman writing verse. As a recognised poet, having a poem published as part of advertising campaign for *Mother Courage* and having a set of poems accepted by a publisher, and in addition as a PhD student, Laura was in a position to critique social inequalities and oppressions through her poetry as an Expert by Education (2.3.(iv)). At the same time, Laura was explicitly and implicitly positioned as a woman and a patient in mental health services and was therefore an Expert by Experience (Foucault, 1970 [1966]).

I earlier analysed ***Crime A*** (1c) as a striking example of Laura's insight. I now examine how she uses strong, active verbs to present a horrific scene, when describing the aftermath of the invasion of Crimea. In just four lines, Laura vividly portrays a terrorised nation in a state of utter devastation.

> ***The tearing up of a nation***
> ***The uncertain death-driving divide***
> ***Taking and ruining places***
> ***Forbidding and invading spaces***

The adjective "***uncertain***" implies that nobody knows how the power struggle will end and how far it will go and reflects the current situation in Ukraine, the "***tearing up of a nation***". The juxtaposition of "***tearing up of a nation****"* and "***death-driving divide****"* vividly foretells the separate battles and high casualty rate in Ukraine and it is difficult not not think of the city of Mariupol in Ukraine as the "***taking and ruining of spaces****.*"

All that matters to the invaders in Crimea is getting the upper hand in the power struggle, not the suffering and death of innocent people, including babies and children,

> ***Not looking at individual cases***
> ***And delighting in children's dead faces***

Laura wrote ***Crime A*** (1c) after seeing an article on the internet that showed several pictures of the innocent victims of the conflict in Crimea; her personal distress at seeing these pictures motivated her to write the poem. During her narrative, Laura found that the behaviour of Russian soldiers during the Crimean war could be seen as a war crime:

> ***Crime A wasn't that you started this***
> ***But the brutal modus operandi***

The evil actions of the invading army during the war itself rather than the initial invasion of Crimea constituted the "*war crimes*" of the conflict for Laura, a similar finding to that of many commentators in the current conflict in Ukraine.

In ***This Time*** (1d) Laura demonstrated her ability as social critic to present an alternative to woke discourse while keeping herself safe. As in Heaney's 1975 poem expressing his views about twentieth century religious conflict in Ireland from a minority stance (*Whatever you say, say nothing*), the reflective reader is aware of the points Laura is making, but cannot directly out or condemn her for negatively discriminating against other people's justified opinions (Heaney, 1998 [1975]). *Woke* discourse today is understood as being well-informed on up-to-date public opinion with regard to racism and other examples of social discrimination and injustice and being aware of breaches of woke discourse in local communities (Millar, et al., 2017). Laura had to find a way to keep safe; she did not directly follow accepted woke discourse, but expressed a minority point of view in ***This Time.*** Laura finds her ability to express alternative viewpoints and keep herself safe while doing so is a useful attribute for a poet.

Woke discourse is becoming increasingly binary and is currently a source of bullying and exclusion (Turner, 2020), The title of Laura's poem, ***This Time,*** demonstrates her awareness that different times have difference opinions on acceptable *wokeness*; Laura did not wish to fall foul of the 2014 wokeness police.

> ***I'll sit quietly in my room***
> ***Knowing my thoughts go unanswered***
> ***While the extremist views scream and BOOM***
> ***Or I'll just pick up my gold leaf pen***
> ***And casually compose this rhyme***

Laura employs the oxymoron of "***studied casualness***" as used by Foucault (1981 [1970]:73) to show her ability to sit back from the noisy, confrontational action outside and quietly reflect on a situation in a reasonable way by using her skills as a poet. The action seems effortless, but it comes from having the ability to reflect at an extremely high level of thinking (Noorani, 2019), developed through a high level of education. Laura uses a colour metaphor to denote the high quality of gold as opposed to silver; gold's superiority to silver in works of art has been constant throughout the ages.

Laura found that Mrs Thatcher was seen by those who were "***dancing on her grave***" as a powerful woman in what is usually seen as the powerful man's role in oppressing and harming the poor. When Mrs Thatcher became vulnerable herself, she could not be seen in the usual mother/grandmother role of a former caregiver who now needed care herself, but was castigated as the source of suffering to the poor and oppressed:

> *I kind of felt that it was a bit sad; she [Margaret Thatcher] was somebody's grandmother, somebody's mother. I couldn't express those opinions, just like Seamus Heaney couldn't express his opinions over the political situation in Ireland. I read a lot of Heaney as part of my Master's degree.*

Laura sympathised with Mrs Thatcher in her weakened state but, as she pointed out, Laura is a bystander unaffected directly by her policies. Laura found that in 2014 she would become the victim of mass opprobrium if she dared to see the good side of Mrs Thatcher; she instead used her educational expertise to adapt Heaney's methodology to her cause.

Diversity today is usually related to issues of *them* and *us,* at times ignoring often more complex issues. The exclusion of the twentieth century poets Seamus Heaney and Wilfrid Owen (Heaney also straddles the twentieth/twenty-first centuries) in the study of poetry at GCSE level means that we lose both an Irish poet's perspective on woke discourse (Heaney) and the reflections of a poet (Owen) who lived and died because of acts of war. Diversity is a slippery and messy issue troubled throughout my study. Although it is important to include twentieth and twenty-first century poets to bring in issues of diversity previously excluded, the poets to be discarded need to be carefully selected to avoid throwing the baby out with the bathwater (1.1.(vii)) and thereby furthering the *elitism* of the twentieth and twenty-first centuries, when music has become synonymous with popular music and poetry with ***insta-poetry*** (Adorno, 1973 [1949]; Hodgkinson, 2019; 2.4.(v)). It is the members of the former elite, those who do not try to find the easy answer, who are excluded from contributing to discursive practice (DeNora, 2003; Van Tine, 2021).

4.3.(iv). Transformative co-production: Love song for a friend and Love song revisited

Doctoral student Laura positions herself as a member of an elite group of people with a diagnosis of psychosis currently involved in post graduate research; Reville (2013:170), a former patient in Canadian mental health services, defines academics with psychosis as “high knowledge crazies”. As a former patient, Reville assumes the right to take on the mantle of being crazy; Reville turns a stigmatising term, used lazily by the non-mad about anyone who behaves in a strange or outlandish way, into a term that shows the valuable contribution to epistemology of people who live their lives as permanently crazy in the eyes of psychiatry. I did not like the implication here, possibly unintentional, that Laura’s knowledge as a PhD student was of greater value as an Educator by Experience than people with a lower level of education. As a service user member of the editorial board of *Social work education – the international journal,* I am currently involved in a project to encourage more contributions to academic journals from mental health service users who do not have an academic background. In *Social work education’s* new project, the articles written by service users are not to be collected in separate issues, but are to be incorporated into the mainstream journals, alongside articles written by contributors with an academic background.

Positioning herself as a *high knowledge crazy* enables Laura to actively contribute to discourse in academia and professional mental health services about the *chicken and egg* dilemma of psychosis and creativity (Koh, 2006; Mills, 2014; Landry & Church, 2016). Through her narrative, Laura attempts to overturn the premise that writing creatively causes psychosis, showing that in her case the opposite is true; that the hypersensitivity of the psychotic experience adds to the dramatic intensity of her poetry.

In ***Love song for a friend*** (1e) Laura imagines Monet’s painting of water lilies through a *dreamscape* metaphor and finds that the poet can be a translator of landscape through a linguistic dreamscape, a scene with the strangeness and mystery characteristic of dreams that provides a distorted but seductive version of reality.

> *There's a big connotation about painting here, because there's a lot of mention of lilies –she was really dreamy and I see the Monet painting of water lilies as a dreamscape rather than an actual landscape. At the start the lilies were drowning in white gowns – the love was so overwhelming, so overpowering that I couldn't see the truth of the situation. I see the Monet painting of water lilies as a dreamscape rather than an actual landscape.*

Laura uses the metaphor of beautiful white lilies to describe her lover's seductive dreaminess. Laura's lover appears totally innocent as she is ***drowning,*** not just clothed, in white gowns: white is the metaphoric symbol of purity and innocence. Laura does not recognise that she is being infiltrated with rotting apples filled with worms as she has lost touch with the real world, in the same way that she would lose touch with the real world on a heroin trip. Laura falls deeply in love with this fake creation of innocent beauty and is unable to recognise her as the far less than perfect person she really is.

Laura shows how well she understands the break from reality experienced when a person falls in love. She finds, however, that an episode of psychosis is more than this and can adds a *positive* dimension to any experience, in this case the experience of love. Laura found that ***Love song revisited*** (1f) was created when psychosis was "*positively affecting*" her writing; here the positive symptoms of psychosis are found by Laura to have a welcome, beneficial affect. Hallucinations and delusions, the positive symptoms of schizophrenia and certain types of bipolar disorder, are always found in psychiatry to have a negative, dangerous effect as opposed to their positive potential to challenge the current dialectic (Foucault, 1973 [1963]; Ahmed, 2012; Poursanidou, 2013; Greenwood, 2017; Beresford, 2020).

When people with experience of psychosis find themselves in an environment where they can use and develop their creative skills, they may break free from the restrictions imposed on them through medical or psychological treatment and make unusual and original connections between personal experiences, a process Mohr and Claridge (2015) call *generativity.* Any work of art is found by Mohr and Claridge (2015) to need editing and polishing so that it can be fully accepted and valued by its audience; Mohr and Claridge (2015) describe this process as consolidation and find that the ability to consolidate a creation is often fully functional in people, who have with a diagnosis of bipolar disorder, Laura's psychiatric diagnosis.

> *I would say having bipolar disorder has actually been – I'm not glorifying it and I'm not making it out to be something wonderful – but it has been helpful to my writing because you have that ability to be able to feel things so much more than anybody else and that shapes how you feel about everything.*

Laura finds that the condition of bipolar disorder adds depth and insight to her writing, an added value not available to people who do not have the condition. By "*not glorifying it,*" Laura also finds that there are problems associated with being bipolar.

During her narrative, Laura considered and analysed how the language used by a poet diagnosed as psychotically mad could bring about transformative change. Laura found that the extra level of sensitivity gained through the experience of mental illness added a vivid, dramatic dimension to her work, giving those who had not had the experience of psychotic madness the opportunity to understand and empathise with the personal experiences of the supposedly mad poet (Sontag, 1988; Artaud, 2010 [1938]). Laura's comparison of ***Love song for a friend*** (1e) and ***Love song revisited*** *(*1f*)* shows the transformational effect of adding psychosis to the co-productive writing experience, adding depth, warmth, and brightness and vivid, unexpected detail to ***Love song revisited.*** As Laura found:

> *In Love song revisited where I'm talking about the "**twisted electric rainbow fizzling ferociously,"** that's a time when psychosis was positively influencing my writing.*

> *Would I have come up with these concepts and ideas had I not been psychotic, had psychotic experiences, vivid images, as in the* ***rainbow*** *of life? Probably not so.*

A lyric poem such as ***Love song revisited*** continually enriches and transforms mere dictionary meaning, generating new, deeper and more complex understandings by the clashes and crystallisations of the juxtaposed words, as in the hyper-intensity created in the opening lines of ***Love song revisited***.

> ***Put simply, perhaps an apple with worms***
> ***Was the wrong way to go***
> ***More like sparkling stars***
> ***Or a twisted electric rainbow***
> ***There to fizzle ferociously and***
> ***There to brightly burn***
> ***Shimmering wondrously***

As any two words such may be juxtaposed on an acceptable grammatical basis, such as adjectives describing a noun ("***twisted electric rainbow"/ "sparkling stars" twilights***") or adverbs describing a verb or a verb participle ***("fizzle ferociously"/ "shimmering wondrously***"), the potential for this transformation is vast (Barthes & Duisit, 1975; Noorani, 2019).

In the following example, the hidden metaphor of ***turning up*** did not work for me. In turning up "***gleaming gold hems***," In her narrative, Laura compared her mother turning up the hems of her party dresses to turning up the power of love on successful nights out with her partner.

> ***At romancing gorgeous twilights***
> ***Scattered in twinkling gems***
> ***Draping herself in silk dresses***
> ***Adorned with gleaming gold hems***

While on this occasion, the metaphor did not work for me, a poem does not lose its overall impact if a single metaphorical juxtaposition fails to work for some readers; the metaphor of *turning up* might well work for readers other than myself. The metaphor of "***romancing gorgeous twilights,***" where partygoer Laura is draped in silk and scattered with gems, works really well for me.

Confessional poets writing lyric poetry are found to apply high levels of craftsmanship to personal emotional turmoil (Hoffman, 1978). As a confessional poet, Laura is aware that narrating the experience of love is not in itself poetry; the poem needs to be created by the poet then shared with the reader so that the poem becomes the joint possession of poet and audience (Hoffman, 1978). The meaning of the poem is governed by sets of similarities and oppositions that are in themselves relative terms, and can only be understood and appreciated in relation to one another (Barthes & Duisit, 1975; Weyer, 2013).

The interweaving of discourses in works of art can be compared to to the processes of reciprocity and mutuality in co-production; a complex work of art makes visual to its audience a diagram of interwoven relationships, capable of integrating backwards and forward leaps (Barthes & Duisit, 1975), Through shifting hierarchies of power, the transformative co-production processes used by the participants on my study tilt balances of power in favour of the formerly oppressed. The interweaving of discourses in my study includes connecting seemingly unconnected words to create alternative discourses, recognising that if critical discourse does not insist on a sovereign, overriding epistemological standpoint it can be flexible and versatile, "moving along as it moves us" (Vogelmann, 2021:332).

Studies troubling the link between madness and creativity have found strong similarities in the thought processes of people experiencing psychotic episodes and highly creative people, the concept of creative expression signifying a self-actualizing, fully functioning person. The more prevalent view, embraced and encouraged by professional mental health services, is the belief in a borderline between advanced creative thinking in the non-psychotic person and the pathological and/or impoverished thinking of a person with a diagnosis of psychosis (Kaufman & Paul, 2014; Dietrich, 2014). As a patient in mental health services, Laura struggles to get herself seen and heard as a creative artist; she is required to accept her position in society through the identities imposed by psychiatry and by some influential critics in academia (4.3.(v)).

4.3.(v). Laura: empathy via the psychotic experience

Creative artists with a diagnosis of psychosis, particularly women, are often re-constructed as case studies in academia and professional mental health services to demonstrate the dangers of being a *mad* female poet (Ingram, 2016; Kaufman, 2017). The example of Sylvia Plath is frequently used to warn of the dangers of being hyper-creative, as vulnerable women poets have been found to bring on psychotic episodes through a combination of their creative enterprises and their socio-contextual environment (Koh, 2006; Kaufman, 2017). Laura overturned the premise that writing creatively causes psychosis, showing that for her the opposite was true: that the hypersensitivity of psychotic experience added to the dramatic intensity of her poetry.

Laura considered and analysed how the language used by the *mad poet* could bring about transformative change. Laura found that the extra level of sensitivity gained through the experience of mental illness added a vivid, dramatic dimension to her work, giving those who had not had the experience of madness the opportunity to understand and empathise with the personal experiences of the *mad* poet (Sontag, 1988; Artaud, 2010 [1938]); Thirioux, et al, 2020).

4.3.(vi). Laura: Discussion of Findings - Combating the Sylvia Plath effect

The psychiatrist positions Laura as mad person rather than a poet while Kaufman, a powerful male figure in the field of academia, positions Laura as a writer of verse whose verses are analysed by society for signs of madness through the "*Sylvia Plath effect*" (Kaufman, 2001:37). The theory of the *Sylvia Plath effect* is based on a series of research studies at the turn of the twenty-first century that found that people whose work involved significant creativity, particularly women, were more likely to develop severe mental illness than people whose work had a minimal creative element. People most affected by this phenomenon were women poets, one the most famous being Sylvia Plath, hence the *Sylvia Plath effect.* Studies relating to the Sylvia Plath created a tension between the belief that writing poetry can drive you mad and the belief that poems written by women diagnosed as mad are manifestations of madness, that poetry can make a person mad and the poetry written by mad people should be analysed for signs of inherent madness.

Studies about female poets in the late twentieth century found that female poets were more likely to show signs of mental disorder than other creative writers, including male poets and women engaged in creative writing activities other than poetry (Andreasen, 1987; Andreasen, & Glick, 1988; Jamison, 1989; Kaufman, 2001) These findings have resulted in the scouring of the work of women poets for signs of mental disorder rather than analysing the poems as works of art.

The Sylvia Plath effect is not just a twenty-first century phenomenon. While the poet Artaud (1896 -1948) claimed that his poems stand as works of art in their own right, they are often seen as psychological documents that catalogue his deteriorating mental health (Sontag, 1988). Women's art in particular has become a diagnostic aid in psychiatry and analysing poetry written by women purely to spot signs of current or potential mental illness has become endemic in the case of women poets (Northfield, 2014). Creative artists with a diagnosis of psychosis, particularly women, are often re-constructed as case studies in academia and professional mental health services to demonstrate the dangers of being a mad female poet; the Sylvia Plath effect is frequently used to warn of the dangers of being hyper-creative. Vulnerable women poets are shown to bring on psychotic episodes through a combination of their creative enterprises and their socio-contextual environment (Koh, 2006; Tasca, et al., 2012; Ingram, 2016)

The contrasting views on whether or not the mad creative genius exists have led to a binary split in public opinion; the mad poet is seen as either the prophetic genius or its binary opposite, a diseased person burdened with uncontrollable biological urges with no trace of the gift of prophecy (Hillard, 2002; Simonton, 2014). Creating works of art has become a therapeutic tool in psychology and occupational therapy to aid recovery from a mental disorder, a very different attitude to the writing of poetry bringing on madness (Northfield, 2014).

The relationship between the discourse of madness and the discourse of language in the '*History of Madness'* is dialogical, and the two discourses are in conversation with a third area of discursive practice, when the experience of psychosis and creative skills come together to produce a stand-alone work of art (Foucault, 1965 [1961]; Clammer, 2015; Solomon, 2015). The poet Artaud, a frequent patient in psychiatric hospitals, promoted his writings as an open door to: the reality of madness as experienced by a mentally ill patient (Sontag, 1988).

Psychosis and the creative process can meet, provoke and challenge each other, resulting in the creation of a new and original art form, Interaction with the work of art is not a confrontation, but rather an agonism, a catalyst for changing relationships between artist and audience, that can trouble and at times replace former opinions and reflections (Foucault (1965 ([1961]), 1982; Sontag, 1988; McManus, 2008). It is grossly hypocritical and paradoxical of society to identify the creations of Van Gogh, Artaud and Plath as great works of art, but to identify psychotic madness itself, an integral part of the creative process, as a purely disabling, debilitating force in modern society (Foucault, 2006 [1961]; Hunton, 2010). As Laura finds, however, the consequences of the *Sylvia Plath effect* on women creative artists, and poets in particular, still lingers today.

My close interaction with Laura has increased over the years and working alongside Laura has included a joint presentation with Laura following a short social learning course I attended at a local university. Although Laura was the main presenter, carrying out a poetry reading of three poems from her anthology, *My Psychiatrist's Trying to Kill Me*, I was treated as the presenter and Laura as the case study, and questions were directed to me. Laura and I are on the same academic level, both being doctoral students, but siting herself as a poet confessing madness in her poetry reading may well have positioned her as as patient, rather than a contributor to epistemology. Laura, however, is already an Educator by Experience through her poetry; Laura writes poems for

Breakdown Bolton during and after each project, she has self-published her anthology *My Psychiatrist's Trying to Kill Me* and had a poem published to advertise *Mother Courage* at Manchester's Royal Exchange theatre.

4.4.(i). Ryan: Introduction to Findings

At Headspace, Ryan started his stand-up journey by "*wanting to be liked and fun*" and avoided the topic of mental health, but he soon realised that just amusing people without getting them to think about things that matter, such as "*mental health issues*", was selling short both himself and his audience. Ryan therefore developed his psychotic comic persona. The discursive practice of stand-up comedy incorporates a wide range of mental health issues, including the psychotic experience, and because stand-up comedy is not categorized as educational or instructional but as entertainment, stand-up comedy has the potential to convey messages that often cannot be voiced in other ways (Hargrave, 2020). Stand-up comedy can reach people who are often not reached by other forms of instruction and is an excellent tool to critique unjust or oppressive situations and persuade audiences to question and trouble their stereotypes of the psychotic person (Webber, et al., 2021).

In his narrative, Ryan took control of the construction of the super-hero in the comic novels he hopes to write in the future; Ryan found that he had to make reasoned and reasonable connections that people outside the psychotic culture would accept, as only then would he be able to create a super-hero acceptable to sane society. In positioning his hero on the autistic spectrum he lost the unexpected outcomes and dramatic impact of giving his stand-up hero/heroine the experience of psychosis, but found he could create a comic book super-hero acceptable to readers of comic novels.

Ryan struggled to be seen as a contributor to knowledge in his everyday life as he had to follow the rules of different disciplines at different times. The requirement to follow different discursive rules included juggling the style and content required in the final year of an undergraduate degree course with the style and content of stand-up comedy at Headspace while simultaneously starting to create a hero for his future comic book through comic book discursive rules. Throughout this juggling act, Ryan was required to conform to the the model of a patient in mental health recovery services and accept the limitations imposed on him as a patient in Early Intervention in Psychosis services.

4.4.(ii). Descriptive co-production: the limiting discourse of education

The education system in the UK is found by Ryan to impose a structure on learners that stifles creativity from primary school onwards.

> *In schools you're taught from primary school that every story must have a beginning, a middle and an end and that stories had to be evenly divided: like in a two hour film, the first twenty or thirty minutes of a film is the beginning, a bit more in the middle and the final thirty minutes the climax and ending.*

Ryan questioned the imposition of structure on his writing from an early age: "*even at primary school, I didn't believe in a beginning, a middle and an end*": he finally found the freedom he sought through his *bible, Writing down the bones* (Goldberg, 2005):

> *I'm talking about Writing down the bones – having it as my bible*

Ryan saw Writing down the bones as encapsulating an almost divine madness, transcending societal norms and empowering him to write freely, without unnecessary restraints (Chapman, 2020). Ryan found that "*creative writing linked to Zen meditation*" gave him freedom to write, escaping the restrictions imposed by certain disciplines.

> *I read this book this year called 'Writing down the bones' [Goldberg, 2005] - creative writing linked to Zen meditation - and I've learned so much from it and I've grown so much in my writing. I just keep writing. One of my favourite authors, Robert Muchamore thinks that writing is like being mad - you don't plan, it'll kill it stone dead.*

Ryan broke the rules by "*being mad,*" one section of his writing acting as a catalyst for the next.

> *I just wanted to write this bit, yeah, and then I wanted to write the next bit*

Muchamore's reference to "*being mad*" and his finding that not being allowed to write like mad would kill his books "*stone dead"* echoes Foucault's (2006 [1961]:545) hatred of the imposed "tepid aquariums" of sanity as opposed to Artaud's freedom to write "*like being mad"* in his poetry (Sontag, 1988).

4.4.(iii). Recognisable level of co-production: female heroine diagnosed as autistic

Part way through his narrative, Ryan suddenly switched his emphasis from creating the male psychotic hero of his stand up set to creating the female autistic hero of his future comic book.

> *I think my character might be autistic and when I was writing the character she has got autism I think the way I was writing her – I do have that in mind.*

No super-heroes in comic books or comic book films currently have a diagnosis of psychosis: the depiction of psychosis in fictional literature implies a dangerousness and evil character or a weird fantasist (2.4.(vi)). Ryan finds that "*so many people in real life*" have the mental health issues already addressed in comic book films.

> *I remember Ironman – I think in the 1980s - they made him an alcoholic – then in the 70s Spiderman as well as the Green Lantern and Green Arrow series - all stuff to do with drugs. And Batman obviously has mental health issues doesn't he? - like depression and things when his parents were murdered.*

The comic book industry has recently created a super-hero with autism and female super-heroes were introduced midway through the twentieth century. By positioning his super-hero as autistic and female, Ryan was therefore able to link into two current trends in comic book history.

In 2014, the first comic super-hero with autism was created. Ryan found he could follow this trend in his future comic novel by positioning his super-hero on the autistic spectrum and identifying his super-hero as having features of social anxiety found in people with autism:

> *She's rather shy but fiery really. Kind of like autism, she'd have said things that people wouldn't necessarily expect her to say, and things like her shyness and she's got anxiety.*

Ryan constructs his super-hero as a woman, a popular development in comic book tradition since the 1940s, when the *Woman in Red* was created. In the 1970s, feminist super-heroes such as Supergirl and the Invisible Woman set off a trend, still popular today, for female super-heroes to be positioned to comment on and counteract gender and racial inequalities found in the everyday world (Hu, 2020). Recently, the female super-hero of *Birds of Prey* (2020) used her *craziness* as a weapon against her enemies (Hu, 2020). Ryan could trouble craziness to connect being crazy with being seen as a hero/heroine (compare Laura, 4.3.(iii)).

Dave Kot created his comic book hero *Michael* to raise awareness about autism and promote acceptance of people on the autistic spectrum; Michael's categorisation was transformed from patient with a mental disorder to comic book hero (Dixon, n.d.). At the same time, super-hero Michael acted as a teaching tool to show link between facial expressions and emotion in autism and helped to bring about empathic connections between people who are on the autistic spectrum and the non-autistic population (Dixon, n.d.).

In recent years, mental health professionals and comic book creators have worked together on comic books; the television series *Daredevil* (2015-2018) deals with depression and the comic book series *Heroes in Crisis* (2019-2020) addresses the effects of trauma (Hall & Friedman, 2020). Positive interactions between staff and patients in the treatment of mental illness are found helpful for fighting stigma as well as providing teaching aids, as in the comic book series, *The Unstoppable Wasp* (Hall & Friedman, 2020).

In *The Unstoppable Wasp* (2017-2019) the psychiatrist offers medication and mindfulness to minimise the impact of a psychotic disorder after the Wasp has asked the psychiatrist for help (Hall & Friedman, 2020). The *Unstoppable Wasp*, however, maintains the distance between mad and sane in a therapeutic doctor-patient relationship rather than adding to knowledge about the psychotic experience; the Wasp needs to recover from a mental disorder under the guidance of the psychiatrist before the Wasp can contribute to knowledge (Hall & Friedman, 2020).

Ryan finds that the desire to protect and mould the errant patient can lead to didactic moral crusading and stresses the importance of maintaining the humour and relaxed style that he finds integral to a good comic book:

> *There would have to be a moral story for it - and the problem is I don't want it to take away from the coolness of the super heroes and the action. I don't want it to feel like heavy, -yea I want them to be fun to read.*

The comic book super-hero can be constructed so that they become acceptable as a hero to comic book readers and still be "f*un to read*"; Ryan finds that comic books and films since the 1980s have avoided the moral high ground on drug taking. The hero with psychosis cannot be *cool*, however, as they need to be portrayed as passive patient rather than active hero. In addition, the impact and complexity of the psychotic experience as seen by situated knowers is currently unavailable through comic books and comic book films.

4.4.(iv.a). Transformational co-production through stand-up comedy

At university, Ryan developed his persona as a *fun* person, playing for laughs; this persona was identified by his fellow students as his authentic voice:

> *When I was in my first year of university I tended to lean towards comedy – and that came out and I played for laughs. People said that I had my own voice, which is a good thing to have because it can take some time for a writer to have their own voice. With my stand-up, I didn't used to talk about mental health – because I kind of wanted to be liked and fun.*

Finding one's own voice is seen as finding the holy grail of stand-up comedy and may take many hours to discover (Head, 2021). Ryan was delighted that his fellow students at university found he had already developed his own voice and, when he started to perform stand-up comedy at Headspace, Ryan returned to the voice recognised by his fellow students as his own (true) voice. ; Ryan therefore played for laughs in developing his comic persona to be "*liked and fun.*"

As he developed his stand-up comic persona, Ryan decided that his on-stage persona should not just be used to charm the audience and get them on his side, but should challenge the audience to think about their own prejudices and emotions; Ryan followed the current trend for creative artists in stand-up comedy to be aware of the impact of their work beyond basic entertainment (Lee, 2010; Hargrave, 2020: Hall & Friedman, 2020),

> *There's a lot now about talking about people's games in Stand Up so it's like your approach, it sums up your persona, I think – mine is – 'I'm really sexually confident even though I've never had sex'*

Playing "*games*" for the stand-up comedian requires creating and developing a unique comic persona. Stand-up comics discover the angle to take on the topics they pursue by creating comic personas that stem from an exaggerated version of themselves; the stance they take for their comic persona also informs the type of jokes they use and the way they write their material (Head, 2021). To challenge the stand-up audience to think more about their prejudices and emotive reactions, Ryan troubled the paradox of being a "*sexually confident person who had never had sex"* by "*playing games"* through his comic persona.

The comic persona in stand up comedy allows the exposure of vulnerabilities that might otherwise be too painful to share by "*revisiting a raw place*" and, in revisiting the raw place, turning trauma into comedy and making the audience laugh (Hargrave, 2020).

> *In stand-up I've been told it's good to laugh at yourself – it's a good way to make people laugh with you – think it puts them at ease and so I was like – start off with a gag you know that of being me being 14 years away from becoming a forty year old virgin.*

The act of laughing is found to have great short-term and long-term effects (Louie, et al., 2016; Yim, 2016). Laughter has the physical effect of increasing endorphins, *feel-good* chemicals that reduce perceptions of pain and increases feelings of pleasure; the act of laughing increases then decreases heart rate and blood pressure, actions that fire up then cool down a person's response to stress, soothing tension and resulting in a pleasant, relaxed feeling (Yim, 2016). Positive thoughts release neuropeptides, chains of amino acids that help to fight stress such as dopamine: a healthy level of dopamine on the brain makes a person feel well and healthy; laughter works reciprocally and iteratively, helping Ryan to connect with his stand-up audience (Strandwitz, 2018).

In the narrative of stand-up comedy, what has been disjoined at one level can be joined together again at a different and at times higher levels by putting seemingly scattered indices and signifiers together in a different format; the narrative of stand-up comedy is a whole within which nothing is repeated, building up in sequence to a dramatic climax (Barthes & Duisit, 1975; Sternberg, 1990; Rutter, 1997; Dunbar, et al., 2016). In contrast to a poem, in stand-up comedy every metaphorical connection has to make sense, as if one connection is lost the joke fails to work (Schwartz, 2010)

In my analysis of Laura's poetry, I found that the lyric poem continually enriches and transforms mere dictionary meaning, and that any two words may be juxtaposed on an acceptable grammatical basis. Although in reading a poem, the reader can make their own connections and these may differ from the intentions of the poet, the members of the audience audience of a stand-up comedy set has to make the same connections as the stand-up comedian throughout the whole linguistic sequence; otherwise the joke will fall flat (Rutter, 1997; Dunbar, et al., 2016). Stand-up comedy distorts purely logical phenomena as the logical time frame of stand-up comedy foreshortens real time frames.

When entering the stand-up comedy time-frame, members of the audience trust in their own interpretation of past events and feel happy and satisfied that they have made the connections and found the associations so that they get the overall joke; they understand why the joke is funny and find it funny themselves (Rutter, 1997; Abrahams, 2020). Stand-up comedy is a highly technical skill requiring a high level of cognitive ability to perform at the level achieved by Ryan. An analysis of the ***virgin*** thread running through Ryan's stand-up set (Appendix 2) demonstrates this complexity and how Ryan leads up to his final punch line, to show:

> ***How us crazy people aren't weird or dangerous, but are just bona-fide sex gods. Or in the case of us virgins, will be someday.***

Laughing at himself and then sharing the joke with other people also enables Ryan to cope with difficult personal situations and emotions, such as being "*uptight about the topic of sex*." Being able to laugh at himself and then sharing the joke with others creates a powerful emotional safety net that Ryan uses both to cultivate personal resilience and to courageously explore issues not directly related to identity. *Coming out* to Ryan means that he is able to talk "*about feeling kind of uncomfortable about sex*," including really liking women as opposed to girls of his own age and, "*coming out as a guy who's not into girls but* ***is*** *into women."*

> *I did sort of come out in a way. I got up and sort of came out to my mum. She thought I was going to come out and say I like men and I was like …****no, I really like women.***

> *She was really surprised but said, " Oh I wouldn't have expected otherwise." So I talk about that being an important topic in my stand up as well – like I play it for laughs a bit.*

While many discussions about sex and sexuality relate to a person's identity within the LGBTQ+ community, Ryan brought to the fore his personal vulnerabilities through alternative personal categorisations. He therefore persuaded his audience to look at issues related to sex that were not related to equality and acceptance of identity through the framework of the Equality Act (2010), issues related to the often hidden emotions and fears of a young man in today's society.

The device of the comic persona in stand-up comedy: "*like I play it for laughs a bit*": allowed Ryan to develop his personal narrative considering the complex issues of sex and sexuality, focusing on his personal issue: that he is "***uptight about the topic of sex**."* Ryan introduces the concept of the "***virgin"*** in the first few words of his stand-up set (Appendix 2) and continues the virgin thread throughout his stand-up comedy routine:

> ***You know that movie, 'The 40-Year-Old-Virgin'?* (Points at self). *Fourteen years away…I'm really uptight about the topic of sex, so uptight that I'm more than happy for people to know that I am a virgin.***

Ryan here sees his virgin status as a proud identity; he later hints that his virgin status is a false identity and that he may be getting more than his fair share of sex.

> ***If I ever have kids, I don't want people thinking I'm their biological father. I'd be much happier if people believed my partner had had an affair with the milkman. Except there's no milkmen anymore.***

Ryan highlights the tendency of members of society to use a double bluff to manipulate other people into seeing protestations as the binary opposite of what they would seem on the surface to profess.

> ***You might think I'm a bit of an unusual bloke, as most men love to brag about their sexual conquests. Conquests that never even happened. Looking at things that way, you probably think that I'm not a virgin at all. That I'm the one getting all the pussy.***

In this example, the protestation that he is an inveterate virgin is a double bluff, suggesting to the audience that Ryan is "***getting all the pussy***" and that he has many sexual partners. Troubling the difference uses of ***virgin*** in everyday society provides Ryan with the opportunity to deliberately confuse; the ensuing misunderstandings trigger laughter from the audience who also feel satisfaction that they get the joke.

Virgin is found by Ryan to have different meaning in different environments and uses this potential confusion to suggest that his virgin status has been exposed to the outside world:

> ***I might be okay with people knowing I'm a virgin, but I don't exactly bang on about it to everyone. So when someone parked a lorry outside my house one morning with the word 'Virgin' on the side, I was like: "Who leaked this shit." Then, in small lettering, I noticed the word 'Media'.***

Ryan blurs boundaries between himself and his audience through their shared experience in wider society as his audience is well aware that Virgin is the name of a delivery company founded by Richard Branson and therefore will again get the joke. Ryan also blurs boundaries between himself and his audience as fellow fans of pop music:

> ***Once at a Madonna concert, Madonna dedicated a song to me. I don't think I have to say which one. But I will narrow it down by saying it wasn't 'Material Girl'.***

Ryan makes the assumption that the stand-up audience will know that Madonna had a hit ***Like a Virgin*** and shows his respect for his audience by assuming that they will have the ability to make this association, even if it is not directly stated. The final lines of Ryan’s stand-up set take the paradox of Ryan as “***virgin***” *and* Ryan “***getting all the pussy***” to an impossible yet seemingly possible level.

> ***I’d like to finish by talking about the book I’m working on. It’s called, ‘Our Psychotic Episodes and Why they Make People Want to Fuck Us. I haven’t got past the title, but I think I’m onto something. It’ll probably be about how us crazy people aren’t weird or dangerous, but are just bona-fide sex gods. Or in the case of us virgins, will be someday.***

The audience of Ryan’s stand-up comedy set is persuaded that Ryan might well become a “***bona-fide sex god***” in the future.

Ryan intentionally blurs the boundary and dividing line between art and psychosis during his stand-up comedy set. Alongside his re-interpretation of issues relating to sex, Ryan shows how being treated for psychosis as a patient in hospital led to the pinnacle of his stand up set where he identifies himself as a potential sex god.

> ***When I was on leave from hospital shortly after my psychotic episode, I hadn’t had the chance to shave and had this really bushy beard. My mum later told me that some of the neighbours had said how sexy my beard made me look. Not exactly the sort of thing you usually tell someone’s mother. I must have REALLY turned them on!***

Ryan makes the deliberate connection between his sexy appearance and his time in a psychiatric hospital, where he “***hadn’t been able to shave”*** and therefore ***“had this really bushy beard.”*** Members of the audience will ask themselves why he “***hadn’t had the chance to shave***” and realise the danger of a psychotic episode, as he was not allowed to use a razor while experiencing psychosis when he was in psychiatric care. Ryan interweaves the experience of psychosis as protected patient and sexual icon (“***I must have REALLY turned them on”***), never finding that the experience of psychosis is a psychiatric construction; Ryan found his psychotic episode was both a disorder requiring treatment and an opportunity to start a new conversation about psychosis.

4.4.(iv.b). Transformative co-production through the parallel universe

In his narrative, Ryan found that the parallel universes of the *Marvel Comics'* multiverse provided an opportunity to make the flawed hero with mental health issues acceptable as a comic book super-hero.

> *I want to create a shared universe of super heroes –a bit like the Marvel films. I want to write a fantasy story with super-heroes and at the same time bring in elements super-hero stories might not be known for. The key words are 'not be known for' because when you look into super hero comics more and more you do find the occasional different take on things.*

The Marvel multiverse is a conglomeration of alternate universes that share a universal hierarchy, but exist as very different parallel universes with vastly different dimensions of time and space. Within each parallel world, anything can happen, but, as in *Doctor Who,* there is no connection between the different universes although they all have an over-arching and sovereign ruler.

The subjection of the parallel universes to the ultimate power of the universal hierarchy is comparable to the first sector's hierarchical power over its subjects and over the second and third sectors. The Marvel multiverse, however, is found by Ryan to enable a "*different take on things*" while conforming to the rules of comic book discourse. I have further explored this "*different take*" through creative spontaneity (Moreno, 1955) as a way forward for the interpretation and validation of *psychotic creativity* (5.2).

4.4.(v). Ryan: empathy through the intimacy of stand up comedy

Ryan's troubled an alternative secret life of madness during a psychotic episode through the empathy generated by his comic persona's intimate relationship with his stand-up comedy audience. The feeling for the audience that the stand-up set is taking place in real time: the actual time in which the stand-up set occurs: is a major attraction of stand-up comedy (Rutter, 1997; Hargrave, 2020). Stand-up comedy's interactive format means that neither audience nor performer ultimately has control of the performance's progress. Every new performance, even of the same written set, holds the promise for performer and audience of a unique experience (Rutter, 1997; Hargrave, 2020).

Through all his stand-up performances, Ryan experiences an intimate, empathic relationship with his audience; every audience feels they are the first people to receive this special new knowledge. During a stand-up comedy set, the members of the audience empathise with the stand-up artist and at the same time recognise the oppressive or unjust social structures of the stand-up artist's daily lives (Hargrave, 2020).

In Ryan's stand-up comedy set, ideas and concepts from different ways of seeing and thinking overlap in a mental and physical third space (Bhabha, 2004), an indeterminate area where identity can become distanced and estranged from itself (Pine, 2007). In the process of reconstituting the experience, at the crossroads of what is known and can be spoken or written and what is known but must be kept hidden, new knowledge is created and, as found by Ryan, can be shared (Bhabha, 1984; Pine, 2007). The boundaries of the in-between space between psychotic madness and sanity are unclear, blurred and disputed and can be troubled through stand-up comedy, as in Ryan's stand-up set (Hershman & Lieb, 1998; Hargrave, 2020). The process of constructing a third space of subversive troubling is the tension at the heart of co-production; Ryan's stand-up comedy set both enables and is contingent upon different ways of seeing and articulating psychotic madness.

When psychotic madness enters a region of speaking "unreason" (Foucault, 1965 [1961]:105) and making "(non)-senses" (Ingram, 2016:15), madness is found to release itself from its association with mental illness and open up a liminal space in-between reason and madness (Foucault (1986 [1967]). The stand-up artist stands at the threshold of a change in identity, where ideas from different ways of creative seeing and thinking overlap; when stand-up artists examine, interrogate and reflect upon experience in this liminal space, they can reconstitute themselves in different identities (Lorde, 1984; Bhabha, 2004; Hall, 2009; Head, 2021).

Stand-up comedy gives members of the audience the opportunity to see things through a unique alternative perspective and at the same time empathise with the person who has interacted with them to create the alternative perspective (Hargrave, 2020). Transformative co-production through Ryan's narrative provides an opportunity to offer audiences an alternative perspective contingent upon a process of empathy; Ryan delights in finding connections between people he works with and with whom he is in a social bubble (3.3.). The ability to find meaningful connections to encourage empathy helps to make Ryan extremely likeable and very unlike the stereotype of the psychotic person as either wicked and dangerous or passive and pathetic; the Ryan-based image of the psychotic person could be used to change the existing stereotype.

4.4.(vi). Ryan: Discussion of Findings. The psychotic super-hero

The issue of having a *psychotic* super-hero is troubled by implication in Ryan's sudden switch from psychotic hero of his stand-up set to autistic heroine of his proposed comic book. While the way society views madness is defined by the social constructs of a given time, the condition of psychosis has always been found difficult to describe and inherently dangerous. The world of creative art shows the dilemma of psychotic madness when creative artists try to put a label on something that defies both description and explanation and attempt to tell personal truths about the slippery paradigm of psychotic madness (Foucault, 1965 [1961]; Netchitailova, 2019).

The storyteller must tell the story of psychosis as an evil and dangerous disorder in order to gain credence with society; members of society take their lead from the expert findings of mental health professionals (Beresford & Russo, 2016). Although the condition of psychosis is defined by psychiatry as losing touch with reality and presenting a danger to self and society, psychosis can be a magical if often frightening alternative reality for those who lose touch with the reality constructed by psychiatry (Netchitailova, 2019). Unlike health workers in their professional capacity, members of society are often fascinated by the mystery of madness and clamour for different narratives than those that encourage and perpetuate a representation of the person with psychosis as an alien being, (Joffe, 2011; Walsh & Foster, 2021).

While the stereotype of madness is troubled and even overturned in the safe bubble of the comic persona in stand-up comedy, problems arise from outside the stand-up space when if Ryan attempts to position a person with psychosis as the hero of a comic book because of the set of cultural norms required by the comic book; it is seemingly impossible to transform the stereotype of the psychotic person from a dangerous villain to a super-hero.

Autistic heroines can be constructed to be acceptable to their readers but such a construction loses the impact of psychotic experience. While comic books are becoming more sympathetic to mental health concerns and helping to decreasing stigma about mental health and trauma, the psychotic person is still seen as an alien being, and it is doubtful that the comic book industry will ever fully relinquish the trope of the evil psychiatrist or the psychotic villain (Hall & Friedman, 2020). While collaborations between mental health services and the comic book industry can at times help to reduce stigma and educate both the public and mental health professionals about ways to look at mental health issues, psychosis is well outside the boundaries of the current co-production process.

If not normalised by medication, people with mental illness are frequently positioned in strange and chaotic spaces and are seldom portrayed in everyday situations (Walsh & Foster, 2021). If the hero of a book or drama is well medicated, however, and does not show clear signs of madness, then they may become boring to watch, as in final series of the USA spy thriller, *Homeland* (2011-2020). The characterisation of the highly medicated Carrie was castigated as being boring in the first episode of the final series, whereas the sensationalised depiction of Carrie's experience of psychosis in the first series, including incarceration and treatment with electro-convulsive therapy, was found thrilling and addictive (Midgley, 2020). *Homeland* descended into a warning to the psychotic person that if they did not take regular medication they would be unable to function as a useful member of society; such critique is comparable to Ryan's critique of moralising films (4.4.(iii).

Collaborations between the mental health field and the comic book industry may well help to reduce stigma about mental illness in general and may help to educate the public and mental health professionals about certain mental health conditions such as autism; Hall and Friedman (2020) find that this work has already begun. Co-production between people with autism and mental health professionals, however, does not have the potential to create an alternative future; we need the freedom granted by psychosis to achieve this (Clegg, 2014).

If positive messages are to be portrayed by the comic book industry, mental health professionals and comic creators need to work together to allow creative artists to tell compelling stories while at the same time not stigmatising either mental health patients or providers (Hall & Friedman, 2020) Autism and psychosis are both seen as pathologies by professional mental health services, but while autism cannot envisage an alternative future, psychotic heroes have the potential to engender hope for the future through finding connections everywhere: with the world, with other people and with thoughts inside the psychotic person's own head (Foucault, 2006 [1961]; Clegg, 2014).

The psychotic person generates highly advanced consciousness and environmental awareness through finding everything is connected and related as opposed to the autistic person's need to adhere to imposed, rule-based behaviour (Clegg, 2014). Psychosis moves towards new knowledge by finding a space in the exploration of the unknown to explore the mystery of madness (Benjamin, 1969 [1936]; Clegg, 2014; Beresford & Russo, 2016; Netchitailova, 2019). While discourses such as autism impose connections to create a false logic of social integration at a superficial level, no such connections are imposed by psychosis (Clegg, 2014). By destroying the stereotype of the mad axe-man but not putting in its place *boring* Carrie, Ryan could work with mental health services as an Educator by Experience to create a new psychotic super-hero, invoking psychosis as a magical illustration of what it means to be a seeker and finder of truth.

4.5. The truth of psychotic madness as found by Stephen, Laura and Ryan

The function of narrative in my thesis is not to represent another group or ideology but to present on the printed page an enigma or conundrum that creates an often bewildering tension for its reader; readers of my study are guided through the narrative, yet left to form their own conclusions. The truth of the narrative for its listener or reader is found by Barthes & Duisit (1975) to be embedded in the logic that is exposed, unfolded and confirmed in the narrative and then taken on board by the reader or listener.

Netchitailova (2019) finds that wider society should make room for the different stories from the mad/psychotic Educators by Experience, including exploration of the unknown by laughing **about**, not **at**, personal experiences of madness. Educators by the Experience of psychosis, Stephen, Laura and Ryan in my study, offer a range of alternative stories, embedding different perspectives on psychotic madness. Psychotic madness, however, should be allowed to retain some aura of mystery; as Laura finds in her narrative, science has no definitive answer to the mystery of the human mind.

4.5.(i). Stephen's *truth* - comedy

The word *truth* was used just twice by Stephen, late in his narrative Stephen positioned the situated knower as the truth giver:

> *Comedy is* ***truth*** *even if the story is completely made up and complete bullshit and you've made up an uncle that never existed. The fact is that it comes from you, it's from experience, it's you telling and directing the narrative and and it's your* ***truth.*** *I think that's really important*

Stephen situated comedy itself as "*truth"* and found that the truth of comedy could be marketed as a rational way to trouble and unsettle oppressive regimes of power. Comedy as *truth* in the original version of *B.E.D.S. – The Musical* required the development of the empathic relationship of the performers with their audience so that the audience recognised and critiqued the potential danger presented by the psychiatrists, the only accepted Educators by Experience in the discursive practice of psychiatry.

Stephen provides an alternative version of the *truth* of madness, where the Educator by Experience is the person who has experienced madness, an experience defined but not experienced at first hand by the diagnosing psychiatrist. Foucault similarly did not experience psychotic madness; he found creative artists with psychosis such as Artaud and Van Gogh to be the authentic Educators by Experience.

The late comedian Frankie Howerd once joked that the most important thing in show business is be *authentic*, adding the paradox that if the comedian can fake authenticity they are well on their way to success (Hargrave, 2020). *B.E.D.S. – the Musical* critiqued the use of farcical language by the psychiatrist by faking a scenario that had more than a ring of truth. If comedians can persuade their audience that they are telling truths with which members of the audience can empathise, the audience members then believe that the comedians themselves are are genuine and authentic even when "*the story is complete bullshit and you've made up an uncle that never existed"* (Hargrave, 2020).

While **fake** truth would seem to be the binary opposite of **genuine** truth, if comedians can fake sincerity to such an extent that the audience believes they are speaking authentic truths, comedians are far more likely to connect with their audience. The truth of a work of art in the genre of comedy is its unique presence and relevance in the present; art creates a *buzz* by getting its audience excited and encouraging lively and purposeful conversation in the here and now (Peim, 2008; Joselit, 2013; Ross, A., 2017; Ross, N., 2020).

4.5.(ii). Laura's *truth* – insight

The condition of psychosis automatically has air of magical mystery to many people outside the psychotic community (Netchitailova, 2019). A tension I found while writing my study was whether a work of art should morph into an easily accessible critique or retain its air of magical mystery. I found that Laura has a special gift that empowered her to reveal many of the *truths* of the psychotic experience, yet her work still retains an air of both magic and mystery. Telling the truth of the psychotic experience is found by Laura to be special gift, granted only to people such as herself who have exceptional insight. Insight is found by Laura to be enhanced by psychosis; insight, however, was present in Laura before her first psychotic episode.

When Laura won an award for her poetry as a teenager, she had not been diagnosed as psychotic but still showed the insight found in all her poems.

> *And I've never really talked to anybody in depth about the war, even my own granddad, you know it's horrible and you don't want to bring that back, so what I've learned has been able to, like, paint such a vivid picture in my mind and. I've got that reach to creatively develop situations as narratives in my head that other people haven't.*

Laura did not wish to make those who had suffered in the war re-experience the trauma of war; this was a a possibly unconscious reference to the *confession* required by professional mental health services when patients are required to constantly re-live often horrific experiences. Laura reflected on the insight she showed in her early teens in her published poem, *Gold Dust*, well before her diagnosis of psychosis, Her history teacher found "*it's like you were there"* and wondered:

> *How can you know so clearly about all these things and how can you understand things that you've never experienced?*

Laura finds that having bipolar disorder and psychosis helps her to "*adapt in situations*" and makes her "*think of things that [she] never would have otherwise thought of in a million years*."

> *Having a mental health problem gives you a lot of empathy and understanding towards situations that you've never actually been in.*

Laura uses her powers of insight to "*creatively develop situations*" inside her head, adding depth and colour to a mundane experience; Laura uses an overflowing council bin to reflect on the knowledge she creates.

> *The rubbish coming out of the bin is representative of the rubbish the council is constantly spewing out, and how we are overwhelmed by it and that there is too much going on for people, including a lot of illness.*

Laura finds that when other people see an overflowing bin, they simply see a problem that the council needs to resolve by emptying the bin; Laura contemplates and expands on the significance of the overflowing bin for a much longer period of time.

The understanding that psychosis is simultaneously a source of creativity and suffering has led to the labelling of individual traits and sensitivities in the person diagnosed as psychotic as dangerous gifts that require cultivation in a safe, caring environment, where those diagnosed as mad can explore the unknown as personal therapy (Foucault 2006 [1961]; Rashed, 2019, 2020; Netchitailova, 2019). Rather than mad stories and opinions being assimilated into a therapeutic model, Laura finds that psychosis should hold a special place where the person with a diagnosis of psychosis can find a unique niche as situated knower in the exploration of the situated truth of the unknown (Benjamin, 1969 [1936]; Beresford & Russo, 2016; Netchitailova, 2019).

4.5.(iii). Ryan's *truth* - the comic persona

Ryan finds *truth* where the sane community has only seen a mass of insignificant events (Benjamin, 2005 [1931-1934]; Etzler, 2014; Ross, 2020). Ryan critiques the clinical mental health model as the authentic truth of diagnostics; as stand–up comedian, he troubles the relationship between psychiatric statement and *truth,* showing the limitations of imposing such a direct, one-way approach. Ryan's comic persona pulls apart and reassembles the unambiguous model of psychiatry as the authentic truth of psychosis; he provides, as a situated knower, an alternative and authentic version of the links between psychosis and truth. The complex interplay of performing in public with a live audience, the audience-performer relationship, the jokes peppering the stand-up set and the personal truths conveyed by Ryan as stand-up artist create and use a space where the labels of ***sane*** (non-psychotic) and ***mad*** (psychotic) are continually blurred and often disappear during the life of the stand-up set; this extends far beyond the *authentic* interpretation of psychosis by the psychiatrist (Hargrave, 2020).

Stand up comedy operates within a cultural set of norms in order to trouble that set of norms and, paradoxically, succeeds because stand-up comedy also reinforces norms; a tension is created and troubled between the rules and norms in the inside space of stand-up comedy and the rules and norms of the outside world (Rutter, 1997; O'Keefe, 2019). At Headspace, Ryan was able to think critically about the outside world from within the safety of the liminal space.

Within the stand-up up space, opinion of the inevitable danger presented by the psychotic person, ready to explode at the slightest provocation and requiring pacification through clinical treatment and exclusion from sane society, can change significantly. The absurd stereotype of psychosis, based on cultural assumptions that every person with psychosis is a mad axe-wielder, devoid of empathy and terrifying the sane community, is set against the reality of stand-up comedian Ryan, who confesses to his emotional vulnerability when bewildered and disconcerted by life in mainstream society and creates a deep, empathic relationship with his audience.

Chapter 5: Recommendations for future provision

An essential part of a professional doctorate is to ***put theory into action***, attempting to mend a broken system through viable change rather than ***doing co-production*** through eternal conversations and reflections. My thesis is especially timely in the wake of the disruption of professional mental health services during the Covid-19 epidemic (Sánchez-Guarnido, et al., 2021; Hofer, et al., 2022). Through my recommendations, I present a workable format through alternative conversations to help solve the problems found and faced in putting mental health services together again, practices viable in 2022 and beyond.

5.1. Envisaging a future when people with psychosis can contribute to mental health discursive practice.

The publication of my thesis coincides with the continuing ramifications of the Covid-19 pandemic on people with severe mental illness, particularly psychosis (House of Lords, 2022, June 14). Instead of bewailing the effects of the Covid-19 pandemic on people with psychosis, my study focuses on what Educators by the Experience of psychosis can do to improve mental health discursive practice in the still continuing crisis, considering both the needs of adults with psychosis and what they can offer to society and discursive practices.

A holistic view of the self is shown by Stephen, Laura and Ryan to be far more than a person's nominal role or function or place. When personal experiences of struggle and success are interrogated creatively in a range of contexts, service user activists in my study have the potential to disrupt the normalising effects of a repressive system by experimenting with many roles and seeing roles reversed and the once lowly elevated. There are, however, two huge obstacles to this utopian vision of service user involvement.

Firstly, the directive, limiting funding process significantly restricts the scope and freedom of action of smaller third sector organisations. Secondly, members of Headspace currently find it impossible to persuade statutory mental health services to consider alternative conversations about mental health and mental illness and to act on what they hear and take on board to bring about positive changes in mental health discursive practices; mental health professionals would gain so much by giving creative service users such as Stephen, Laura and Ryan a significant role to play in advancing and implementing these changes.

5.1.(i). Recommendation 1: Set up a compulsory co-production training package based on creativity and led by people with psychosis

Continuing professional development for health and social care professionals needs to shift the focus of the positive in psychosis away from the total denigration of the positive symptoms of psychosis to the creative potential of the psychotic experience; the alienated psychotic needs to be brought back into the fold and positioned as the creator of new, valuable knowledge. An education package, led by Educators by Experience, should be funded to demonstrate how co-production through the creative arts complements and adds to constructive and beneficial recovery processes for adults with psychosis. This training should be compulsory for all new staff in mental health and social care services and also included in continuing professional development courses for those already involved in mental health nursing and mental health social work.

There is a precedent for compulsory attendance at training courses run by Educators by Experience. Attendance at *Mental Health Awareness from a Service User Perspective*, run by Bolton Patients Council for Mental Health, was obligatory in the early years of the twenty-first century for all new mental health clinical and social care professionals coming into Greater Manchester Mental Health services. Bolton Patients Council positioned mental health service users at the top of a hierarchical structure and recognised and promoted service users as positive instruments of development and change (Lakeman, et al., 2007). Health and social care professionals were positioned on the lowest tier in the Patients Council hierarchy and service user Experts by Experience, paid at a low hourly rate over a low number of hours per month so as not to affect benefit payments, were positioned in the middle of the hierarchical structure.

Experts by Experience in the early twenty-first century, as in the current system, were mainly used to inspect hospital properties for physical defects or problems regarding disabled access and were an important part of the mental health team. The influencers in Bolton Patients Council, however, were those contributing to the *Mental Health Awareness* courses as Educators by Experience. This top tier of involvement and influence for service users was lost with the closure of Bolton Patients Council by Greater Manchester Mental Health services in 2010. A re-established Bolton Patients Council for Mental Health could work alongside Headspace to provide *Mental Health Awareness* courses from different perspectives, Headspace adding the concept of psychotic creativity to the narration of personal experiences.

Headspace Bolton sees the psychotic experience as a positive contributor to the creative process in a wide range of art forms, including creative writing, poetry and music; Headspace positions mental health service users as creators and respected contributors to mental health discourse in contrast to siting them as passive recipients of services. Engaging in creative art is found to empower service users to move from the role of patient to that of creative artist; the co-productive process involved reduces internalised stigma and feelings of isolation while increasing feelings of self-worth through community involvement. In addition, moving from patient to creative artist gives mental health service users new ways to express themselves (Daykin, et al., 2010; Department of Health, 2012**;** Jensen, 2018). Contributing to community life, increasing feelings of self-worth and preventing isolation are all included in the Department of Health's (2012) framework for high quality services in adult social care.

The education package could be positioned as part of the National Institute for Clinical Excellence (NICE) care pathway for mental health. NICE Pathways for mental health were initially set up in 2011 to support people with more common mental health problems such as anxiety and reactive depression (British Medical Journal, 2011; Pilling, et al., 2011). In 2019, local care pathways, requiring involvement of third sector services in their development and including support for people with less common mental health problems such as psychosis, were set up to generate and embed change within local mental health systems (NCCMH, 2019). As found earlier (2.2.(viii), Headspace has contributed to local care pathways from the time of Headspace's inception in 2011. This contribution to Early Intervention in Psychosis services through a NICE care pathway should be officially recognised and Headspace should be adequately remunerated for this contribution to mental health discursive practice.

During the Covid-19 pandemic, the government raised the positive profile of the third sector by describing members of third-sector organisations as key workers, equating them with health service professionals, the recognised heroes of the pandemic. Such a compliment, however, is meaningless if the government is not prepared to provide extra financial support for the third sector after the ravages of the Covid-19 pandemic (Kay, 2020). A sustained funding source would prevent Headspace having to continually justify its existence and avoid the distressing fight with other small to medium third sector organisations for limited pots of money; Headspace would have a regular income to allow it to sustain and develop its creative focus.

A recent longitudinal study of EIP services (Tsiachristas, et al., 2016) found that there was need to rethink care pathway models for psychosis, moving from a mainly clinical model towards a more social model for young adults in EIP services, including community arts-based prevision. Recent reports indicate the success of targeted therapeutic treatment through Drama and Art therapy in EIP services (Parkinson & Whiter, 2016; Combes, 2019). Headspace views *therapy* as an active force instigated by members, seeing therapeutic provision as focused and incisive rather than *"fluffy"* and unfocused (4.2.(ii)).

A particular tension experienced in Headspace, exacerbated by funding issues related to sustainability is whether to go in the direction of f*luffy*, unfocused therapeutic care or focused, incisive activism. While Headspace still receives regular referrals from Greater Manchester Mental Health Trust, it has extended its remit to include all adults in Bolton who identify as having mental health issues. Headspace was originally set up to support people with the specific diagnosis of psychosis, focusing on the difference of psychosis rather than its commonality with other mental health issues. Now everyone who identifies as having mental health issues, not necessarily pathologically defined, is welcome at Headspace and psychosis loses its special feature as a rare, precious knowledge.

This new direction for Headspace Bolton, however, has enabled Headspace to offer its services, unique to Bolton, to a far wider client group. All Bolton adults who identify as having mental health issues can now access a mental health organisation that does not view mental illness as a disease or pathological condition, but uses an intervention model of support for mental illness based on sustainable practices of co-production through creative art forms (Castillo, et al., 2019). Headspace's expressed focus is on the potential of creative art forms to shift power towards the mental health service user and reduce stigma by portraying people with mental illnesses in a positive light (Headspace Bolton, n.d., 2022).

This tension could be troubled creatively through the new NICE local care pathway. In March 2022, the NICE Pathways' service was temporarily withdrawn to enable the NICE Pathways website to be re-developed in a more useful, useable and accessible format. An opportunity has therefore arisen to fill the gap left by the temporary suspension of care pathways by re-introducing the local care pathway in a new format. A partnership based on creative practices between Headspace as an organisation, the individual members of Headspace and professional mental health services, could use the hierarchical structure of Bolton Patients Council for Mental Health to promote the importance and usefulness of Educators by Experience. In Bolton Patients Council, all voices are seen as essential to the co-productive process but its hierarchical structure overturns the usual hierarchical order of health or social care professional, followed by Experts by Experience, followed by service user Educators by Experience: the service user Educators by Experience are positioned at the top of the hierarchy.

5.1.(ii). Recommendation 2: Recognise people with psychosis as Educators by Experience in current conversations about disability in the Equality Act

The Equality Act (2010) is the main piece of domestic legislation governing disabled people's rights in the UK. In 2016, the House of Lords reviewed the implementation of the Equality Act (2010) and recommended improvements, particularly regarding people with a disability (House of Lords, 2022). *Disability* in the Equality Act carries the definition of a person having a physical or mental impairment that has a substantial and long-term negative effect on their lives. While the Equality Act (2010) has removed many barriers and obstacles for members of society who were disadvantaged when contributing to discourse and discursive practice because they hold one of the nine characteristics protected by the Equality Act, the positive action embedded in the Act that has boosted the participation of under-represented groups in the workforce has not been extended to people with psychosis.

In June 2022, the House of Lords (2022, June 14) published a report on the progress made by the government and key stakeholders on implementing the recommendations of the House of Lords' 2016. The report was discussed in the House of Lords later in June 2022, and the continuing discussion opens up an opportunity for key stakeholders to take part in the conversation around the Equality Act (House of Lords, 2022, June 15). Educators by Experience with a diagnosis of psychosis have the ability to suggest viable changes regarding disabled people's rights in the UK from the perspectives of people designated *disabled* by mental illness in the Act. The conversation around the House of Lords report: *The Equality Act 2010: Impact on disabled people* (2022, June 14) is an opportunity for patients, professionals and government to work together in a co-productive partnership.

The House of Lords report (2022, June 14) found that the consequences of Covid-19 have been disproportionately distressing and harmful for people with a disability when compared with the non-disabled population. The distress and harm caused to people with severe mental illness was a particularly negative finding. Disabled people have had a greater risk of death during the pandemic and the negative social impacts of the pandemic have been greater for disabled people than for people who are not disabled As a new discussion on the Equality Act (2010) has opened, the Educators by Experience from Headspace and a reinstated Bolton Patients Council (could help re-write the Act through the perspectives of those defined as disabled by the Act.

Before the Equality Act came into being, many patients, health professionals and teachers argued that mental disorders and physical and learning difficulties were impairments that can be disabling, but do not automatically become disabilities. Under the right conditions, the disabling features of impairment can be ameliorated and at times removed. The understanding that under the right conditions impairments need not become disabilities underpins the psychiatric recovery programme and should be understood in the implementation of the Equality Act.

In addition, the Equality Act (2010) can never work in its present form as an equaliser for people with a diagnosis of psychosis; the danger psychotic people are found to pose more than cancels out any consideration of them as assets to the workforce or any other form of social involvement. This situation could be partially remedied by allowing people with psychosis to join the conversations about mental disorder and mental health. The perspectives of Educators by Education diagnosed as psychotic could be presented and developed through the works of art and narratives of members of creative groups such as Headspace, positioning the Educators by Experience at Headspace as assets to a transformative co-production process between government, mental health services and service users.

5.1.(iii). Recommendation 3: Set up a mutually beneficial reciprocal partnership between Educators by Experience and mental health professionals

Educators by Experience should be encouraged and supported to contribute to mental health discursive practice through agendas that matter to them and in which they have expertise, rather than being required to fit into the government’s policy level agendas. A mutually beneficial reciprocal process requires equity of give and take; colluding with the power play of those who set the rules of engagement immediately negates the possibility of an equitable partnership. The current funding process only allows significant funding opportunities for organisations that set up projects to prove that a specific government policy is working; reciprocity in the funding process is currently on the terms of the state and includes the use of umbrella organisations to force activist organisations to soften their approach and toe the government line (1.1.(xiv)).

In addition, Government led and directed educational programmes and campaigns have been found to increase external and internalised experiences of stigma by reinforcing historical stereotypes, such as stigmatising a person with a diagnosis of psychosis as pathetic or dangerous and using this stigmatising stereotype to provide therapy for other members of the mad community (Wang, 2008; Wardle, 2013; Williams, et al., 2020; McKenzie, et al., 2022). Educational programmes or campaigns to reduce stigma and discrimination are found to have little effect on reducing the stigmatising behaviour of people who construct mentally ill people, the objects of their stigma, as dangerous and/or pathetic; conversely, they often reinforce the stereotype (Corrigan, 2016; Stuart, 2016). In contrast, creating and performing original works of art through supported interventions is found to significantly reduce both internalised and external stigma and provide opportunities for creative artists to present a new, positive image to wider society (Galloway, 2009; Stickley, et al., 2018; Gaiha, et al., 2021).

A small or medium sized organisation such as Headspace Bolton can be forced to close when members of the organisation suggest considering solutions to a social problem through a different lens and through different conversations than those instigated by the government. The directed conversations set by the government are carried forward by professional mental health services or national charities such as MIND and Rethink. Bolton Patients Council for Mental Health was closed down in 2010 because it dared to have alternative conversations and ask alternative questions about mental health and mental illness from a service user perspective (1.1.(xiv)).

In addition, as found by Stephen (4.2.(ii)), the higher up a person or organisation is in the power hierarchy, the less they are connected in thought and action with those at the bottom of the hierarchy. Becoming part of a cross-sector partnership on the government's terms is found to result in a lack of connectivity between partners in the process and requires the third sector organisation to become part of the government's power play in order to remain open. Activists in the field of mental health require alternative conversations asking difficult questions in a variety of settings rather than fitting into the agendas of those at higher levels of power.

Conversation is interpreted differently in different settings and conversing with oneself and with others is a constant daily struggle for everyone in society. It is a particularly difficult struggle for those of us with the diagnosis and clinical condition of psychosis. In any conversation, whether between health professional and patient, between close friends or relative strangers, or even thinking things out in one's own head, powerful alternative knowledges from different perspectives can emerge.

Conversation in my study is used in a similar way to Sally Rooney's application of Conversation (Parkinson, 2018) in her fictional work *Conversations with Friends*, when Rooney finds that thoughts and dialogue mingle and merge in the head of the heroine, Frances, through a whirlpool of voices and communicating with the right words is for Frances an everyday struggle (Foster, 2017). The Conversations instigated by Rooney (2017) scaffold both her novel and the television drama adapted from her work of fiction; the book *Conversations with Friends* (2017) was adapted and cascaded to a wider audience as a televised serial drama.

A way for *B.E.D.S. – The Musical* and other productions from Headspace to reach a wider audience is through the filming and distribution of a one-off live performance. While a filmed version would lose the close, intimate relationship with the live audience, the gain would be the cascading of the social messages of *B.E.D.S. – The Musical* to a far wider audience. Cascading critiques of society through filming a live show and then distributing the show more widely needs to be undertaken with care, as it is not always appropriate; the success of stand-up comedy, for example, relies on the intimate relationship between audience and comic.

The stand-up comedy programmes presented at Headspace were filmed and then sold but the flatness of the celluloid version of the stand-up performances meant there were few buyers (Benjamin, 1969 [1936]). Projects, such as filming and distributing DVDs of stand-up sets, should be tried out to see if they work. New knowledge is gained from both failed and successful projects as knowledge is gained and ways of tweaking are discovered from trying and failing.

Funding was in this instance available to give Headspace the opportunity to try out an idea that failed; more money should be available to fund other tentative projects, rather than projects being set up to justify decisions already taken. Funding should also be available to use the format of musical comedy, already successfully employed in *B.E.D.S. – The Musical*, to critique subject matter that is sensitive and possibly uncomfortable for those who hold the purse strings.

A critique of sensitive subject matter can be achieved by a partnership between third (voluntary) sector and second (private) sector partners, but usually requires funding from the first (state) sector. The partnership driving the production of *B.E.D.S. – The Musical* could be supported financially to achieve its original objective: to point out perceived failings in mental health discursive practice from a service user perspective. Rather than excluding such a conversation from public view and interrogation, mental health professionals should look at their own practices, decide whether or not the critique is fair and either change their practices or refute the unfair critique, explaining why the critique is unfair and/or inaccurate.

5.2. Limitations of my study and possibilities for the future

Everything, including my study, has limitations. I am unable to show the vitality of a live performance and the performers' interaction with the audience through a written text. Even if the script of *B.E.D.S. – The Musical* had been available at interview, my study could not have shown how words and music combine in a magical symbiosis of words and music. I could not adequately re-construct the interactive performance element of stand-up or musical comedy on the printed page, nor could the reader of my text hear how the songs in the musical comedy were co-produced by the interweaving of words and music.

The main limitation of my study, therefore, is that it does not do justice to the essential performance element of stand-up comedy and musical comedy. Stand-up comedians require a live, interactive audience while musical comedy requires the audience to hear and respond to the accompanying music as well as hearing the performers' words. In addition, while poetry written by a creative insider such as Laura can convey to the reader a snapshot of the experience of psychosis, all three creative insiders in my study struggled to narrate how this moment of creative inspiration arose when they returned to a non-psychotic state.

I have articulated the problem of messy, complex knowledge requiring practical solutions throughout my study but can only suggest broad changes. An influential change would be to shelve the requirement to fit all aspects of a project into clearly defined boxes, the content of each box being decided by the UK government, but instead to focus on creative spontaneity through the notion of the parallel universe (Moreno, 1955). In my personal discourse of Christianity, I interweave the Big Bang theory and the omnipotence of God through the paradigm of creative spontaneity. I find that I can justify in my own mind that God makes the rules that all members of the universe have to follow and the rules can simultaneously be tweaked to explain new knowledge of the Christian discourse that I gain in my personal mini-universe as I think at higher and higher levels. As found in my search strategy, I replicate the effects of the scientific Big Bang in creating my universe at a micro level by throwing thoughts and ideas into the air and grabbing some of them as they fall.

I find Benjamin's links between supposed delusion and knowledge highlight the aspect of creative spontaneity unique to people with the gift of psychosis. The process of creative spontaneity confirms my belief in a God who allows me the freedom to systematically trouble issues that initially confuse me through the gift of psychosis and yet at all times an overseeing God who is there to protect me. In my study, Stephen, Laura and Ryan trouble societal and personal issues and problems systematically through the gift of psychosis, while being protected from danger by psychiatric services. It is when this protection becomes oppressive and disabling, such as over-medication and the requirement to follow unsubstantiated programmes of supposedly therapeutic treatment, that spontaneous creativity in a person with psychosis is muffled or even destroyed.

Foucault was my constant companion during my research study and I found using the work of Foucault as a pick and mix toolbox was useful. For example, Foucault highlighted two important areas of concern in mental health practices, both related to the UK practice of *sectioning,* a procedure through which mental health service users can be legally incarcerated and clinically treated by psychiatric services professionals without agreeing to their incarceration and/or their clinical treatment. As Foucault (2017 [1983]) found, psychiatrists simply have to state that, in their opinion, their mentally ill patients are *dangerous*; they do not have to state why the patients present a danger to themselves or to society. This can mean that some patients are wrongly incarcerated, in the same way as people can be wrongly incarcerated as potential terrorists when they are deemed, without proven evidence, to present a potential danger to UK society.

Even more concerning is the failure of mental health services to provide care and treatment when patients with a diagnosis of psychotic ask for help as the patients are found to be speaking *unreason*. Foucault (2002 [1978]) troubled this issue through the nineteenth century trial and execution of Catherine Ziegler who asked for help to prevent her becoming dangerous and yet was ignored because she was found unable to speak the language of reason; her words could not make sense to psychiatrists as she was found by psychiatrists to only speak unreason or nonsense. Ziegler was therefore prevented from contributing to her own care programme, an essential constituent in twenty-first century recovery programmes. The (non)senses/nonsenses of people with psychosis are at times insightful truths; the problem both for society and for the person with psychosis, highlighted but unresolved in my study, is to be able to separate the two (Ingram, 2016).

Foucault (1965 [1961]) separated psychotic madness and madness through an identity constructed by psychiatry very early in his career and spent most of his working life arguing that an alternative sexual identity was not pathology, but rather a lifestyle choice that should be accepted and respected. Identifying with an alternative sexuality has now been rightly accepted by psychiatry in Western Europe as non-pathological, but is still a problematic issue in many cultural groups in the UK and a dangerous identity in many areas of the world. That, however, is another study, not investigated in my thesis; Foucault took four volumes of the *The History of Sexuality* to trouble sexual identity and had not resolved the issues raised at the time of his death.

Foucault was not all seeing and all knowing. Foucault believed that the truth of psychotic insight through created works of art, such as the poems of Artaud, was gradually being accepted in society as early as 1961; nearly forty years after Foucault's death, we are still waiting for the truth of psychosis to be accepted as epistemology. In addition, Foucault's technical knowledge was at times inaccurate. Although Foucault (1965 [1961]) picked up the vital distinction of being diagnosed with a disorder because of sexual identity and being diagnosed with the clinical disorder of psychosis, he appeared to confuse neurosis and psychosis in the Appendix to the History *of Madness* (2006 [1961]: 541). To make such a simple error gives me concerns about how he would respond to today's confusion between psychosis and psychopathy in society, when a psychotic person is equated with a psychopath (1.1.(xvii)) and the authors of popular crime novels present the psychotic person as evil rather than mentally ill with a treatable disease (2.4.(vi)).

A problematic limitation of Foucault in my study is that he is not a service user with a diagnosis of psychosis and he is sadly not alive to submit that his service user credentials add value to my study**.** Three young adults all with a diagnosis of psychosis suggest alternative **conversations** about psychotic creativity in my study, *conversations,* not conclusions. The conversations about psychotic creativity suggested in the recommendations above are driven by the data provided by Stephen, Laura and Ryan. All the new knowledge created in my study is both tentative and bold: tentative because there is no clear solution to the issues raised and bold as it takes great courage for Stephen, Laura, Ryan and myself to expose ourselves to the public gaze so openly when we all have the stigmatising diagnosis of psychosis.

When transformative co-production is idealised as all-inclusive and equalising it fails to change society and the conversation becomes a continuous talking shop and an endless, circular review. All co-production is descriptive; co-production is not an active, doing word, unlike *power* and *empathy*. Applying co-production is therefore not an active process that can directly re-route power and create an empathic relationship. The Educators by Experience in my study, Stephen, Laura and Ryan, **did** co-production by focusing on difference, not through blindly following discursive rules. The participants in my study, and others like them, should be given the freedom by professional mental health services to further cascade their knowledge and in so doing seize the opportunity to positively change mental health service provision while transforming their own lives.

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Appendix 1- Six Poems by Laura

Appendix 1a: *Blue Eve*

When I found myself in the Garden of Eden
I never knew I'd have to fight for my freedom
To prevent our kind being second best
Tirelessly and longingly without any rest
When I met brother man and rejoiced
I didn't know it would stifle my voice
Because of extra fig leaves to cover my breasts
I'd have to face many extra tests

As the mother I would be given a name
And as a job I'd endure all their pain
For all humanity and their wrongs
Whilst helping them to sing their songs
Even when I've had to wail and weep
For his cruellest cuts hurt so deep
I sweep up the children in my arms
And pray for forgiveness and for no harm

Even when I disobeyed God's word
They were calls of liberty almost heard
Sharp as a serpent's tooth it struck
And stole my integrity like a crook
But even if I hadn't touched forbidden fruit
Man would still unlovingly pilfer and loot
Take my life blood and hide his shame
Leaving femininity to take the blame
Leaving me quietly to curse and boil
Gradually dirtying my blood with filthy soil
From/for? me, my dignity, the world would thieve
For he's forever pure Adam, I am Blue Eve.

Appendix 1b: *Heiress*

Your tepid excitement
Over life not yet nor soon hither
Soon perishes in the early February frost
And she will not bloom but wither
With this the Elysian fields
Of the purest white innocent mind
Fade into the most darkest of nights
As day sobs and is left behind
And in the ground buried so deep
In Tartarus where there's no-one's sound
There is the silver tongue of the earth
And the rosy roots of poison can be found
As the sun rises on her birth once more
And the colours of life taint her pale skin
The angels weep to have lost the war
And she welcomes the devil in
Your tepid excitement runs cold in your blood
As you despise what you have created
She is no woman or the beauty you desired
The future dynasty is desecrated.

Appendix 1c: *Crime A*

Now Crime A wasn't that you started this
But the loss of innocent lives
The tearing up of a nation
The uncertain death-driving divide

Taking and ruining places
Forbidding and invading spaces
Not looking at individual cases
And delighting in children's dead faces

Crime A wasn't that you started this
But the brutal modus operandi
And following the age-old archaic idiom that
It's always an eye for an eye.

Ultimately Crime A is murder
And it's all too much for me to bear
I pray there won't be a Crime B
But it's not like anyone cares

Appendix 1d: *This Time*

All things come to an end
Whether for good or for bad
So reflect gently and ask yourself
Is there any benefit to be had
By dancing on the grave
Of the bones of the old and the frail
Resuscitating the controversy
On an apocalyptic scale
Whatever your beliefs
Whoever you thought was wrong
By throwing jubilant death parties
You're letting the ideologies live on
Raising age-old debate
Won't save us or get us anywhere
It just takes us back to the past
Of 'getting by' in times of despair
So out of some unknown kind of respect
I'll sit quietly in my room
Knowing my thoughts go unanswered
While the extremist views scream and BOOM
Or I'll just pick up my gold leaf pen
And casually compose this rhyme
But Whatever you Say, Say Nothing:
I'm going with Heaney this time,
I'm going with Heaney this time.

Appendix 1e: *Love song for a friend*

Lilies drowning in white gowns
Breathing, gasping, slow and dead
Rotting apples filled with worms
That she lets burrow inside your head
Use those gems so sapphire
To lift you from the cold
Then be cut by the samurai tongue
And feel it slice your soul
Bleed out and shatter emotion
Into the path she walks
Look away, secretly listening
Hit up the heroin she talks
As dusky as the beautiful eve
Savour the Monet scape
Appreciate the ample beauty
Defined in thought and shape
Lilies swaying in white gowns
Dancing quickstep free and alive
Don't fall at her feet when she comes
But lose your heart to her side.

Appendix 1f: *Love song revisited*

Put simply, perhaps an apple with worms
Was the wrong way to go
More like sparkling stars
Or a twisted electric rainbow
There to fizzle ferociously and
There to brightly burn
Shimmering wondrously
To take her turn
At romancing gorgeous twilights
Scattered in twinkling gems
Draping herself in silk dresses
Adorned with gleaming gold hems
So forget about all these paintings
For these feelings have grown large and fat
But basically I love you
And it's as simple as that!

Appendix 2: Stand up comedy script by Ryan

You know that movie, 'The 40-Year-Old-Virgin'? **(Points at self).** ***Fourteen years away. Coming out was a really big deal for me. At sixth form college one of my friends asked me, "So Ryan, what do you look for in a girl?" I had to tell him, I'm not really into girls.....I'm into women!***

Tell you what, though, I'm really uptight about the topic of sex. So uptight that I'm more than happy for people to know that I'm a virgin. If I ever have kids, I don't want people thinking I'm their biological father. I'd be much happier if people believed my partner had had an affair with the milkman. Except there's no milkmen anymore.

You might think I'm a bit of an unusual bloke, as most men love to brag about their sexual conquests. Conquests that never even happened. Looking at things that way, you probably think that I'm not a virgin at all. That I'm the one getting all the pussy.

I might be okay with people knowing I'm a virgin, but I don't exactly bang on about it to everyone. So when someone parked a lorry outside my house one morning with the word 'Virgin' on the side, I was like: 'Who leaked this shit.' Then, in small lettering, I noticed the word 'Media'.

Once at a Madonna concert, Madonna dedicated a song to me. I don't think I have to say which one. But I will narrow it down by saying it wasn't 'Material Girl'.

I'll tell you what, I love women who wear hoodies SO much. They look so huggable. Probably part of why I've never seen a woman with her clothes off. I'm so naïve and inexperienced that I used to think gentlemen's clubs were places where you practice speaking politely and opening doors for people.
I may be a virgin but I have the utmost confidence in my sex-appeal. When I was on leave from hospital shortly after my psychotic episode, I hadn't had

the chance to shave and had this really bushy beard. My mum later told me that some of the neighbours had said how sexy my beard made me look. Not exactly the sort of thing you usually tell someone's mother. I must have REALLY turned them on!

I'd like to finish by talking about the book I'm working on. It's called, 'Our psychotic episodes and why they make people want to fuck us." I haven't got past the title, but I think I'm onto something. It'll probably be about how us crazy people aren't weird or dangerous, but are just bona-fide sex gods. Or in the case of us virgins, will be someday. Thank you.

Appendix 3: Ethical approval letter

University of Salford

4 June 2019

RE: ETHICS APPLICATION–HSR1819-043–'An investigation into how young adults with a diagnosis of mental illness use creative art to construct processes of co-production'

Based on the information that you have provided, I am pleased to inform you that ethics application HSR1819-043 has been approved.
If there are any changes to the project and/or its methodology, then please inform the Panel as soon as possible by contacting Health-ResearchEthics@salford.ac.uk

Yours sincerely,
Professor Sue McAndrew
Chair of the Research Ethics Panel

Appendix 4: Participant Information Sheet and Consent Form

HSR 0819-043 Version 3 of Participant Information Sheet (PIS) 16/5/19

Participant Information Sheet distributed prior to interviews

Title of study: Working title for potential participants:

An investigation into how young adults with a diagnosis of mental illness use creative art to construct processes of co-production.

Name of researcher: Jean Haslam

Thank you for agreeing to consider taking part in this research. Before you decide about whether to take part, it's important that you understand why the research is being conducted and what it would involve for you. Please read the following sections carefully, and if there is anything that is not clear or if you would like more information please contact me on email address: xxxxxxxxx

What is the purpose of the research?

- The purpose of this research is to find out if and how using creative art can contribute to the development of good mental health practice in Bolton and further afield.

Who is organizing or sponsoring the study?

- The study is part of my research for a Professional Doctorate at the University of Salford. No organization is sponsoring the study.

Why is this study important / what are the benefits of taking part?

- I believe that this study will benefit both you and other young adults with a range of mental health problems by investigating and demonstrating how you use creative art forms to change stigmatized perceptions of mental health, to improve mental health practice and to increase your feelings of self-worth.
- You will be given the opportunity to reflect on developing your creative skills through membership of Headspace and how you have used these developed skills to benefit both yourself and the mental health community in Bolton.

Why have I been invited?

- You are a young adult with a serious mental illness who, while a member of Headspace, have used creative art forms to express how you see yourself and how you believe you are seen by other people.
- You have had a long-term involvement with Headspace (over 4 years).
- You have been actively involved with Headspace in a variety of creative art forms throughout your time as a member of Headspace up to the present day.

Do I have to take part/ can I withdraw from the study?

- No, it's completely up to you whether or not you take part in the study.
- If you agree to take part, you are free to change your mind and withdraw from the study, at any time without giving me a reason
- If you do decide to withdraw, and have already signed the informed consent sheet, any information you have given, up to the point of withdrawal, will be used in the research.

What will happen to me if I take part?

- You will be invited for a discussion about joining the research. This discussion will will take place at the Octagon café.
- If you agree to be part of the research, you will be invited to participate in an interview with me.
- The interview will be conversational which means that it will not be a question and answer interview but will give you space to talk in the way you want about your experience of using creativity.
- The interview will be face-to-face and will last up to 1 hour.
- The interview will take place at St George's Centre, Bolton or, if you prefer, in Bolton University's Creative Arts campus in Farnworth, at a time convenient to you.
- The interview will be digitally audio recorded, but your details will be kept confidential. If you don't like the idea of being recorded, then alternatively, I could take detailed notes of the conversation.
- The interview will enable you to reflect on a work of art you have created while you have been a member of Headspace The work of art will already be in the public domain, whether through performance, exhibition or publication. I will ask you to select a piece of artwork created and/or performed by you. I will ask you to talk to me about the relationship between your chosen work of art and your experiences as a young adult identifying as having mental health problems.

- With your permission, I will audio record the interview and type it up myself.
- As I wish to be transparent, if you specifically request to see the transcript, I will show it to you.

Will my taking part in the study be kept confidential?

- All information collected during the course of the research will be kept strictly confidential, and your name and any other personal details will be removed so that you **<u>cannot</u>** be identified.
- I will type up an accurate transcript of your interview that only I will see. Any direct quotes from the transcript used in the final study will be entirely anonymous.
- All digital recordings will be destroyed once transcribed/uploaded onto a computer.
- All electronic data will be stored on a password-protected computer and any paper copies will be kept in a locked filing cabinet. The transcribed and uploaded documents will be kept for a minimum of 3 years, after the graduate award has been made, to allow verification of data from external sources if necessary, or longer if used for further research. Data identifying you as an individual will be removed as soon as soon as the recordings are transcribed.
- The exception to confidentiality will be if you reveal that someone, including yourself, is at risk of harm, in which case I will keep you safe while I contact health professional Ginny Allende-Cullen, or if she is not available another suitably qualified person, such as my manager at St George's Centre.

What if I need support during involvement in the study?

- I will ensure that there is support available for you during your participation in the research from Ginny Allende-Cullen, in her role as facilitator and Occupational Therapist with Headspace. I have written confirmation from Ginny that she will provide this support (email available on request**)**. If you wish to contact Ginny yourself for further support, her phone number is: xxxxxxxxxxx
- If you feel distressed during the interview I will initially try to support you to continue, but will stop the interview and will contact Ginny, and/ or attempt to contact another person for support if that is what you want me to do. If you prefer, you can contact Ginny yourself on the phone number above.

What will happen to the results of the research study?

- The anonymised results of this study may be used in academic papers for publication, at presentations at conferences and as a thesis it will form part of my professional doctorate which will be in the public domain.
- You will be invited to take part in future conferences and workshops
- but there is no obligation to do so.
- I will give you a copy of the study when it has been completed.

What if there is a problem (at any point during the study) and I want to make a complaint?

- If you have a concern about any aspect of this study, you should ask to speak to me, the researcher, and I will do my best to answer any questions and resolve any concerns.
- If you remain unhappy, please contact my supervisor, whose contact details are provided below.
- If the issue remains unresolved and you are still unhappy, please contact the Chair of the University of Salford, Health Research Ethics Panel, whose contact details are provided below.

Supervisor details: xxxx

If you wish to make a complaint about the research you can contact:

Professor Susan McAndrew,

Chair of the Health Research Ethics Panel,

Room MS1.91, Mary Seacole Building,

Frederick Road Campus,

University of Salford,

Salford, M6 6PU.

Tel: 0161 295 2778.

Thank you for considering taking part in this study and taking the time to read this information. If you are willing to be interviewed for this research project, please contact me on email xxxx so that we can meet to complete the consent form on the next page.

Informed Consent Form for Version 3 of PIS –HSR 1819-043

Title of study

An investigation into how young adults with a diagnosis of mental illness use creative art to construct processes of co-production.

Name of Researcher: Jean Haslam

Please complete and sign this form **after** you have read and understood the participant information sheet. Read the following statements, and select 'Yes' or 'No' in the box on the right hand side.

1. I confirm that I have read and understand the participant information sheet *(version 3 of PIS 16/5/2019]* for the above study. I have had the opportunity to consider the information and to ask questions which have been answered satisfactorily. Yes/No

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without my rights being affected. Yes/No

3. If I do decide to withdraw, I understand that the information I have given, up to the point of withdrawal, will be used in the research. Yes/No

4. I agree to participate by taking part in an unstructured interview of up to one hour, which the researcher will audio record. The interview will be directed by me and give me the opportunity to reflect on the creative processes involved in producing a work of art of my choice. Yes/No

5. I understand that my personal details will be kept confidential and will not be revealed to people outside the research team. However, I am aware that if I reveal anything related to criminal activity and/or something that is harmful to self or other, the researcher will have to share that information with the appropriate authorities. Yes/No

6. I understand that my anonymised data will be used in the researcher's research study, other academic publications, local presentations and conferences, presentations and conferences wider afield and in further research. Yes/No

7. I agree to take part in the study: Yes/No

Name of participant **Date** **Signature**

Name of person taking consent **Date** **Signature**