

**Psychiatric in-patients' experiences of an art group: with a  
focus on the self**

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## Abstract

*Aims:* It is argued that one's sense of self is threatened and eroded by mental illness. According to the narrative perspective, one's personal life narrative is displaced and maintained by a story of illness. However, dialogical self theorists argue that mental illness limits the number of 'I' positions available within an individual, resulting in the positions/voices becoming rigid and being dominated by a singular, monological position. The aims of this qualitative study are to attempt to understand and examine psychiatric in-patients' personal lived experiences of an art group. The goal of the study is to focus on the impact of the art-making process on these patients with regards to the construction of their sense of self.

*Design:* A qualitative research design was used in the study.

*Method:* Four psychiatric in-patient art group members – three male and one female, between the ages of 27 and 40 – were interviewed. A semi-structured interview schedule consisting of sixteen questions focusing on the interviewees' experiences of the art group was used. The interviews were analysed using an interpretive phenomenological analysis.

*Results:* Three superordinate themes emerged: What the Participants Gained From the Art Group, Sense of Community and Leaving a Mark, and The Experience of Self in the Art group. All three Superordinate themes fall within the participants' experience of the art group.

*Conclusion:* All four of the participants expressed positive feelings and enjoyment towards the art group. Participation in the art group provided the participants with a sense of pride, achievement and hope within their lives. As a result of participation on the art group, one of the four participants was able to construct a thin alternative experience and sense of self.

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## Table of Contents

1. Introduction.....	1
2. Literature Review.....	2
2.1. Art .....	2
2.1.1. Art and Healing.....	2
2.1.2. Art Therapy versus Art as Therapy.....	2
2.1.3. Ways in which Art Has Been Shown to be Helpful in Psychotherapy.....	3
2.1.3.1. Art as communication.....	3
2.1.3.2. Language and culture.....	3
2.1.3.3. Art and the senses.....	4
2.1.3.4. Art and selfhood.....	5
2.1.4. Existing Research on Art as Means of Therapy With Regards to Mental Illness.....	6
2.2. Selfhood .....	9
2.2.1. Understanding the Self and Social Identity.....	9
2.2.1.1. Construction of self through others.....	9
2.2.1.2. The individual and social self.....	11
2.2.1.3. Reflexivity and self.....	12
2.2.1.4. Multiple selves.....	12
2.2.2. The Self and Mental Illness.....	14
2.2.2.1. Narrative perspective of the self and mental illness.....	15
2.2.2.1.1. Narratives held by others.....	16
2.2.2.2. Dialogical perspective of the self and mental illness.....	18
2.2.2.3. The dual nature of mental illness.....	19

2.3. Recovery, Art, and Mental Illness.....	20
2.4. Context.....	21
2.4.1. Background.....	22
2.5. Research Aims.....	23
3. Methodology.....	24
3.1. Research Question.....	24
3.2. Iterprative Phenonenological Analysis (IPA).....	24
3.2.1. IPA and the Nature of Language and Thought.....	27
3.2.2. Sampling and Participants.....	29
3.2.2.1. Inclusion criteria.....	30
3.2.2.2. Recruitment.....	30
3.2.3. Data Collection.....	31
3.2.4. Data Analysis.....	33
3.3. Dependability and Validity.....	38
3.4. Ethical Considerations.....	41
4. Analysis.....	43
4.1. Introduction.....	43
4.2. Experience of the Art Group: What the Participants Gained From the Art Group.....	44
4.2.1. What the Art Group Gave them.....	44
4.2.2. The Space of the Art Group.....	45
4.2.3. Escape.....	48
4.2.4. Enjoyment.....	49
4.3. Experience of the Art Group: Sense of Community and Leaving a Mark.....	49
4.3.1. Community - Leaving a Mark.....	49
4.4. Experience of the Art Group: The Experience of Self in the Art Group.....	52

4.4.1. Sense of Self.....	53
4.4.2. Self-position.....	57
4.4.3. Past History.....	62
4.4.4. Future Story.....	65
4.4.5. Alternate Sense of Self.....	68
5. Discussion and Concluding Comments.....	71
5.1. General Discussion.....	71
5.2. Mental Illness and Selfhood.....	71
5.3. Mental Illness and the Dialogical self.....	73
5.4. Mental Illness, Narratives and the Self.....	77
5.5. Narratives Held by Others and the Self.....	81
5.5.1. Community - The Narratives they Hold and Carry.....	82
5.5.2. Experience of the Art Group.....	83
5.6. Limitations and Reflexivity.....	87
5.6.1. Limitations and Implications for Future Research.....	87
5.6.2. Strengths.....	90
5.7. Conclusion.....	91
6. Reference .....	93
7. Appendices.....	102
1. Invitation to Participate.....	102
2. Medical Assessment of Capacity to Consent.....	104
2.1. Capacity to Consent.....	105
3. Consent Forms.....	106
4. Semi-Structured Interview Schedule.....	108

## 1. Introduction

Within Western psychotherapy, medical model concepts such as disease, diagnosis, and treatment have had a powerful effect on the development of most schools of thought and practice, including that of art therapy (Vick, 2003). Art as a form of therapy has successfully been used to treat patients with both medical and psychiatric needs (Malchiodi, 1999). The value of art therapy is that it can be used with large groups to increase therapist-patient contact without having to increase session times (Nassar, Kremberg, & Corso, 1981). It can also be used on a one-to-one basis with individuals who are at different stages of their recovery and who have various diagnoses, cognitive abilities, and emotional states (Spaniol, 2003).

Art as therapy also provides a space in which the roles of the patient and practitioner are blurred – thus allowing for a deeper and more real human interaction (Nassar et al., 1981). Furthermore, within the mental health context, art as a means of therapy provides a way for patients to communicate and to establish a relationship not only with the facilitator of the process, but also with other group members, including the other professionals who provide support and therapy to the patients (Malchiodi, 2003a).

According to Heenan (2006), although “[t]he importance of creative expression to healthy human development and recovery from mental distress is well established across international cultures” (p.182), and despite the fact that art as a therapeutic means has been in practice for over sixty years and has shown to be an effective therapeutic tool, art is rarely used in the treatment of people who have mental illnesses (Crawford et al., 2010; Park & Hong, 2010). Few studies have been done on the effectiveness of art as a therapeutic tool focusing on selfhood for people who suffer from mental illness.

It is argued that, as a result of mental illness, one’s social interactions, relationships, and roles are often altered if not lost, and therefore a person’s core sense of self is likely to be challenged (Reynolds, 2002, 2004; Reynolds & Prior, 2006). Furthermore, the level of an individual’s “chronicity” (Estroff, 1989, p. 189) with regard to their mental illness is believed to impact significantly on the degree of losing their sense of self and the positive social roles that they once held (Estroff, 1989).

This study examines the personal experiences of four psychiatric in-patients who participated in an art-making and exhibition project in the Eastern Cape, South Africa, with a particular focus on the impact of the group art-making process on the construction of self.

## **2. Literature Review**

### **2.1. Art**

#### **2.1.1. Art and Healing**

Over the course of the past decade, clinicians have begun to recognise and acknowledge the therapeutic power and relevance of art as a method of treatment for mental health problems (Park & Hong, 2010). However, the relationship between art and healing is by no means a new phenomenon. Malchiodi (1998) argues that the relationship between art and healing is a long and age-old relationship which is deeply entrenched in many cultures. According to Cameron (2010), “[h]ealing, learning and communicating through the arts is one of the oldest practices used by many cultures and societies across the world” (p.404).

Dissanayake (1992, as cited in Vick, 2003) suggests that, just as the ability to use tools and communicate through speech are defining characteristics of humankind, so too is the inherent human ability to create art. For example, within the Aboriginal culture, art is deemed a central element of life, as opposed to a separate, aesthetic ideal (Atkinson, 1997, as cited in Cameron, 2010). Many cultures view art, storytelling, dancing, and drawing as culturally rich tools through which people can connect, convey knowledge and beliefs, learn, heal, and make sense of their life experiences (Cameron, 2010).

#### **2.1.2. Art Therapy versus Art as Therapy**

Art as therapy is not the same as art therapy, although both share a number of similarities in that they both assume that all individuals have the ability to express themselves creatively and that the end product is of little importance (Malchiodi, 2003a; McNiff, 1992). There is also an emphasis on the importance of the therapeutic processes involved as well as the individuals’ involvement in the art work (Malchiodi, 2003a). Furthermore, like other forms of counselling and psychotherapy, both approaches encourage personal growth and can assist in emotional reparation (Crawford et al., 2010; Heenan, 2006; Malchiodi, 2003a; McNiff, 1992).

At the heart of art as therapy and art therapy, one finds both creativity and the encouragement to create imagery to facilitate growth and healing (Bouma, 1981; McNiff, 1992). However, given that every aspect of the art contributes to its healing abilities, it is not

assumed that some creative expressions heal and others do not (McNiff, 1992). As noted by McNiff (1992), both disturbing and negative images are necessary stimulations for healing.

Art as therapy and art therapy differ in that art therapy can be defined as an adjunction to psychotherapy where the process of therapy is facilitated through art-making, exchanges with the therapist, and the interpretation of the art (Malchiodi, 2003a). However, art as therapy posits that the creative process in itself is therapeutic and ultimately life-enhancing (whether it be sculpting, drawing, or painting, and so on) (Malchiodi, 2003a). The ‘art-making’ itself is a means of therapy and, as such, no interpretation of the art is provided in art as therapy (Loewen et al., 2009). According to Loewen et al. (2009), “it [art as therapy] can be defined as the use of art as a therapeutic modality” (p.63).

Most of the available literature deals with both art-making as creative expression and ‘art therapy’. In the literature review that follows, I will draw mostly on literature referring to art/creativity as therapy. The review does, however, draw on both concepts.

### **2.1.3. Ways in Which Art Has Been Shown to be Helpful in Psychotherapy**

**2.1.3.1. Art as communication.** Creative activities are useful in psychotherapy and counselling because they serve as another form of language (Malchiodi, 2003a) and are also therefore a form of communication. The belief is that the creative process of art-making enhances one’s life by helping individuals who struggle to express themselves verbally to communicate on a non-verbal level (Malchiodi, 2003a; McNiff, 2000; Wadeson, 1989). Through the expression of art, individuals are able to communicate their thoughts and feelings visually that may otherwise be too painful to put into words (Malchiodi, 2003a; Nassar et al., 1981).

Imagery is a useful tool in aiding the integration and communication of painful experiences (Malchiodi, 2003a; Wadeson, 1989). The ability to express one’s self through non-verbal means can therefore often create a deeper sense of safety and an enhanced level of comfort for some people – factors which are sometimes not found in traditional therapy alone (Malchiodi, 2003a; Nassar et al., 1981). A sense of safety and comfort are created because art allows individuals to express their thoughts and feelings in a manner that is often less threatening than verbal means (Malchiodi, 2003a; Nassar et al., 1981).

**2.1.3.2. Language and culture.** Both communication difficulties and cultural differences between people can create barriers to improving mental health, and addressing physical needs, and social needs within society (Cameron, 2010). When people are faced

with difficulties as a result of cultural differences, social beliefs, and/or language issues, art can offer a voice to these individuals (Cameron, 2010). Cameron (2010) also argues that art lends itself to a culturally safe environment through which individuals can communicate, connect, and express themselves emotionally. As the creative process of art-making is a non-verbal means of communication requiring little language, it is an invaluable medium to use within multicultural and multilingual settings (Golub, 1989; Malchiodi, 2003a).

Art may therefore be particularly beneficial in South Africa and, more specifically, in the Eastern Cape where a number of different languages are spoken. A census carried out in 2001 reports that 86.4% of the population of the Eastern Cape spoke nine of the official indigenous African languages as a first home language (Statistics South Africa, 2004). Within culturally diverse societies, we are becoming progressively more aware of the need for multidisciplinary interventions in addressing major health problems and the need for these interventions to take into account people's cultural, social, and economic environments (Argyle, 2003, as cited in Heenan, 2006). As suggested by 'Art for Health' movement, as cited in Heenan (2006), the arts are an invaluable tool and medium to use to address social and health inequalities. According to McNiff (2004), "[a]rt adapts to every conceivable problem and lends its transformative, insightful and experience heightening powers to people in need" (p.5).

**2.1.3.3. Art and the senses.** Art-making involves touch, smell, and other senses within the process and thus it can be argued that art is a sensory mode of expression (Steele & Raider, 2001). Painting, drawing, and other art activities can mobilise the expression of sensory memories in a way that verbal interactions cannot (Steele & Raider, 2001). Common sense tells us that images and art have the ability to impact on our memories, influence how we feel and react, and create sensations such as feelings of anxiety, fear, calm, and pleasure (Benson, 1975). In the past, researchers were unable to prove these claims scientifically. However, as a result of the advances in neuroscience and technology, research is swiftly increasing and expanding our understanding of image formation, mental imagery, and the areas of the brain which are involved in image creation (Malchiodi, 2003b).

Scientific findings show that art and images are not only able to alter one's mood and produce a sense of wellbeing, but they are also able to make our bodies respond to mental images as if they were reality (Damasio, 1994). According to research conducted by Damasio (2000, as cited in Malchiodi, 2003b), "imagery we see or imagine activates the visual cortex of the brain in similar ways" (p.18). Simple experiments provide further

evidence that exposure to images of nature from a hospital room window not only increase feelings of wellbeing in patients, but also decrease their length of stay in the hospital (Ulrich, 1984). Research pertaining to how images influence one's thoughts, emotions, wellbeing, and how the body and brain react to the experience of sculpting, painting, drawing, or other art activities is slowly beginning to shed light on why art as a means of therapy is an effective therapeutic modality (Malchiodi, 2003b).

Our comprehension of the relationship between creativity, biochemistry, and mental status continues to evolve over time (McNiff, 1992). According to McNiff (1992), through the combination of arts and medicine, one creates a space for a new field or speciality in which an individual's imagination is able to treat and heal itself as well as recycle energy back into daily living.

**2.1.3.4. Art and selfhood.** When a person is faced with chronic illness, they are often unable to maintain their job, their social interactions slowly diminish, and they lose contact with their family members and friends. They therefore also lose valued social roles and the acknowledged sense of self which develop from these roles (Reynolds & Prior, 2006). These losses often leave the person with only one available role– that of the chronically ill (Reynolds, 2002, 2004). Corbin and Strauss (1987, as cited in Reynolds & Prior, 2006) note, “when a chronic illness comes crashing into a person's life, it cannot help but separate the person of the present from the person of the past ... and shatter any images of self-help for the future” (p.3). As a result, illness thus often becomes the master identity in the individual's life and disrupts all their relationships and aspects of their life (Reynolds, 2004; Reynolds & Prior, 2006). Similarly, just as chronic illness disintegrates an individual's sense of self, so does mental illness (Couture & Penn, 2006; Estroff, 1989; Spaniol, 2003; Stone, 2005) – this is discussed in more detail in the section on the self and mental illness. According to Stone (2005), it is “[i]n the midst of disturbance [that] the very foundations of personality seem to shift, mutate and even disaggregate entirely” (p.169).

Narrative approaches to chronic illness argue that the illness becomes a Master Identity (Reynolds & Prior, 2006) whilst sick-role theory argues that the illness can actually strengthen positive self options for the individual. The long term experience of both chronic and mental illness however, paints a very different picture of illness presented by that of the sick-role theory; particularly with regards to the temporary and fairly short-term experience of illness expressed by that of Parsons' sick-role theory (Radley, 2004). Blackwell (1967) argued that Parsons' sick-role theory does not directly apply to psychosocial and

psychological conditions as it does with medical conditions. Therefore the Master Identity approach is more fitting to the experience of mental illness where “once the mental patient is granted the psychiatric sick-role, withdrawal from this status is difficult” (as cited in, Petroni, 1972, p. 48).

Art-making as a therapeutic means has been shown to have a marked effect on the integration and development of an ‘able’ self for people suffering from chronic illness (Loewen et al., 2009; Reynolds, 2002, 2004; Reynolds & Prior, 2006) and mental illness (Estroff, 1989; Lysaker & Lysaker, 2001; Stone, 2005). Reynolds (2002) argues that self-expression is not only facilitated through creative activities, but that it also enhances a sense of coherence through the integration of the different aspects of the self.

#### **2.1.4. Existing Research on Art as a Means of Therapy with regard to Mental Illness**

The research findings below are based on art therapy sessions and not on art as therapy. However, as discussed above, the findings are still relevant as a number of art therapy principles are compatible with art as therapy concepts. No research findings pertaining to the benefits of art as therapy in a psychiatric setting could be found for the purpose of this review.

According to McNiff (1992), the world and psyche of an individual is viewed as an ongoing interaction between multiple perspectives and figures that fuse and come together as a result of their creative action. Thus, an individual’s life and the quality of their life has a significant impact on the art they create (McNiff, 1992). According to McNiff (1992), an individual’s art can be viewed as a mirror which reveals their inner life as opposed to a partial reflection of it. McNiff (1992) argues that artworks not only mirror an individual’s internal state, but both the process of art-making and the end product also impact on and change the individual.

Shatin and Kymissis (as cited in Drapeau & Kronish, 2007) explore the advantages of using art as a form of therapy within a group setting for psychotic patients being discharged from hospital. They found that the transition from the hospital was not only made easier as a result of the art group, but also that the patients were more accepting of their diagnosis and the reality of having to live with a mental illness (Shatin & Kymissis, as cited in Drapeau & Kronish, 2007). Kymissis (1976, as cited in Drapeau & Kronish, 2007) later researched whether it was advantageous to use art as a means of therapy in a group setting for hospitalised individuals diagnosed with borderline personality disorder who were recovering

from a psychotic episode. Similar to Shatin and Kymissis' findings, Kymissis (1976, as cited in Drapeau & Kronish, 2007) showed that the art group helped the patients to adjust to the transition back into society and daily functioning.

In a more recent study, Richardson, Jones, Evans, Stevens, and Rowe (2007) reported a significant reduction in negative symptoms (such as impaired attention, loss of energy, reduced speech content, and a reduced amount of speech) in individuals with a diagnosis of schizophrenia. According to the National Institute for Clinical Excellence (2009, as cited in, Crawford et al., 2010), art as a therapeutic means has shown to be effective in the alleviation of negative symptoms with regard to schizophrenia. The National Institute for Clinical Excellence (2009, as cited in, Crawford et al., 2010) also suggests that art as a therapeutic means should be available to all individuals suffering from this mental illness. Crawford et al. (2007) base this recommendation "on a synthesis of findings from exploratory trials of a range of different individuals and group-based arts therapies" (p.7).

Meng and colleagues (2005, as cited in Crawford et al., 2010) found improved social functioning and health in psychiatric in-patients that participated in group sessions where art was used as a therapeutic medium. Similarly, researchers such as Greacen and Rosenberg (1979), as cited in Drapeau and Kronish (2007), as well as Jones and Rush (1979), as cited in Drapeau and Kronish (2007), argue that one can develop psychiatric patients' self-competence, self-esteem, and sense of self through artistic creation within a group setting. Similar results were found by Brochers and Green, and colleagues (1985; 1987, as cited in Drapeau & Kronish, 2007). Brochers (1985, cited in Drapeau & Kronish, 2007) reported that improvements seen in the patients' social skills, ego functioning, and self-esteem were sustained for up to nine months after the treatment had been terminated. Spaniol (2003) argues that a vital requirement for the recovery of people suffering from mental illness involves "rediscovering and reconstructing an enduring sense of the self as an active and responsible agent" (p.274).

Researchers argue that individuals develop and maintain a sense of self in relation to others (Brewer & Hewstone, 2004; Crapanzano, 1982). As a result of our interactions and participation with others, we are able to understand the roles and labels we are given within a community (Brewer & Hewstone, 2004; Crapanzano, 1982; Morse & Gergen, 1982). We are therefore also able to develop a better understanding of the people we are (Brewer & Hewstone, 2004; Crapanzano, 1982; Morse & Gergen, 1982). The above-mentioned increase in the patients' sense of self may therefore be attributed to and facilitated by the group

process (Brewer & Hewstone, 2004; Crapanzano, 1982; Morse & Gergen, 1982). It is easier for a person to develop and maintain a sense of self (in other words, the identity of an artist) within a group (of artists) than on an individual level (as a standalone artist) because the group members hold and reinforce the role of artist.

The patients' shift in their experience of self may therefore be more easily solidified if the experiences are shared with others, particularly with others from the same group. This increase in the patients' formation of self may further be attributed to the fact that the patients and facilitators within the group are more likely to treat one another as artists as opposed to patients. The patients will therefore build and strengthen their alternant sense of self. The group process strengthens these factors further as it is designed to facilitate the process of creating art. This process includes meeting weekly as a group of artists, sharing tools, and having one's end product witnessed by others.

A vast amount of research has been done on the value and effectiveness of art as a therapeutic means within a group setting for the psychiatric in-patient population. However, the bulk of the literature is descriptive and focuses mainly on the alleviation of negative symptoms and the reintegration of patients into society (Drapeau & Kronish, 2007), as shown above. The majority of the evidence provided in the research of art used within a psychiatric setting is based on both empirical and clinical literature. There is very little literature, if any, focusing on adult psychiatric in-patients' lived experiences as participants of an art group with a focus on the experience of self. Thus, the aim of this research is to attempt to understand the meaning and context of the psychiatric in-patients' experiences of the art group.

I have described three ways in which art has been shown to be therapeutic:

- through enhancing communication options;
- through accessing the senses, and
- through helping the person to integrate positive self options.

The rest of the literature review focuses on the use of art as a tool in supporting a sense of selfhood. The focus on self is pertinent in mental health because just as chronic physical illness disintegrates an individual's core sense of self, so does mental illness (Couture & Penn, 2006; Estroff, 1989; Spaniol, 2003; Stone, 2005).

## 2.2. Selfhood

### 2.2.1. Understanding Self and Social Identity

There are numerous theories that have for many years informed and underpinned the construction of self and identity. The many concepts and debates surrounding the principles of identity and the self are extremely complex and diverse (Estroff, 1989; Oyserman, 2004; Rosenberg & Kaplan, 1982; Seigel, 2005). Therefore, I will not convey the multitude of concepts in detail here. I will, however, briefly discuss a few prominent, yet general concepts of self, others, subjectivity, and the social construction of personhood outlined by Estroff (1989).

Before moving on to discuss the basic principles and concepts of the self, one needs to define and understand the concept of self. The 'self' can be defined as the particulars that constitute an individual - the characteristics that distinguish one person from another (Seigel, 2005). The self is further defined as the characteristics that simultaneously draw the parts of one's existence together, persist through change, whilst allowing for change and growth in becoming who one might or should be (Seigel, 2005).

In contrast, 'social identity' can be defined as the psychological traits, beliefs, customs, and ideologies which are linked to belonging to a specific category or social group (Brewer & Hewstone, 2004). Social identity also characterises the conceptual link between society as a whole and the individual (Brewer & Hewstone, 2004). Both self and identity characterise and constitute part of the process involved in creating a sense of an individual (Schwartz et al., 2011). Most of the research reviewed below looks at the self in mental health rather than identity. Likewise the study focuses on the experience of self that the patients have access to by being part of the art group.

**2.2.1.1. Construction of self through others.** The role of others provides us with the contrast that allows for the construct and defining of the self – in other words, the external object (out there – the 'other') describes the subject (in here – self, or I) (Estroff, 1989). Through our interaction and participation with others, we are able to develop an understanding of the labels given and received within a family, community, or society (Crapanzano, 1982; Morse & Gergen, 1982). We are also able to understand what categories we belong to, which lead to an understanding of who and what we are (Brewer & Hewstone, 2004; Crapanzano, 1982; Morse & Gergen, 1982).

Brewer and Hewstone (2004) argue that one's knowledge of one's self is developed both through and from one's memberships and affiliations within specific groups or roles. This process of constructing one's sense of self through one's groups, roles, and memberships is ever changing and takes place at varying intervals and paces throughout one's life (Estroff, 1989; Scheibe, 1995). The process is also affected by a person's context and the significant others in their life (Estroff, 1989; Scheibe, 1995).

In other words, the self has no concrete boundaries within the course of a person's life (Rosenberg & Kaplan, 1982). Rather the self is experienced as continuously expanding and contracting as external elements are integrated into the self – some elements are central to experience of self, while others are not (Rosenberg & Kaplan, 1982). For example, there are times throughout a person's life when one's sense of self is in a state of agreement with others, resulting in a convergence of self/other (Scheibe, 1995). Also, at times of change, when one renegotiates one's sense of self, signals and stories received from others are experienced as inconsistent with one's inner experiences (Scheibe, 1995). This inconsistency stimulates a process of self-evaluation, development, and/or change (Estroff, 1989; Hermans, 1996b; Scheibe, 1995).

As research has shown (for example, Gergen, 1965; Videbeck, 1960), a person's self-concept at any given time depends on the views others have of them within a particular context or situation (Morse & Gergen, 1982). On a daily basis, people are faced with the necessity of having to locate themselves in relation to others (Scheibe, 1995). As social beings, we are expected to fulfil certain roles and therefore being human inevitably means we are linked to others by means of relational ties (Estroff, 1989). As a result of these ties, we generally belong to and identify with particular groups, such as our families. A person's maleness, femaleness, ethnicity, youth, or old age are all components that make up an individual (Crapanzano, 1982; Estroff, 1989; Rosenberg & Kaplan, 1982; Scheibe, 1995). As a result of the categories to which an individual belongs, they are able to understand who and what they are (Estroff, 1989). These categories and groups both consist of and communicate norms and prescriptions for accepted behaviours (Crapanzano, 1982; Estroff, 1989; Rosenberg & Kaplan, 1982; Scheibe, 1995). While keeping this perspective in mind, one could therefore say that a person's selves or at least parts of one's selves are what an individuals' interaction with others, groups, and societies allow or shape one to be (Seigel, 2005). Our sense of self is not only shaped by external contexts, but it also takes into account the norms, stories, values, roles, and characteristics of other individuals that participate and/or

are likely to participate in the context (Oyserman, 2004). These relationships and roles exist within the social world and we encompass them when we display our version of being a parent, sibling, or friend (Estroff, 1989).

As a result of belonging to groups, one is able to construct and demonstrate a sense of self. As individuals are members of particular groups, they are provided with a sense of self in relation to others by being acknowledged by others (Brewer & Hewstone, 2004; Estroff, 1989; Oyserman, 2004). According to Seigel (2005), “as argued by Martin Hollins, cultural and social experience has a disposition much like what Kant observed in regards to nature: it does not make sense of itself, it only comes to have sense in the mind that perceives it.” (p.22).

Our age, gender, race, and other categories impact not only on what we do, how we ‘story’ our lives, and how we live, but they also represent how we are treated and seen by others (Rosenberg & Kaplan, 1982). An individual’s self-concept is greatly affected by their interpersonal experiences which they are subjected to as a result of the roles, categories, and groups they belong to (Rosenberg & Kaplan, 1982).

**2.2.1.2. The individual and social self.** According to Estroff (1989), people can typically be viewed on a simple level as having two layers or facets of self – the private self and public self. By this we mean, the individual and social self; the secret and shared self; the objective and subjective self, “a self known to self and the person known to and identified by others” (Estroff, 1989, p.190). An individual’s private self consists of the unique traits and characteristics of the individual (Ellemers et al., 2002; Worchel & Coutant, 2004). However, an individual’s public self consists of an individual’s memberships within various groups (Ellemers et al., 2002; Worchel & Coutant, 2004).

Some parts of the self are experienced and viewed by an individual as the ‘real’ and ‘true’ self, whereas others may be experienced as false or superficial (Rosenberg & Kaplan, 1982; Scheibe, 1995). At times, particular aspects of a person’s self may not reflect what and whom they feel they really are. The self that a person presents to the world is never presented as entire or whole (Scheibe, 1995), but is instead presented as a part – “it is always presented by means of these more or less shifting coordinates provided by the surrounding” (Scheibe, 1995, p.2). A person’s behaviour that they manifest in playing their social role/s may not truly show the person they believe they really are (Rosenberg & Kaplan, 1982).

While one can separate their public and private selves empirically and sometimes actually, it is crucial that these two layers overlap to some degree. If and when these two

selves do not overlap, the individual is likely to suffer a drastic separation or rupture of the self (a common characteristic of schizophrenia) (Estroff, 1989), which may result in an “incomprehensibility of person” (Estroff, 1989, p.190). Rosenberg (1984) describes this phenomenon [rupture of self] as the dominant characteristic of psychosis.

**2.2.1.3. Reflexivity and self.** Reflexivity is the belief that individuals have the capacity to think about themselves as an object (Estroff, 1989; Seigel, 2005; Turner 1982), one which is constantly in relation to other objects (Turner, 1982). Reflexivity provides humans with the ability to turn a kind of mirror on not only phenomena within the world, inclusive of one’s social relationship and bodies, but also on one’s consciousness, thus enabling individuals to put themselves at a distance from their own being, which then enables them to judge, inspect, regulate or alter their selfhood. It allows for intellectual self-awareness within the self (Seigel, 2005).

Reflexive thought and speech is inclusive of one’s self-consciousness, one’s observations of oneself, one’s ability to engage in a relationship with oneself, as well as one’s ability to refer to oneself in the third person (Estroff, 1989). It is the principle that provides an individual with the ability to engage in a therapeutic process (Estroff, 1989). Reflexivity enables people to both deal with and tackle the conflicts and tensions that develop from an individual’s corporeal demands as well as what social and cultural roles and norms impose and/or allow (Seigel, 2005).

**2.2.1.4. Multiple selves.** A vast number of constructs have been developed regarding the literature available on the concept of the ‘self’, including the concept of possible selves, or what Markus & Nurius (1986) refer to as a multi-voiced self. The concept of the multi-voiced self has been recognised by psychologists as far back as the 1980s (for example, Putnam, 1989). Theorists and researchers (such as Bakhtin, 1929/1985; Lysaker & Lysaker, 2001, 2004a, 2004b; Hermans, 1996a, 2003, 2004; Hermans & Dimaggio, 1992 and Hermans, Kempen & Van Loon, 2004 to name but a few) have expressed the fact that a sense of self is the result of continuous dialogue within the individual, as well as between the individual and others; ‘dialogical’ in nature (Lysaker & Lysaker, 2001). This standpoint therefore emphasises that an individual’s self-awareness is neither an awareness of seamless nor isolated viewpoints, but it is rather a collective of many disagreeing, complimentary, opposing, competing, and, at times, contradictory beliefs or voices (Lysaker & Lysaker, 2001). The concept of the dialogical self has been derived from a number of sources. Dialogism has most popularly been linked with the work of Bakhtin (1929/1985), a Russian

literary critic. Bakhtin (1929/1985, as cited in Lysaker & Lysaker, 2001) argues, “the human world is most truly represented as polyphonic, or as an ongoing series of dialogues between opposing voices” (p.25).

While research conducted by other disciplines with regards to the dialogical self, dates back to the last century, researchers within the field of psychology and associated fields have only recently begun to study the self as a multi-voiced entity consisting of opposing positions. Hermans (1996a, 2003, 2004), for example, extensively researched the concept of a dialogical self and concluded that the psyche of an individual consists of voices or ‘I’ positions which are hierarchically arranged, but not centrally integrated. In other words, at any given time, “the psyche is composed of positions or voices that are dominated by others but not subsumed by them” (Lysaker & Lysaker, 2001, p.26).

Hermans (2004) states that the self is seen by individuals as something that is situated “within the skin” (Hermans, 2004, p.13). However, when we think of dialogue, we picture two or more people engaged in some form of communication in which they understand each other and are on common ground. In keeping with this, the self is therefore often viewed as a “within’ concept” (Hermans, 2004, p13), and dialogue is referred to as a “between’ concept” (Hermans, 2004, p.13).

The concept of the dialogical self, however, deviates from this viewpoint. Instead, the self is viewed as a multiplicity of parts that consist of many ‘I’ positions, characters, and voices occupied by the same person (Hermans, 2004; Hermans & Dimaggio, 2004). These positions can have dialogical relationships with one another where each position will work relatively independently to produce and exchange information about its worlds (for example, thoughts, stories, and memories) and the selves or ‘me’ positions it represents (Hermans, 2004; Hermans & Dimaggio, 2004; Hermans, Kempen, & Van Loon, 1992; Lysaker & Lysaker, 2001; Meehan & MacLachlan, 2008).

These different positions can agree, disagree, contradict, oppose, and question one another, and they are also able to tell stories from their individual perspectives (Hermans et al., 1992; Lysaker & Lysaker, 2001). Furthermore, these positions can evolve and change because they are able to consider the other ‘I’ positions (Hermans, 2004; Lewis & Todd, 2004). The ability to consider the other positions creates “an on-going dialogue between constituent voices which together create an integrated whole” (Rowan & Cooper, 1999, p.4). If a person is able to synthesise their multiplicity of voices (for example, the self as a mother, friend, wife, lawyer, and moral citizen), their personal life stories would combine the vast

range of positions, characters, and identifications to orientate the individual's sense of self and to help them create a coherent self (Russell & Van Den Broek, 1992).

It is important to note that the multiple parts of the self communicate with one another (Hermans, 2004, 2003; Lysaker & Lysaker, 2001). They further consist of a hierarchal dominance with some voices, parts, or characters being more dominant than others (Hermans, 2004, 2003; Lysaker & Lysaker, 2001). Some parts of the self may become more dominant than other parts as a result of a person's combined stories from their communities, cultures, groups, and personal history (Hermans 1996a, 2003; Meehan & MacLachlan, 2008).

The dialogical self can therefore be understood as a "between" concept" (Hermans, 2004, p.13) as opposed to a "within" concept" (Hermans, 2004, p.13) because it views the processes that take place between the different voices or parts of the self as also taking place in the relationship between the individual and him or herself (Hermans, 2004). In summary, the model of the dialogical self conceptualises individuals as consisting of a multiplicity of possible selves (or 'I' positions) that coexist by occupying the same mental space at the same time (Hermans et al., 1992; Lewis & Todd, 2004; Rowan & Cooper, 1999). These multiple selves are in constant dialogue with one another as opposed to the self having a single, central core (Hermans et al., 1992). The dialogical self contrasts with the notion of the self as the centre of control. The concept of the dialogical self offers instead the idea that multiple 'I' positions may act to organise other 'I' positions, whilst simultaneously being organised by these other 'I' positions (Hermans et al., 1992). In short, the dialogical self is "[t]he dialogue of the mind with itself" (Hermans, 2004, p.13).

### **2.2.2. The Self and Mental Illness**

Mental illness can affect anyone's life by destroying their sense of self, history, social roles, and family as well as by shattering their hopes and dreams (Estroff, 1989). As highlighted by Link and Phelan (as cited in Couture & Penn, 2006), the mentally ill population is far less likely to be considered for work positions, and they are less likely to be able to own or lease an apartment. They are also far more likely to have a significantly lower quality of life when compared to that of the 'mentally well' population (Link & Phelan, as cited in Couture & Penn, 2006). Mental illness is more than just an illness which an individual suffers from – it is something which the individual becomes or is (Estroff, 1989). In other words, mental illness comes to define a person's (entire) sense of self. According to

Stone (2005), “[t]his phenomenon has been widely observed and recorded by both clinicians and patients” (p.169).

“Something has happened to me – I do not know what. All that was my former self has crumbled and fallen together and a creature has emerged of whom I know nothing. She is a stranger to me.... She is not real – she is not I ... she is I.”  
(Jefferson, 1974, as cited in Estroff, 1989, p.189).

In mental health research, it is generally accepted that severe and enduring mental health diagnoses, such as schizophrenia and the more severe causes of depressive disorders (including major depression and bipolar disorder) (Spaniol, 2003, p.268), have a detrimental effect on the self, which results in a disruption and a loss of self (Dimaggio et al., 2003; Estroff, 1989; Lysaker & Lysaker 2001; Lysaker, Lysaker, & Lysaker, 2001). According to Lysaker and Bell (1995, as cited in Lysaker & Lysaker, 2001), “Schizophrenia has been linked, for example, to an erosion of feeling able to direct one’s life” (p.24).

In addition, according to Kline, Horn, and Patterson (year, as cited in Lysaker & Lysaker, 2001), schizophrenia is also linked “to overwhelming anxiety about self-dissolution, and to disruptions of personal narrative” (p.24). Schizophrenia is thus regarded as an “*I am illness*” in that it redefines and overtakes the identity of the individual (Estroff, 1989, p189). Mental illness, such as schizophrenia, greatly impacts on and affects how an individual presents and experiences themselves (Estroff, 1989). Thus, the “diagnosis and the person often become joined in scientific and social thinking in the realms of intervention and identity” (Estroff, 1989, p.193).

**2.2.2.1. Narrative perspective of the self and mental illness.** An important question to address is the concept of the self and its composition. One of the most important factors to note with regard to the self is one’s personal history (Frankenberg, 1987, as cited in Estroff, 1989). Within an individual’s lifetime, there is a construction of self that endures over time (Estroff, 1989). This constructed self is a lasting entity that outlasts, transcends, and consists of more than just a mental illness or diagnosis (Estroff, 1989). A person’s personal history is of great significance to them because their measurement of their self-worth, abilities, and personality are grounded within the memories and stories of their past (Ross & Buehler, 2004).

The evaluations people make of themselves (such as ‘I am a good artist’ and ‘I am poor at communicating and quiet around strangers’) reflect their reminiscences of their past experiences (Ross & Buehler, 2004). Individuals who lose these autobiographical memories,

stories, and experiences through illness (mental and physical) or injury lose their sense of self (Ross & Buehler, 2004). Romme and Escher (1989) and Lally (1989) provide evidence stating that individuals suffering from mental illness keenly feel losses in their relationships, functioning, and social situations.

Dialogical self theorists, Lysaker et al. (2001), use a narrative perspective and argue that a necessary part of an individual developing and maintaining a sense of self is by creating and telling (as well as having others tell) stories about their life. These personal narratives help place a person's lived experiences in context and give their life meaning (Lysaker et al., 2001). As discussed by Frankl (1963, as cited in, Perry, Taylor, & Shaw, 2007), a person's need for meaning is a central and motivating drive.

Frankl (1963, as cited in, Perry, Taylor, & Shaw, 2007) suggests that the capacity to make sense of one's experiences and the capacity to have a purpose in life is a means of sustaining one's hope, particularly during a traumatic experience that may result in the disintegration of one's self-awareness. Through the telling of our life stories, we not only sustain hope within our lives, but we also define who we are, who we were, and what our future may possibly look like through these stories (Crossley, 2000). Our narratives bring together our felt and remembered experiences (Crossley, 2000). They also connect our past to our future and aid in developing the structure and coherence of the foundation of our self (Crossley, 2000).

However, the personal narratives of individuals suffering from mental illness (such as schizophrenia), frequently appear to have lost their capacity to combine separate elements to form a coherent whole (Lysaker et al, 2001). This leads to a decline in the ability to behave naturally. As in schizophrenia, one often lacks the ability to develop structure and coherence in the foundation of their selfhood (Lysaker et al, 2001).

They are unable to link the past to the future to develop and maintain a story of their own (Lysaker et al., 2001). Lysaker et al. (2001) state, “[c]ritical examination of the stories that persons with schizophrenia tell about themselves in relation to their illness, suggest that narratives produced by this group often lack coherence or are not readily understood by others” (p.254).

**2.2.2.1.1. Narratives held by others.** In keeping with the narrative perspective, Baldwin (2005) states that chronic mental illness often hinders an individual's opportunities and abilities to author their own life story. These individuals are unable to create their own life story because their symptoms (loss of language and cognitive difficulties) may prevent

them from creating and/or communicating a coherent narrative (Baldwin). Furthermore, Baldwin (2005) suggests that as mentally ill people's interactions with others become restrictive as a result of their illness, their narratives are no longer carried and maintained by others.

Individuals suffering from mental illness are thereby constrained or limited with regard to developing and maintaining a life narrative to sustain or renew their sense of self and social identity (Crossley, 2000; McLeod, 1997). When a person's personal life narrative is displaced by dominant stories of mental illness which constantly highlight their dysfunction and inadequacy, it threatens and disrupts their sense of self (Carless & Douglas, 2008). More often than not when significant others of mentally ill people share their story, they start by describing their loved one before mental illness became a part of their lives, noting stories of their loved one's successes and memories of accomplishments from a time when they were a knowable and welcome presence (Estroff, 1989). The narrative of the disturbed, the different, and the loss then begins, and a story of a new, different, but somehow still the same brother, mother, loved one, emerges (Estroff, 1989).

Furthermore, "[t]he story told by the physician becomes the one against which all others are ultimately judged true or false, useful or not" (Frank, 1995, p.5). Clinical accounts seldom provide a narrative of an individual's personal and social accounts – they generally tend to document only the course of an individual's mental illness (Estroff, 1989). Thus an individual's dominant medical narrative begins both to constrain and to mould the individual's story and experience of their mental illness (Carless & Douglas, 2008). The individual's psychiatric history becomes the only part of their personal history that is then positioned in their lifespan (Estroff, 1989). According to Heenan (2006), "People become patients" (p.180).

As a result of the limited alternate narratives available to individuals suffering from mental illness, they often over-identify with the sick-role (Carpenter, Heinrichs, & Wagman, 1988, as cited in Lysaker et al., 2001). This over-identification constricts their capacity for self-understanding and the development of alternative narratives, which is in accordance with the dialogical principle of the multiple 'I' positions (Carpenter, Heinrichs, & Wagman, 1988, as cited in Lysaker et al., 2001). It is thus easy to lose sight of the individual inside the disorder, which is an ever-present possibility (Horowitz, 2011). Thus, the person that existed before the mental illness is forgotten and overridden by the person that continues to exist during and after the illness (Estroff, 1989).

**2.2.2.2. Dialogical perspective of the self and mental illness.** As a result of the neurocognitive decline present in people suffering from schizophrenia, it becomes increasingly difficult for these individuals to connect their thoughts together (Lysaker & Lysaker 2001, 2004a). In other words, the narratives of individuals suffering from schizophrenia become compromised as a result of the disruption in their ability to maintain internal conversations (Lysaker & Lysaker 2001, 2004a). The self can be seen as changing from a dialogue to a monologue in which there is no longer a collective, multi-voiced self (Lysaker & Lysaker, 2001). The ability to move between various positions within the collective is also not present (Lysaker & Lysaker, 2001).

Lysaker et al. (2001) suggest that there is a link between maladaptive or incomplete narratives and mental illness. As discussed in the narrative section above, mental illness becomes the dominant story within an individual's life it often disrupts one's sense of self. Similarly, within the dialogical perspective, psychosis is argued to cause a disruption in the coherency of a person's narrative, resulting in the collapse or failure of the narrative (Holma and Aaltonen, 1998, as cited in Lysaker & Lysaker, 2004b). This collapse adversely compromises the individual's functioning and negatively impacts on the maintenance of the person's self by leading to an erosion of their self-awareness (Lysaker et al., 2001). Psychosis can be understood as delusions (holding unusual beliefs) or paranoia (unwarranted beliefs about malicious intentions of others) as well as hearing voices, and seeing or sensing things that others do not see, hear, or sense (Thornhill, Clare, & May, 2004).

The dialogical model theorises that this self-disruption or erosion of self is the result of a lack of dialogue between the 'I' positions or self voices (Lysaker & Buck, 2006, as cited in Meehan & MacLachlan, 2008). This disruption is also caused by a poor narrative structure (Lysaker & Buck, 2006, as cited in Meehan & MacLachlan, 2008). In keeping with the dialogical framework, mental illness, particularly in schizophrenia, tends to limit the number of flexible 'I' positions available and leaves the individual with minimal dialogical opportunities (Hermans & Dimaggio, 2004). In other words, dialogical cooperation and interaction between the multiple positions/ characters within an individual, as well as the flexibility to move between these positions, is significantly limited, resulting in the collapse of essential dialogue (Hermans, 2004; Hermans & Dimaggio, 2004).

This collapse may cause the multiple positions, voices, or characters to form incoherent interconnections and a lack of hierarchy (Hermans, 2004; Hermans & Dimaggio, 2004; Lysaker & Lysaker, 2001; Lysaker et al., 2001). Consequently, the individual's ability

to access their once wide range of life stories is significantly reduced. As discussed in the multiple selves section, the self is unable to evolve and change as the multiple positions are unable to consider or draw from the perspectives of the other characters/ 'I' positions because of a lack of coherent interconnections. Alternatively, individuals' positions/voices may become considerably rigid, which results in their narrative being dominated by a singular, monological position (Hermans, 2004; Hermans & Dimaggio, 2004; Lysaker & Lysaker, 2001; Lysaker et al., 2001).

Particularly with regard to individuals suffering from schizophrenia, once their narrative is dominated by a single position, it can limit their ability to develop and maintain a life narrative by which to sustain or renew their sense of self (Crossley, 2000). These disruptions negatively compromise an individual's functioning because they lead to an erosion of the individual's self-awareness (Hermans, 2004; Hermans & Dimaggio, 2004).

Lysaker and Lysaker (2004b; 2006) describe three dialogical disturbances that occur in the personal narrative self-structure of individuals suffering from schizophrenia, namely monologue in which ones personal narratives become singular and rigid; cacophony in which parts of the self present as chaotic and are unable to relate to one another and; lastly barren in which ones personal narratives become empty, and without detail or effect.

**2.2.2.3. The dual nature of mental illness.** Within our culture, both physical and mental illness tend to alter the self implicitly (Estroff, 1989). When we are ill, we appear not to be ourselves – yet of course we are still ourselves even though we are ill (Estroff, 1989). People tend to reject the 'sick self' and view it as a temporary self as opposed to a consistent and enduring self (Estroff, 1989). This short-lived view of self is manageable if the sickness or mental illness passes and if the individual is able to return to their previous state of self (Estroff, 1989; Frank, 1995). However, the question of what happens when mental illness or sickness persists and the individual's life story has been engulfed remains (Estroff, 1989; Frank, 1995). When others have grieved and let go of the former self, when imagining ones future can be difficult, even hopeless, as they cannot envision a future free of illness?

According to Herzlich and Pierret (1987), as cited in Estroff (1989), by enforcing inactivity, illness thus prevents individuals from 'playing their role,' marginalizes them, and can even provoke a feeling of loss of identity. 'Who am I?' the sick person wonders. These questions sometimes reveal a feeling of total annihilation of the personality.... (p.191)

Individuals suffering from mental illness are therefore presented with two challenges – firstly the difficulty of when being 'not oneself' is 'oneself' (in other words, when the

illness persists), and secondly, when others have let go of the mentally ill or sick individual's prior self so that this self is no longer accessible to the individual (Estroff, 1989).

Brody (2003) states that mental illness has a dual nature because it has the ability to make an individual both the same, yet a different person. This struggle facing an individual is the struggle between the once-known self and the new self that characterises their mental illness (Brody, 2003). These two selves are present on two fronts, namely privately (their sense of self) and publicly (their social identity) (Estroff, 1989). This dual nature of mental illness makes it particularly difficult for people who suffer from chronic mental illness to remain hopeful and to reclaim their former self, or even to construct a new identify (Estroff, 1989).

### **2.3. Recovery, Art, and Mental Illness**

The beliefs that psychosis inevitably results in the deterioration of an individual and that people suffering from psychosis have little or no hope of recovery were first reported by Krapelin (1912, as cited in Perry et al., 2007). This view has, however, been challenged as a result of various empirical studies that have been conducted, such as the longitudinal study by Harding, Brooks, Ashikaga, Strauss, and Breier (1987). Their study states that it is not only possible for people with psychosis to recover, but that they can also go on to lead meaningful lives (Harding et al., 1987).

However, recovering from chronic mental illness is not simply the removal or reduction of the individual's symptoms (as viewed by the medical model) (Heenan, 2006). Instead, recovery consists of incorporating an individual's illness with a sense of hopefulness about their future, predominantly with regard to their ability to rebuild a positive sense of self (Davidson, O'Connell, Tondora, Lawless, & Evans, 2005). Rebuilding and reconstructing one's sense of hope and purpose within meaningful relationships, the self is necessary for an individual to overcome the loss of their valued social roles and purpose in life (Davidson & Roe, 2007, as cited in Carless & Douglas, 2008).

Research has increasingly highlighted the importance of hope in facilitating people to recover from mental illness (Perry et al., 2007). Lovejoy, as cited in Perry et al. (2007), argues that without hope, one cannot recover from mental illness because without hope, one cannot attain the essential elements of recovery (such as the courage to trust others, the courage to try to recover, and the courage to change). Individuals that are hopeful generally have positive thoughts and expectations regarding their future (Perry et al., 2007). They also

have a sense of being able to achieve and reach their goals (Perry et al., 2007). However, a loss of hope often causes a poor physical outcome and poor psychological adjustment (Perry et al, 2007)

According to Davidson and Strauss (1992), as well as Estroff (1989), art is used to acknowledge and encourage the strengths and durability of the self retained by people suffering from mental illness. This process helps the individuals to heal and to increase their level of functioning (Davidson & Strauss, 1992). We hope to provide an environment which enables the psychiatric in-patients to rebuild a sense of hope regarding their future by allowing them to re-author their lives in a more positive and hopeful way. Re-authoring in the context of the study thus takes place both through the process of art-making and the experience of exhibiting the art. Re-authoring here is used in the hope of facilitating the creation of a meaningful sense of self.

According to Davidson and Strauss (1992), an enhanced sense of self can help individuals suffering from mental illness because it provides them with a shelter from their illness. The recreation of self both with and for the art group members, we hope to provide them with other roles (besides the role of their illness) by allowing them to reconstruct and develop some meaning within their lives. Thus, the art-making process, as seen in this study, also leaves the group members with something positive and of value to hold onto when they feel hopeless or despondent.

#### **2.4. Context**

The current research project was conducted with an art group in a psychiatric hospital in the Eastern Cape, South Africa. The art group was initiated in late 2009 by the late Mark Hipper (Department of Fine Art, Rhodes University). The project ran until the end of August 2011 and it was supported by the Department of Fine Art with the help of Dotun Makun (a Masters in Fine Art student, Rhodes University) and Dr Trudy Meehan (Department of Psychology, Rhodes University). In addition, the clinical staff at the psychiatric hospital played a fundamental role in supporting and facilitating the group. The art group ran every Wednesday at the hospital itself from 10am to 12pm and was open to all patients at the hospital. It should be noted that the hospital can house up to 400 patients. Instruction to the art group was left open ended, the members could decide where they wanted to sit, what they wanted to draw and what art materials they wanted to use; whether it be sculpting, painting, pastels, drawing or sketching. All the art materials were provided weekly and laid out on a

table from which the group members could choose. Fine art images in the form of post cards bought at art museums were used as reference material, some of the members brought their own reference material sourced from magazines and a few members made images from their heads without the use of reference material. During the time that this research was conducted the group members were preparing art work to be exhibited in the Fringe Programme of the National Arts Festival.

The size of the art group ranged from 16 to 20 members from week to week. The art group members were all male, except for one female member. The members were between the ages of 25 and 50. All of the group members were long-term psychiatric in-patients who suffered from mental health difficulties. The majority of the members had been diagnosed with schizophrenia. The group consisted of a diversity of race, language, and culture.

It is important to note that this was an art-making and exhibition group. It was not an art therapy group. The organisers of the group focused on the practice of art-making as a therapeutic and rehabilitative activity rather than using the art group for formal art therapy.

#### **2.4.1. Background**

The study of art as a means of therapy is not a new project. The literature within both medical and psychiatric settings has shown that these programmes have the capacity to influence an individual's ability to recover from mental illness, to improve their quality of life (Heenan, 2006), and to provide the individual with the possibility of re-authoring their life story through the art-making process (Reynolds, 2002).

However, this project differs from the above-mentioned criteria in that it pays attention to lived experience of the people who participated in the art group. Research highlighting mental health professionals' perception of art as a therapeutic medium has been conducted – for example, Park and Hong's (2010) research in Korea and the research referenced above. This research demonstrates how medical setting patients have been asked about the personal influence of art as a therapeutic means and the fact that these patients have reported visible, positive benefits. Relatively few studies conducted within a psychiatric setting have, however, researched psychiatric in-patients' personal experiences and the process of constructing meaning attached to being part of an art group. Thus this study is rather unique.

## **2.5. Research Aims**

The aim of this research is thus to attempt to understand and examine psychiatric in-patients' personal lived experiences of an art group. The goal of the study is to focus on the impact of the art-making process on these patients with regard to the construction of their sense of self.

### **3. Methodology**

#### **3.1. Research Question**

This research wishes to explore psychiatric in-patients' personal experiences of an art group. In the study I wish to examine the patient's experience of the group with a focus on the impact of the art-making process with regards to their sense of self.

#### **3.2. Interpretative Phenomenological Analysis (IPA)**

The study uses a qualitative, in-depth approach because it is an exploratory study examining psychiatric in-patients' unique experiences of an art group. An interpretive phenomenological approach (IPA), as described by Smith and Osborn (2003) and Willig (2001, 2008), was used to analyse the qualitative data. This approach was used because the study aims to engage with and examine individuals' lived experiences (an experience which is important to and has happened to the participants) in detail. The study also examines how the individuals make sense of their personal and social worlds (Eatough and Smith, 2008; Smith, Flowers, & Larkin, 2009; & Smith & Osborn, 2003).

With regard to conducting qualitative research, IPA provides the researcher with an effective and systematic approach to the research (Smith & Osborn, 2003). The aim of IPA is to gain insight into another's thoughts and beliefs in relation to the phenomenon being investigated (Eatough & Smith, 2008; Smith et al., 2009; Smith & Osborn, 2003; Willig, 2008). Simply put, IPA aims to generate a greater understanding regarding how and what the participants experience their self in the art group (in this study, this refers to their experiences of being in an art group) in relation to self (Willig, 2008). According to IPA theorists, people's private thoughts and feelings are expressed through the accounts they share with others, which are in turn implicated in their experiences (Willig, 2008).

IPA adopts both a symbolic interactionism (Denzin, 1995, as cited in Chapman & Smith, 2002) and a phenomenological approach (Giorgi, 1995, as cited in Chapman & Smith, 2002). The method explores the participants' subjective experiences in an attempt to understand these experiences from the participants' personal view points (an insider's perspective) (Chapman & Smith, 2002). The method also attempts to understand how the participants attach meaning to and create meaning within their personal and social worlds (Smith & Osborn, 2003) by acknowledging that these subjective experiences can only be accessed through a process of interpretation.

IPA emphasises “the meaning that experience, events and actions hold for participants” (Chapman & Smith, 2002, p.126) and the process of interpretation which is involved (Biggerstaff & Thompson, 2008). Furthermore, IPA is seen as phenomenological in that it is not concerned with objective accounts of a particular event (Smith, 2004). Rather, it is interested in the texture and quality of an individual’s personal lived experiences and their own perception of an event (Smith, 2004). In other words, IPA examines the participants’ subjective experiences (Smith, 2004; Smith, Jarman, & Osborn, 1999) because “it [IPA] is concerned with exploring experience in its own terms” (Smith et al., 2009, p.1).

IPA holds the belief that because a person’s experiences are mediated by their expectations, thoughts, beliefs, and value systems, the same ‘objective’ conditions can be experienced by a number of individuals in drastically different ways (Willig, 2008). Unlike the positivist view which applies the notion that one’s external world directly determines and influences one’s perceptions of it, IPA uses relativist ontology in that it is only interested in how an event or situation is experienced by the participants (Willig, 2008). IPA is therefore not concerned with whether the participants’ perceptions of a particular event are consistent with an external ‘reality’, nor does it question whether the participants’ accounts of their lived experiences are ‘true’ or ‘false’ (Willig, 2008).

IPA can be described as is a dynamic process in that the researcher is required to play an active role throughout the process (Smith & Osborn, 2003). Although the aim of the researcher is to obtain an insider’s perspective, IPA acknowledges the fact that this cannot be done directly or completely (Smith et al., 1999; Smith & Osborn, 2003; Willig 2001, 2008). The researcher is unable to access the participants’ personal lived experiences directly because there is no clear, direct, or unedited access into the participants’ life worlds (Smith & Osborn, 2003; Willig 2001, 2008). Access into the participants’ life worlds is both complicated by and dependent on the researcher’s own ideas, views, and preconceived perceptions of the world (Smith et al., 1999; Smith & Osborn, 2003; Willig 2001, 2008). IPA regards the researcher’s own notions and ideas as necessary component with regards to making sense of the participants’ lived experiences and personal worlds being studied (Chapman & Smith, 2002; Willig, 2008).

While the purpose of IPA is to develop a greater understanding of the participants’ lived experiences, the researcher understands that this is only possible through the engagement with and interpretation of the accounts of the participants’, – thus the researcher is always implicated in the analysis (Willig, 2008). According to Willig (2008), “as a

result[,] the phenomenological analysis produced by the researcher is always an *interpretation* of the participant's experiences" (p.53). The analysis is "both *phenomenological* (that is, it aims to represent the participant's view of the world) and *interpretive* (that is, it is dependent on the researcher's own conceptions and stand point)" (Willig, 2008, p.70), and therefore demands the researcher to have a reflexive attitude.

It is, however, the responsibility of the researcher not only to take the participants' side in an attempt to understand their reality from their point of view, but it is also the researcher's responsibility to question the text gathered from the participants (Smith & Osborn, 2003). The researcher has to question what the participant is actually trying to say or withhold, and if they share things that they do not intend to (Smith & Osborn, 2003). If the researcher provides space for both an insider's perspective and critical questioning of the text, they are far more likely to develop a deeper and more comprehensive understanding of the participant as a whole, which will result in a richer analysis of the information (Smith & Osborn, 2003). IPA can therefore be described as an interpretive theoretical approach which is grounded in hermeneutics; "[T]he theory of interpretation" (Smith et al., 2009, p.3).

In accordance with IPA and hermeneutics, humans are seen as sense-making beings (Smith et al, 2009). Thus, the stories that the participants share with regard to their personal lived experiences (life worlds) reveal their sense making of their lived experiences (Smith et al, 2009). IPA highlights that access to a participant's life world depends on what the participant chooses to share with the researcher (Smith et al, 2009). Thus, the researcher has to interpret the participant's account their life world to form a more comprehensive view (Smith et al, 2009). According to Smith et al. (2009), in order for the researcher to understand a participant's life world, they need to interpret the participant's story. Smith and Osborn (2003) describe this process of reflection as a dual process in which "[t]he participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world" (p.51).

It can therefore be argued that within IPA the researcher plays a dual role. In other words, the researcher is engaged in a double hermeneutic because the researcher is only able to understand the participants' experiences through the participants' own personal accounts (Smith, 2004; Smith et al., 2009). The sense-making of the researcher is therefore second order (Smith, 2004; Smith et al., 2009). The aim of this second order account is to provide the researcher with the opportunity to comment critically and conceptually on the participants' responses and to analyse the participants' private sense-making process (Smith

& Osborn, 2003). According to Larkin, Watts, and Clifton (2006), “[t]his interpretive analysis affords the researcher an opportunity to deal with the data in a more speculative fashion” (p.104). In other words, the researcher is given an opportunity to attempt to understand what it perhaps means for the participants to have shared and revealed particular aspects of their life worlds (Larkin, Watts, & Clifton, 2006).

As previously noted, the researcher plays an active and vital role within IPA by co-creating the social interaction through which data is collected. The researcher also analyses the data, extracts common themes, and offers sound conclusions (Smith & Osborn, 2003). According to Smith (1997, as cited in Dalby, Sperlinger, & Boddington, 2011), it is as a result of the social interaction between the researcher and the participant that meaning is derived because both are engaged in a process of reflection.

### **3.2.1. IPA and the Nature of Language and Thought**

Although IPA research is experiential in nature as opposed to having a discursive nature, IPA does share commonalities with discourse analysis DA (such as the emphasis of qualitative analysis as well as language) (Smith et al., 1999). It is important to highlight the differences between these two theoretical perspectives to distinguish between the two (Smith et al., 1999). DA focuses on how language is used by individuals in the construction of their worlds, which is referred to as “the performative aspects of talk” (Eatough & Smith 2006, p.485). Whereas IPA emphasises the comprehension, representation, and sense-making of individuals’ lived experiences as well as their ways of thinking, their behaviours, and their motivations (Eatough & Smith, 2006).

The significance of language is accepted by IPA as an influential aspect regarding how people come to understand and make sense of their personal worlds as well as “how the researchers make sense of participants’ sense making” (Eatough & Smith, 2006, p.485). However, this aspect is contrary to DA’s constructionist stance (Eaton & Smith, 2006). IPA can therefore be seen as taking a much ‘lighter’ standpoint when compared to DA. Eatough and Smith (2006) suggest that “our talk may be action orientated and functions to achieve our internal objects but IPA suggests that the lived life with its vicissitudes is much more than historically situated linguistic interactions between people” (p.485).

A main difference between DA and IPA is therefore that DA explores the role of language in the participants’ descriptions of their experiences, whereas IPA examines how the participants interact with their environment and how they attribute meaning to their

experiences of it (Smith et al., 1999). The fundamental core of IPA, and therefore the core of any IPA research, highlights the phenomenological exploration of the empirical life worlds of the participants taking part in the research, and thus distinguishes IPA from DA (Larkin et al., 2006).

IPA differs further from DA with regard to the researcher's view of the participants' "status of cognition" (Smith et al., 1999, p.219). IPA acknowledges the credibility of mapping an individual's spoken reports onto their underlying thoughts and perceptions (Chapman & Smith, 2002). However, discourse analysts argue that such spoken reports are constructed through interpersonal relationships and patterns of discourse (Chapman & Smith, 2002). Hence DA focuses on the functions that these verbal reports serve, whereas IPA seeks to uncover the thoughts and beliefs a person holds about a topic (Chapman & Smith, 2002). Thus, IPA sees the participant as a linguistic, cognitive, embodied, and emotional individual whose emotional state, verbal responses, and cognitive thoughts are linked through a chain of connections (Chapman & Smith, 2002; Smith & Osborn, 2003).

Within IPA, cognitions are seen as playing a central role similar to that of cognitive paradigms (Eatough & Smith, 2006). IPA's emphasis on the sense-making of the participants, as well as the researcher's sense-making of the participants' experiences, highlights this central role (Eatough & Smith, 2006). IPA can therefore be seen as sharing a concern with cognitive paradigms by "unravelling the relationship between what people think (cognition), say (account), and do (behaviour), although both epistemologically and methodologically this concern manifests its self differently" (Eatough & Smith, 2006, p.486).

The interpretive approach uses a number of steps that the researcher conducts. These steps allow the themes to be identified and then integrated into meaningful groups (Smith, 2004; Smith et al., 1999; Willig, 2008). The first step is to study each transcript in detail individually (Smith, 2004; Willig, 2008). When this action has been completed, the researcher will then conduct a cross-case analysis of the transcripts as a second step (Smith, 2004; Willig, 2008). This second step involves examining convergences and divergences across the themes (Smith, 2004; Willig, 2008). This method is described as an idiographic style of analysis (Smith et al., 1999; Smith & Osborn, 2003; Willig, 2001).

IPA research aims to give a detailed account of the views, insights, and understandings of the particular group of individuals being investigated as opposed to making broad universal claims (Chapman, & Smith, 2002; Smith et al., 2009; Smith & Osborn, 2003). This approach can be compared to the approach of ethnographic research conducted

by a social anthropologist regarding a specific community (Chapman & Smith, 2002). Anthropologists do not make claims or statements about all cultures – instead they provide detailed accounts and claims with regard to a particular research group (Chapman & Smith, 2002). Only once subsequent studies have been conducted with other research groups is it possible to make more general claims based on the findings of a set of case studies (Chapman & Smith, 2002).

### **3.2.2. Sampling and Participants**

This research aims to explore the personal experiences of psychiatric in-patients as members of an art-making and exhibition project. The participants were all long-term psychiatric in-patients at a hospital in the Eastern Cape. These participants suffered from mental health difficulties and many of them presented with a history of psychosis. The intention of the research is not to make general claims. However, the research rather aims to give a detailed account of the in-patients' lived experiences of the art group – a method suggested by Smith and Osborn (2003). Thus, in keeping with IPA, a small sample size was used. Smith (2004) notes that “[i]t is only possible to do the detailed, nuanced analysis associated with IPA on a small sample” (p.42).

A small sample was used to obtain rich data and to provide a detailed, textured account of the participants' perceptions and experiences of the art group (Smith & Osborn, 2003). According to Smith et al. (2009), using a small sample size enables the researcher to perform an in-depth analysis of each case, as well as a micro-analysis across the cases, to highlight similarities and differences. As IPA is interested in a “closely defined group for whom the research question will be significant” (in other words, a homogenous sample) (Chapman & Smith, 2002, p.127), a purposive sampling strategy (Boeije, 2010) was used for this research. Boeije (2010) states that the participants should be purposely selected in accordance with the study's needs. For example, the research topic defined the boundaries of the sample group. This approach to sampling allowed me, as the researcher, to observe similarities and differences within the group in detail, which is a process explained by Smith et al. (2009).

The participants were four white psychiatric in-patients who were members of the existing art group at the psychiatric hospital. Three of the four participants were male and one was female. All of the participants were between the ages of 27 and 40 years old. Three of the four participants were fluent in English, whereas the fourth participant was only

comfortable speaking in Afrikaans. One of the participants had been diagnosed with borderline personality disorder. The other participants had been diagnosed with schizophrenia. It is important to note that all of the participants were aware of their diagnoses. Although the participants were known to the researcher - as the interviews were conducted by the researcher - the anonymity of the participants' was insured in the reporting of the research. The names of the participants have been changed in this thesis in order to protect their identities and confidentiality.

**3.2.2.1. Inclusion criteria.** The participants had to be regular members of the art group for a minimum duration of at least two months. The reason for the two month membership period is that people involved in the art group for less than two months may have had limited experiences to draw on in comparison to the long-term group members. Further criteria were that the participants had to be over the age of 18 years old and they had to have the capacity to consent to being interviewed. These inclusion criteria were vital as the participants formed part of a vulnerable population.

**3.2.2.2. Recruitment.** The participants were recruited from the art group of the psychiatric hospital. Recruitment took place through the form of a discussion conducted with the researchers, the group members and the hospital clinical psychologist. All of the art group members were informed about the research project and the aims and processes were clearly indicated. They were also told that participation in the research project was completely voluntary. It was explicitly stated that participation or non-participation in this study would not prejudice the members in any way. All of the members were then provided with a formal invitation to participate in the research project (*see Appendix 1*). This appendix was also translated into and explained in Afrikaans for the potential participants who felt more comfortable with communicating in Afrikaans.

The formal invitation was read and explained to the participants in detail. Willing participants were then identified. Four of the art group members volunteered to participate in the project. Once their capacity to consent was assessed and confirmed (see the ethics section and *Appendix 2 and 2.2*), these participants were asked to provide written consent regarding being interviewed and tape recorded (*see Appendix 3*). All of the appendices given to the participants were read to them and fully explained.

### 3.2.3. Data Collection

As the aim of IPA is to provide an in-depth analysis of how individuals experience, perceive, and make sense of a particular situation and their experiences, a flexible data collection strategy was therefore necessary (Chapman & Smith, 2002; Smith & Osborn, 2003). The method of interviewing used to collect the participants' accounts of the art group was based on the principles set out by IPA. Although there are a number of ways to gather rich and detailed data for IPA analysis (for example, diaries or personal accounts), semi-structured interviews are considered the best form of data collection (Biggerstaff & Thompson, 2008; Chapman & Smith, 2002; Smith & Osborn, 2003; Willig, 2008). In-depth, semi-structured interviews were therefore used in this study because they provide a platform to gain access to the participants' internal and social life worlds to obtain a "rich, detailed, first-person account of their experiences" (Smith et al., 2009, p.56; Willig, 2008).

Within this relationship, the participant is viewed as the experiential expert and should therefore be given the freedom and space to share their story (Smith & Osborn, 2003). The participants were thus encouraged to take the lead in steering the direction of the interview. The interview schedule was treated as a guide for the interview process and not as a set agenda. The use of the interview schedule as a guide only is suggested by Smith and Osborne (2003). The questions were modified according to the participants' responses during the interview. These modifications during the interview allowed me to explore significant topics further and in greater detail.

This form of interviewing also provides the researcher with real-time interaction with the participants and is more flexible, while still facilitating the participants in exploring and discovering their life worlds (Eatough & Smith, 2008). Such flexibility also allows an exploration of unanticipated themes or topics which may emerge during the interview process (Smith, 2004). The use of semi-structured interviews in this study also helped to facilitate a development of both rapport and empathy between the participants and myself as the researcher. As the primary focus during this stage is on the participants and their worlds, the researcher is more likely to bracket their personal views, pre-existing concerns, and hypotheses (Smith et al., 2009). As a result of the flexible nature of semi-structured interviews, using this type of interview in the study facilitated the creation of a space in which the participants were able to tell their stories in their own words. This space thus enabled a rich, in-depth account of the participants' experiences (Smith et al., 2009).

The interview schedule consisted of 16 open-ended, non-directive questions; the interview schedule was developed prior to conducting the interviews. This process gives researchers time to think about the areas they want to discuss during an interview (Smith & Osborn, 2003). The questions were generated by referring to example interview questions found in the existing literature (Reynolds, 2002; Reynolds & Priori, 2006). The questions were also based on the careful consideration of the research question and the study's aims (see Appendix 4). The questions were then placed in an appropriate sequence. More sensitive questions were asked later on during the interview process because, according to Smith and Osborn (2003), the participants are usually more relaxed and feel more comfortable with the interview process at this time. The questions covered the following six broad categories: self and other representation; past occupations and hopes for the future; the art group; personal meaning attached to and experiences of the art group; the impact of the art group; and the upcoming exhibition.

I conducted all four of the semi-structured interviews with the aid of my supervisor, Dr Trudy Meehan (a psychologist with whom the art group members were comfortable). The interviews were conducted over a period of five and a half weeks, with each participant being interviewed once. These interviews took place on a face-to-face basis at the psychiatric hospital during the art group sessions and were between 13 to 24 minutes in length. All of the interviews were recorded digitally because, according to Smith and Osborn (2003), it is impossible to write down everything participants say without missing important nuances. As the aim of the interview was to obtain both the complexity and richness of the participants' lived experiences of the art group, I took the stance of a curious listener. According to Smith and Osborn (2003), this stance involves following the direction the participants choose instead of the interview schedule dictating the order of the information.

The use of in-depth, semi-structured interviews allowed me to cover a range of questions pertaining to the participants' lived experiences, while still allowing space for the participants to share as much or as little information as they chose. This process also helps the participants to have more control of how the interview proceeds (Smith & Osborn, 2003; Thompson & Cooper, 2012). As suggested by Smith and Osborn (2003), I paid close attention to when the interview formally ended (in other words, when the tape recorder was switched off) as the participants could still share additional information that could impact on my analysis of the participants' personal lived experiences.

As IPA works with text, after recording all of the interviews, the first step in the analysis of the collected lived experiences of the participants was to transcribe the four interviews in full (Smith et al., 2009), which was done by the researcher. With regard to IPA, both a verbatim and a semantic record of the participants' interviews are essential (Smith et al., 2009). In other words, the interview transcripts need to display all the words spoken, the significant pauses, apparent mistakes, false starts, mishearings, and laughs by everyone present during the interview (the researcher's questions are also included) (Biggerstaff & Thompson, 2008; Smith et al., 2009; Smith & Osborn, 2003). Unlike conversation analysis, the precise length of the pauses as well as all non-verbal utterances (prosodic features) are not necessary within the transcription as it is the meaning of the participants' experiences (the content) that the researcher is interested in (Smith et al., 2009; Smith & Osborn, 2003).

#### **3.2.4. Data Analysis**

According to Smith et al. (2009), the fundamental nature of IPA is that of its analytic focus. It is this focus which directs our attention towards the participants' attempts to make sense of their lived experiences with regard to the research topic. As the central aim of an IPA analysis is to learn something about the participants' lived experiences of the research question at hand, meaning is therefore fundamental (Smith & Osborn, 2003). Rather than attempting to measure the frequency of the meanings, IPA research attempts to understand the complexity and content of the meanings of the participants' (Smith & Osborn, 2003). Since these meanings are not transparently available, one can only understand these factors as a result of engaging in a constant interpretive relationship with the transcripts (Smith & Osborn, 2003).

Smith et al. (2009) propose five main steps for the analysis of the participants' transcripts. Each transcript was analysed individually in this study. In the first step, researchers usually immerse themselves in the text by repeatedly reading and familiarising themselves with each of the transcripts (Chapman & Smith 2002; Smith et al., 1999; Smith et al. 2009; Smith & Osborn, 2003; Willig, 2008). According to Smith et al. (2009), "[t]o begin the process of entering the participant's world it is important to enter a phase of active engagement with the data" (p.82).

While initially reading the data, I also listened to the audio recordings of the interviews in conjunction to reading the transcript. This dual approach brought the participants and their stories to life. According to Biggerstaff and Thompson (2008), as well

as Smith et al. (2009), the process transports the researcher back to the initial interview and assists in developing a more complete analysis of the text. While reading and re-reading the transcripts; in the left hand margin I annotated anything of significance, these annotations were guided by the aims and research questions for this study. Any initial observations, reflections, and/or thoughts relating to the participants personal lived experiences of the art group and the impact of the art-making process with regards to their sense of self were noted. Similarities, differences, and contradictions present in what the participants expressed were also highlighted. These notes were unfocused and rather wide-ranging. Examples of such notes included connections, summaries, associations, paraphrasing, and preliminary interpretations (Smith et al., 1999; Smith et al., 2009; Smith & Osborn, 2003; Willig, 2008). Smith et al. (2009) note that “[t]his is close to being a free textual analysis” (p.83).

During this process, I had to remind myself to focus on what was actually being presented in the transcripts. I had to attempt to suspend my assumptions and critical judgments – a process known as bracketing (Husserl, 1999, as cited in Biggerstaff & Thompson, 2008). Within IPA the concept of bracketing is however somewhat controversial, as role of interpretation is acknowledged by the approach and in any event, as the analysis proceeds gives way to a more interpretive process (Biggerstaff & Thompson, 2008). The aim of the first stage of the data analysis is to ensure that the researcher not only becomes well-immersed in the contents of the transcripts, but that the participants remain the focus of the analysis (Smith et al., 2009). This process allows the researcher to identify specific ways in which the participants think about and understand their experiences (Smith et al., 2009). The first stage thus allowed me to identify the thoughts of the psychiatric in-patients regarding their participation in and experiences of the art group and their sense of self.

In the second step, the initial notes, annotations, and comments were used and then transformed into themes (concise phrases such as, ‘what the art group have them’; ‘the space of the art group’; ‘escape’; and ‘enjoyment’ to name a few) that most adequately captured the essential quality of each section of the text. These themes were identified (once again guided by research aims and questions of this study) and recorded chronologically in the right hand margin, as suggested by Smith et al. (2009), Smith and Osborn (2003), and Willig (2008). Willig (2008) suggests that, at this stage of the analysis, psychological terminology and concepts should be used. At this stage, I aimed to find concise phrases which allowed for theoretical connections within the analysis. These concise phrases should, according to

Smith and Osborn (2003), still reflect and be grounded in the particularities of what the participants said.

I also had to negotiate the difficult task of maintaining the complexities, while mapping the interrelationships, patterns, and connections within the transcripts. During this stage, my identification of the emerging themes required the narrative flow of the interview to be broken up. Thus, the lived experiences of the psychiatric in-patients' experience of the art group were fragmented as a result of re-organising the data. According to Smith et al. (2009), as one analyses the transcripts, the original whole of the interview is broken up into parts which later come together to make a new whole once the analysis is complete. Smith et al. (2009) also note that it is imperative for this task to be performed without losing the crucial aspects of the original, whole text. In other words, the themes should both capture and reflect not only the participants' lived experiences, but also the interpretations made by the researcher. At this point of the analysis, nothing was omitted or selected for special attention. I continued to use the entire transcript and all the data extracted from it, as suggested by Smith and Osborn (2003).

In the third step, I provided an overall structure for the analysis by means of grouping the identified themes (in step 2) into clusters. These clusters should highlight the participants' most interesting and important accounts of their lived experiences of the art group and the impact of the art-making process with regard to their sense of self (Smith et al., 2009). As noted by Biggerstaff and Thompson (2008), "[t]he aim, at this stage, is to arrive at a group of themes and to identify superordinate categories that suggest a hierarchical relationship between them" (p.218). During this process, I typed out and printed all of the themes identified in the second step. I then cut out each of the themes to produce separate pieces of paper. I then placed the themes on the floor to examine them and group them together. According to Smith et al. (2009), this action allows the researcher to "explore spatial representations of how the emergent themes relate to each other" (p.96).

Some of the themes formed natural and obvious clusters, while others emerged as superordinate concepts. On a separate piece of paper I grouped the themes which shared similar understandings together, with those in opposition captured on the opposite side of the pieces of paper. On completion of grouping the emerged themes from step two into clusters, these clusters were then labelled - For example, themes (identified in step 2) such as 'what the art group gave them', 'the space of the art group', 'escape' and 'enjoyment' – all of which shared similar understandings – were grouped together to form a cluster. On

completion of grouping the subordinate themes, this cluster was then labelled: 'what the participants gained from the art group' (creating a superordinate theme). Once again, I made sure that the labels both captured and reflected the essence of the data. Some of the labels were terms used within the transcripts by the participants (*in vivo*), whereas other labels were merely descriptive (Smith & Osborn, 2003; Willig, 2008).

During this stage of the analysis, certain emergent themes were omitted and others were highlighted. I also omitted certain irrelevant themes or themes which carried little weight or significance in relation to the research aims and questions – an action suggested by Smith et al. (2009). Analysis of this type requires a researcher to engage in a close interaction with the text as they attempt to understand what the participants say while simultaneously drawing on their own interpretive resources (Smith et al., 1999). I then compiled a directory in order to reference the text (the participants' verbatim comments). While compiling the directory, I noted the page and line numbers (next to each theme label) in which the quotations could be found. This referencing system is suggested by Smith and Osborn (2003).

I used abstraction and polarisation to aid in clustering the themes. In its most simple form, abstraction consists of grouping like with like and then developing a name for the cluster (Smith et al., 1999). In other words, abstraction is the identification of patterns between the emergent themes and the development of superordinate themes (Smith et al., 1999). Polarisation, however, consists of examining the differences between elements as opposed to the similarities (Smith et al., 1999).

In the fourth stage of the analysis, I produced a coherently ordered, summary table of themes which most strongly captured the participants' experiences of the art group and their experience of the self in the art group. I was very aware of ensuring that each theme used in the table corresponded verbatim within the transcript. The use of corresponding themes prevents the researcher's personal bias from distorting the selection process (Smith et al., 1999). The table produced included both the cluster labels and superordinate theme labels, along with a quotation or key word that embodied each theme. A reference (page number and line number) to the represented extract was also included – a practice described by Smith et al. (1999) and Willig (2008). Once again, irrelevant themes (such as themes that were not rich in evidence or themes that did not fit into any clusters) were discarded (Smith et al., 1999; Willig, 2008).

The above four steps were used in the analysis of each transcript. Each transcript was dealt with individually. I attempted to the best of my ability to bracket the ideas that emerged from the analysis of the first case while analysing the second, third, and fourth cases respectively. This process allowed new themes to emerge with each case that was analysed (Smith et al., 2009). Smith et al. (2009) state, “[t]his is, of course, in keeping with IPA’s idiographic commitment” (p.100). Although this process is aligned to IPA, researchers will inevitably be influenced to some degree by what they find in previous transcripts, regardless of their attempts to prevent this from happening.

The fifth and final stage of the analysis consisted of generating a master list by means of integrating the themes of the participants’ four summary tables generated in the fourth step. The process of integration allows shared themes that capture the essence of the participants’ lived experiences to be identified (Smith et al., 2009; Willig, 2008). Thus the psychiatric in-patients’ experiences of the group as a whole could be captured and integrated.

When working with homogenous groups, it makes sense for one to look across all the transcripts in order to attain a more generalised understanding of the phenomenon in question (Willig, 2008). As expressed by Willig (2008), “integration should generate a list of master themes that capture the quality of the participants’ shared experience of the phenomenon under investigation, and which, therefore, also tells us something about the *essence* of the phenomenon itself” (p.62). Thus, I placed the four summary tables on the floor in order to examine all of them at once by noting both the connections and differences between the summary tables and the particular dominant themes. The results of the integration process were captured in the form of a master table of themes for the entire group. This master table, according to Smith et al. (2009) and Willig (2008), should consist of superordinate theme labels along with their subthemes and identifiers (page and line numbers). The master table thus took this format.

As described by Smith et al. (2009), I became aware of a dual quality within this process because it highlighted both the participants’ unique idiosyncratic instances as well as their shared higher order qualities. Once again, I made sure that all themes generated through the process of integration were grounded within the data. In other words, the process of integrating the generated themes was carried out in a cyclical manner (Willig, 2008).

It is important to bear in mind that qualitative analysis is a personal process and that each stage of the analysis itself is in fact the interpretive work of the researcher (Smith & Osborn, 2003). During each step of the analysis mentioned above, the researcher is taken

further away from the participant and thus slowly adds more of themselves to the research (Smith et al., 2009). Thus, the end product is always a report of what the researcher believes the participants are thinking, and therefore a double hermeneutic exists (Smith et al., 2009). This issue is discussed under the heading 'Interpretive Phenomenological Analysis'. Any claims made by a researcher are therefore at all times tentative and subjective (Smith et al., 2009).

### **3.3. Dependability and Validity**

Within qualitative research it is extremely difficult to ascertain reliability by repeating the study as most qualitative studies do not use standard instruments of measurement (Boeije, 2010). Qualitative research measures are specifically developed to suit a particular study (Jorgensen, 1989, as cited in Boeije, 2010). Therefore, the preferred term for reliability within qualitative research is dependability because one does not expect to find the same results, but rather one attempts to convince the reader that the findings did indeed occur as the researcher claims (Durrheim & Wassenaar, 2002).

The dependability of this study was increased by my immersion in the contents of the transcripts. I read and re-read the transcripts individually, which provided a rich and detailed description. This description shows how specific options and actions were both rooted in and developed from the transcripts. Such descriptions also show how a researcher carries the research out and why it is done (methodological accountability) in a step-by-step manner (Boeije, 2010). According to Boeije (2010), "[b]y including a proper account of all activities, others can judge whether the outcome can be trusted" (p.173).

Yardley (2000, as cited in Smith, 2003 and Smith et al., 2009) offers four broad principles regarding the assessment of the quality of interpretive qualitative research. The first principle is sensitivity to context (Yardley, 2000, as cited in Smith, 2003; Smith et al., 2009). Yardley (2000, as cited in Smith, 2003 and Smith et al., 2009) states that the difference between that of a good qualitative research study and a poorly conducted one is whether or not the study shows sensitivity to its context.

This study establishes sensitivity by showing an awareness of the existing literature on the topic of art used within a psychiatric setting. More specifically, the study is aware of the impact it has on the psychiatric in-patients' sense of self. This awareness is evident in the process of relating the findings to the relevant literature because within this IPA study, the

relevant substantive literature was used to orientate the study following Smith et al.'s (2009), guidelines on how to orientate a study.

As IPA engages closely with the idiographic and the particular (Smith et al., 2009), the reason for this method was therefore centred on the need for sensitivity to the context. The very choice of using IPA as a methodology therefore demonstrates sensitivity (Smith et al., 2009). Sensitivity to the context was also demonstrated through the interactional nature of the data collection in this study. I had to pay close attention to the participants' awareness of the interview process in order to obtain good quality data. I also had to lessen the impact of the interview process on the participants by putting them at ease during the interview and by displaying empathy as well as being aware of the interactional difficulties present. Smith et al. (2009) note, "A researcher who ... produces a good interview will definitely have shown sensitivity to context" (p.180).

This study further establishes sensitivity by being aware of the socio-cultural environment in which the study took place. This awareness limits the impact of the environment on the researcher's conduct and the outcome of the study. I was aware of and was sensitive to the normative expectations one finds within a psychiatric setting as well as the socio-cultural situation of the psychiatric in-patients who participated in this research study. These are all factors that Boeije (2010) identifies as important in this kind of research. I acknowledged the vast differences between the participants and my own enquiries into claims that appeared to be as a result of 'their socio-cultural environment'. I adopted this stance instead of claiming to know any truths about the participant's socio-cultural environments. A researcher further has to be sensitive to the important relationship/s they have with the participants (Smith, 2003).

In this case, I remained sensitive to my relationships with the participants by once again paying attention to and being sensitive to apparent differences, such as the participants' psychiatric diagnoses and the implications of these diagnoses. I also had to keep in mind that these diagnoses may have affected the participants' understanding of the interview questions and their responses during the interview process. Lastly, sensitivity to context is evident in this study in the analysis process as well as in the written report. I took great care when collecting data from the participants (which was then grounded in analytical claims). In order to support the analytical claims and arguments, the report provides a substantial number of verbatim extracts from the data collected from the participants. I therefore gave the

participants a voice within the project, which in turn allows the reader to analyse the interpretations being made (Smith et al., 2009).

Yardley's (2000, as cited in Smith, 2003 and Smith et al., 2009) second principle of validity involves commitment and rigour. Commitment refers to the researcher paying close attention to what the participants say during the interview as well as making sure the participants are comfortable (Yardley, as cited in Smith, 2003; Smith et al., 2009) Rigour refers to the thoroughness of the study (Smith, 2003). The study applied both commitment and rigour successfully. The quality of the interviews and data obtained during the interview process and the thoroughness of the analysis is paramount to the suitability of the sample to the research question (Smith, 2003; Smith et al., 2009).

Transparency and coherence constitute the third broad principle discussed by Yardley (2000, as cited in Smith, 2003; Smith et al., 2009). Within this study, transparency was increased by providing a detailed description of how the participants were selected and by clearly noting the inclusion criteria. I further attempted to increase the transparency of the study by describing how the interview schedule was formulated and by describing the manner in which the interviews were conducted. Also, a precise account of the steps used in the analysis of the participants' personal lived stories further serves to enhance the transparency of this study.

Coherency refers to whether the argument put forward is logical and whether the conclusions reached are plausible – both of which must be supported by evidence (Eagle, Hayes, & Sibanda, 2002). Coherency was achieved by ensuring that the sampling techniques, collection of data, and the interpretation of the content of the study logically matched the IPA paradigm and the purpose of the research, as suggested by Eagle et al. (2002).

In line with Yardley's (2000, as cited in Smith, 2003 and Smith et al., 2009) fourth and final principle – impact and importance – this research sheds light on the existing literature and research in the area of art, self, and the mentally ill. This study specifically highlights these experiences from the personal point of view of the psychiatric in-patients (participants), as opposed to focusing on a medical model of symptom reduction.

A final factor to consider when establishing the validity of IPA research is reflexivity. Reflexivity involves the researcher recognising and examining their role in and possible influences on the research process (Eagle et al., 2002). As a result of the second order (double hermeneutic) nature of IPA, the data used in the analysis is therefore influenced by

the researcher (Smith, 2003 and Smith et al., 2009). It is impossible for the researcher to collect 'neutral' data and therefore the researcher inevitably influences the eventual conclusions drawn (Smith, 2003 and Smith et al., 2009). Hence, it is important to stress that this study was conducted by a white, upper class, female with pre-existing prejudices and beliefs. I have also not been diagnosed with any mental illness. Hence, these factors could have influenced the analysis of the data.

All the above-mentioned criteria ultimately affect the way in which the life stories of the psychiatric in-patients have been heard, conveyed, and analysed. As a result of this influence, it is therefore the responsibility of the researcher not to attempt to extract and treat the data as an objective record of 'reality' (Smith & Osborn, 2003). A researcher should rather acknowledge their subjective views in attempting "to make sense of the participants trying to make sense of their world" (Smith & Osborn, 2003, p.51). A researcher should also acknowledge their efforts to convey the complex life worlds of the participants (Yardley, 2000, as cited in Crossley, 2000).

### **3.4. Ethical Considerations**

As this research involved individuals from a vulnerable population (in other words, psychiatric in-patients currently under treatment and rehabilitation for various psychiatric conditions) at high risk of being subjected to unintentional harm, their capacity to consent to participation in the research, their confidentiality, and anonymity were thus considered paramount.

The capacity of the participants to consent to the research was formally assessed by the patients' doctor at the psychiatric hospital by means of a standardised questionnaire (medical model), together with an ongoing negotiation of consent as a social interaction between the researcher, clinical psychologist, and participants (see Appendix 2 and 2.2). The process required repeated agreement by the participants to engage in the research over time. The participants were continually reminded that they had the right to withdraw from the project at any point.

I, however, recognise that, regardless of the above factors, there would continue to be an institutional power imbalance that could never be fully equalised. I aimed to reduce this imbalance and to contribute to the voluntary nature of consent by ensuring the following:

- institutional involvement with regard to the consent process was restricted to the assessment capacity of the participants to give consent;

- institutional staff were not directly involved in making requests for consent;
- research team members (who were not from within the institution) negotiated with the participants around consent; and
- it was explicitly stated on the information and consent forms that participation or non-participation in the study would not prejudice any members in any way.

These factors were verbally discussed with the participants and they were explained in detail. As a result of the ongoing process of consent negotiation between the art project facilitators and the participants, a strong and trusting relationship was developed. This relationship resulted in a greater sense of the participants' ability to refuse to participate in aspects of the project. Thus, an ethos of voluntary participation was created and upheld.

In order to protect the participants' confidentiality and anonymity, all identifying information from the interviews has been removed from the data. All of the transcripts have been password protected and only I, as the researcher, and my supervisor, Dr Meehan have access to these transcripts. Furthermore, all of the recordings are kept in a secure cupboard in the Department of Psychology at Rhodes University. These recordings will be destroyed, along with all other information and records, after five years. It must however be noted that, although the anonymity of the participants was insured in the reporting of the research, the participants are known to myself (as the researcher) as I conducted the interviews.

Although the participants are classified as part of a vulnerable population, the research did not present any serious risks to them. During the interview process, if any of the participants found something to be upsetting or somewhat traumatising, they were provided with a strong support system within the hospital. They were also provided with additional support if they needed it during the process by either Nonhlanhl Mkhize, their clinical psychologist, or by Dr Meehan. Dr Meehan has worked as a Senior Clinical Psychologist in Ireland with adult psychiatric populations, which therefore makes her sensitive to the needs of this particular sample group.

Lastly, this research forms part of a large-scale project aimed at creating an exhibition of the in-patients' art works. The project involves the Department of Fine Art and the Department of Psychology of Rhodes University. This project has been approved by the Department of Psychology's Research Projects and Ethics Committee (RPERC). It has also been approved by the Rhodes University and the Hospital Ethics Committee. Furthermore, it has been submitted to the Bisho Department of Health.

## 4. Results

### 4.1. Introduction

In keeping with IPA (Smith & Osborne, 2003; Willing, 2001, 2008), the aim of the results section is for the researcher to convey an accurate account of the quality and nature of the subject matter – in this case, the psychiatric in-patients’ experience of the art group and their experience of the self in relation to attending the art group and presenting their work in the exhibition. The participants were asked to speak as broadly as possible about themselves, the art group, and the upcoming art exhibition. From the data gathered, three superordinate themes emerged: what the participants gained from the art group, a sense of community and leaving a mark, and the experience of self in the art group. The superordinate themes, ‘what the participants gained from the art group’ and ‘a sense of community and leaving a mark’, stem from the research aims and questions pertaining to the exploration and understanding of psychiatric in-patients personal lived experiences of an art group. Whereas the superordinate theme, ‘the experiences of self in the art group’, stems from the research aim and questions pertaining to the impact of the art making process with regards to the patients construction of their sense of self. A summary of the themes is given in Table 1 below. The themes serve to trace the participants’ experiences of the art group and their experiences of themselves.

Table 1

*Summary of Themes*

Superordinate themes	Subordinate themes
<b>Theme One:</b> The Experience of the Art Group: What the Participants Gained From the Art Group	What the Art Group Gave Them The Space of the Art Group Escape Enjoyment
<b>Theme Two:</b> The Experience of the art group: Sense of Community and Leaving a Mark	Community – Leaving a Mark
<b>Theme Three:</b> The Experience of the Art Group: The Experience of Self in the Art Group	Sense of Self Self-position Past History Future Story Alternate Experience of Self

## **4.2. Experience of the Art Group: What the Participants Gained From the Art Group**

The first superordinate theme provides the reader with insight into the participants' personal experiences of the art group. This theme highlights the participants' personal gains from participating in the art group, what the space of the art group provided to each of them, and their enjoyment of the art group. The participants were asked to speak as broadly as possible about the art group, their likes and dislikes, why they joined the group, and what kept them coming back.

### **4.2.1. What the Art Group Gave Them**

Although each participant's experience of the art group (in other words, what it gave to them and what they took away from the art group) was unique and different, what stood out for me were the strong common underlying themes experienced by all of the participants. These common themes were hope, pride, and achievement. As evident in extract 1 below:

#### Extract 1

Interviewer (Int): Um. Do you know that other people will see your art?  
B: Yes I know  
Int: How do you feel about it?  
B: Like, like, like a real man (Brett, p.6, lines 202-205)

With regard to Brett feeling like a 'real' man, there were strong tones of pride, achievement, and hope in his statement. There was a sense that had developed something to hold onto and to look forward to – something that he did not have before (alternative story to that of his dominant story). A similar sense of hope and achievement was also evident in Sarah, Gordon, and Peter's data, which can be seen in the following extracts 2 - 5:

#### Extract 2

"Satisfied, umm, I think most of us feel that way. We always talk about what we've done in the group and I think we all feel the same when it comes to feelings of satisfaction, umm, sort of like a wow feeling. Did I do that? I didn't know I could do that!" (Sarah, p.3, line 93)

#### Extract 3

Int: After the art group how do you feel?  
G: Sometimes I feel happy ja, it's something that I did. (Gordon, p.5, line 139)

#### Extract 4

"I feel more, ah, ah I feel satisfied. As if I've, as if I've done something like art ... as if I've done something right." (Peter, p.8, line 321)

### Extract 5

“That you can at least, you know you did something, and, and, and, you on your way somewhere.” (Peter, p.9, line 329)

The art group gave all four of the participants a deep sense of pride and satisfaction which appeared to aid them further by giving them hope and a sense of positivity regarding the future. Hope and positivity are particularly evident in the following extract from Peter’s transcript: “you on your way somewhere” (Peter, p.8, line 321).

The participants appeared to develop a sense of achievement which they did not know they possessed or which they thought was impossible to possess. The art group reignited Peter’s passion and drive. It also gave him and the other three participants a new narrative, a narrative of hope and purpose.

### **4.2.2. The Space of the Art Group**

This aspect of the participants’ experiences of the art group refers to how the participants’ used and experienced both themselves and the space of the art group. Once again, the participants’ experiences and their use of the space of the art group were unique.

For Brett, the space of the art group provided him with a space where he could be something other than sick, which can be seen in the following extract 6:

### Extract 6

“Ah, ah I like ahh, ah the pictures, the pictures it’s self, and the art colours, everything that’s right” (Brett, p.2, line 73).

It was a space where he experienced himself and his environment as ‘right’ as opposed to his dominant narrative of being sick. For those two hours, there was no illness, inability, or disability for Brett. The art group thus created a space for Brett in which everything functioned and made sense to him.

Gordon experienced and used the space of the art group in many different ways, and displayed contradictory experiences. He also presented with little depth or reasoning behind his experiences and his use of the space of the art group, which can be seen in the following extracts 7 - 9:

### Extract 7

“Why did I join the art group? Um, because, um, it’s actually a bit of psychotherapy ... ja, to, to, to, to express yourself” (Gordon, p.1, lines 16-18)

### Extract 8

“To express yourself, and to, to um to bring other collective, um, um ideas into the group”  
(Gordon, p.1, lines 19-20)

#### Extract 9

“It’s because um, it gets monotonous um, there is so many people on this premises, asking you and bugging you so much” (Gordon, p.2, lines 38-39)

As noted above, the art group provided Gordon with a space in which he could express himself as well as a space in which he could connect with others and share his ideas. At the same time, Gordon used the space of the art group as a means of disconnecting from others. The art group also appeared to open up a safe space for Gordon in which he could show all sides of himself no matter how disjointed, fragmented, or confusing they were. The art group was a space in which Gordon could just ‘be’, which can be seen in the following extracts 10 - 11:

#### Extract 10

“Ja, sometimes you symbolise and sometimes it’s the truth” (Gordon, p.3, line 101)

#### Extract 11

“In other words it’s two sides, two sides in, in this environment we have got two sides. L L L Like the um, like um, like remember my picture I drew um I drew something ... in other words, um the, the, the, the buildings, the different buildings ne, if you see in day and night it differs.”

(Gordon, p.4, lines 127-132)

From the above extracts, it can be said that Gordon may have experienced himself as fragmented and chaotic at times, which is how other people experienced him. It was perhaps difficult for him to manage and to cope with this fragmented and chaotic sense of self, especially when interacting with others. However, when Gordon attended the art group, it provided him with a space in which he could be himself, even if he was chaotic and fragmented. The art group seemed to provide Gordon with a space in which he could take his time to experience and somehow express all the extensive aspects of his self. Through the space of the art group, Gordon could perhaps create something tangible through which he could better make sense of and understand his chaos or confusion. Gordon’s use of the space of the art group can be seen in the following extracts 12 - 13:

#### Extract 12

“Some, some days in, in such a rush ne that we can’t actually think what to draw in this class”  
(Gordon, p.4, lines 111-112)

#### Extract 13

“Sometimes I want to get something out of my head or something fast” (Gordon, p.4, line 114)

Sarah, like Gordon, also used the space of the art group as a means of connecting with

herself on a therapeutic level. Sarah also used the art group as a medium through which to connect to others. The art group allowed her to show her true selves to both herself and other. A space in which, she did not have to monitor her feelings or emotions, a space in which she did not feel judged, analyzed or viewed in a certain light. Which can be seen in the following extracts 14 – 15:

#### Extract 14

“It’s basically like a tap that you can open, and um, you know the feelings sort of just spill out and by the time that you finished you do feel better, it’s kind of like a meditation of sort”

(Sarah, p.3, lines 105-106).

#### Extract 15

“It’s nice to be able to sit down and, to just let yourself go you know. Just put it all there on paper, whatever feelings or emotions you going through. ... But it’s nice to be able to delve into your psychic and um you know to be able to show other people what you all about” (Sarah, p.2, lines 53-57).

The space of the art group not only allowed Sarah to show all the sides of herself, it also provided a space in which she could work on herself and re-story her life (as discussed in the *experience of self in the art group* theme). The following extract 16 demonstrates Sarah’s use of the space of the art group:

#### Extract 16

“And there’s that one time where I did that first drawing, and I didn’t like it when I saw it again, so I had a chance to change it, and not to just leave it like that. So you always, you can come back and improve on some art work, or you may be doing the work and you get inspired, and there’s this specific thing you want to draw, or put down on paper, and just knowing that it is a weekly thing, you know there is not much else happening here” (Sarah, p.3, lines 78-81)

Sarah appeared to value having a space in which she had a say as to what she put out into the world. She further appeared to value being given the freedom to choose and be in control with regards to wanted to change and work on, and the ability to do it at her own pace.

For Peter, however, the art group gave him a space that was his own – a space separate from the hospital and the noise of his surroundings. The following extracts 17 - 18 show Peter’s use of the space of the art group:

#### Extract 17

“There’s not too many people, ah it’s quiet and you can concentrate” (Peter, p.1, line 9)

#### Extract 18

“Work, while you work you not bothered by people” (Peter, p.1, line 15).

The art group provided a space in which Peter could escape and be with his own thoughts. This space was an area where he was not surrounded by people constantly bothering or distracting him.

Similar to Gordon's use of the space of the art group, Peter's use of the space was also perhaps the opposite of his experiences of the space of the hospital. The hospital, contrary to the art group, was a space that was loud and where one could not concentrate. Both Peter and Gordon felt that they were constantly surrounded by and bothered by others in the space of the hospital. Hence, the art group appeared to open up a space of escape for all of the participants.

### **4.2.3. Escape**

All four of the participants experienced the art group as a means of escape from hospital life and from being sick. The following extracts 19 - 24 demonstrate the participants' use of the art group as an escape mechanism:

#### Extract 19

"There's not too many people, ah it's quiet and you can concentrate" (Peter, p.1, line 9).

#### Extract 20

"Ah, ah I like ahh, ah the pictures, the pictures its self, and the art colours, everything that's right" (Brett, p.2, line 73).

#### Extract 21

"Ah, um when you walk walks around in the halls and everything, then you come here to the group and draw your pictures of the cars" (Brett, p.5, lines 180-181).

#### Extract 22

"That's the nice thing, and when you sit and you draw it's like you not really here, you know you, it's, it's like while your hands are moving your mind can roam, and that is what I like about it" (Sarah, p.3, lines 99-100).

#### Extract 23

"Because I'm working with other things during the day, and to take my mind off things I do art" (Gordon, p.1, lines 24-25).

#### Extract 24

"Ja, it's an escape root in some ways" (Gordon, p.2, line 43).

The art group allowed the participants to escape from hospital life and their illnesses for two hours of the week. It provided them with the time to let their minds wander without being judged or monitored by the hospital staff (life in psychiatric hospitals is often

characterised by constant monitoring). For two hours every week, they were given the opportunity to interact with other group members and the facilitators of the art group as artists and not as psychiatric in-patients (helping to develop and thicken a story of something other being sick).

#### **4.2.4. Enjoyment**

I noted a strong link between how the participants experienced and used the art group and their enjoyment and positive feelings towards being members of the art group. The participants' enjoyment and positivity towards the art group was strongly linked to the factors discussed above – what the art group gave them, the space of the art group, a space that was separate to the hospital, and a space as an escape.

There was a strong underlying tone of positivity and enjoyment with regard to the participants' participation in the art group. All four of the participants expressed positive feelings, enjoyment, and excitement towards the art group and the upcoming exhibition when they were asked to speak about the art group. The following extracts 25 – 28 are from the participants' transcripts regarding their feelings of the art group:

##### Extract 25

“The art group is every Wednesday from 10 till 12. And we LOVE IT, we wait and we wait and we wait, we count the days.” (Sarah, p.2, lines 53-54).

##### Extract 26

Int: So just tell me about the art group, and whether you like it.

P: Ja, I love it a lot. (Peter, p.1, lines 1-3).

##### Extract 27

Int: When you finished drawing your pictures here, how do you feel?

B: I feel, I feel, ah, good in my heart. (Brett, p.8, lines 288-289).

##### Extract 28

Int: After the art group how do you feel?

G: Sometimes I feel happy ja, it's something that I did. (Gordon, p.5, lines 138-139).

### **4.3. The Experience of the Art Group: Sense of Community and Leaving a Mark**

#### **4.3.1. Community – Leaving a Mark**

In this theme, I combine two subordinate themes into one, namely community and leaving a mark. As the two themes are quite interlinked, it made more sense to present them as a single theme as opposed to attempting to separate them. This theme highlights the

participants' sense of community – for some of the participants this took the form of a deep-seated desire of wanting to connect to and to belong to a community, and for others, it was simply an attempt to find a space within a community that was their own. The theme also highlights their desire to be remembered and to leave a mark in society to show that they existed.

I struggled with this theme as I found it was closely linked to the second theme and its subthemes, namely what the participants got from the art group and what the space of the art group provided to the participants. Yet the third theme is also quite different to the second theme. The participants shared their experiences of the art group, and they could relate specifically to what they liked and disliked about it. During this process, a strong undertone of community was present in three of the four participants' responses.

For example, for Brett, the art group appeared to fulfil a longing to connect with others, and it provided a sense of wanting to belong to a community. This sense of belonging is perhaps something that Brett had never experienced before. The extracts below highlight Brett's strong and almost desperate sense of wanting to connect to and to interact with others. He seemed to want to have his story (albeit a limited one) told, heard, and carried by others, which can be seen in the following extracts 29 - 31:

#### Extracts 29

"I come back because ah, because the people the people that see me, ask a lot about me"  
(Brett, p.3, line 91).

#### Extracts 30

"Best, ah, like, ah like when other people come in, and you take over and they speak to you through words and that" (Brett, p.3, line 110).

#### Extracts 31

"Ah, ah it would be better if we could sit next to each other and draw pictures" (Brett, p.3, line 122).

The art group appeared to provide a space in which Brett was able to develop a sense of community where he could connect and interact with others. It was a space where people showed an interest in him. It was also a space in which people took the time to talk to him and to get to know him.

This sense of community appeared to trigger a need for Brett to leave his mark. I was once again left with a sense that Brett desperately needed other to know that he exists. As evident in extract 32 below:

#### Extract 32

"So I'm here and draw pictures and all that" (Brett, p.2, line 50).

Through Brett's art work he was able to leave his mark within the community and society – stating, *I am here*.

Peter's experience was starkly different to Brett's experience as there was no desperate sense of wanting to connect to and to interact with others, which can be seen in the following extract 33:

#### Extract 33

"I don't mind watching, somebody watching over my shoulder, but they mustn't bother me"  
(Peter, p.1, line 35).

In contrast to Brett, Peter preferred not to engage with others directly, yet there was still a sense of him wanting to be a part of a community. Peter did display some sense of wanting to belong to a community and to be seen by others (a community), but not directly. This indirect sense of wanting to belong to a community allowed Peter to have the space and freedom to interact within the community on his own terms.

Furthermore, unlike Brett, Peter did not seem to present with the need to inform others of his existence. Rather, Peter seemed to feel that as long as what he gave to the community, society, or the world was simply be acknowledged and appreciated. Peter's understanding that his works/he be acknowledged can be seen in extract 34:

#### Extract 34

"I'm not worried whether my paint, whether my work sells or not ... Just as long as there's people that appreciate it" (Peter, p.4, lines 150-155).

When Brett and Peter spoke about the art group, I was left with a sense that the art group provided them with a sense of community and belonging, although they experienced the art group in different ways and took different things away from the art group. In comparison to Brett and Peter, Sarah's view of community appeared to exist outside of the art group and was related to others (such as the hospital staff, the public, and society) 'looking in', which can be seen in the following extracts 35 - 36:

#### Extract 35

"When I came back again I thought that this is not something that I want to put out there, you know..."  
(Sarah, p.3, line 110).

#### Extract 36

"Um, I don't know. You know when I was studying art, the most, um, how can I put it. What would be the word, frustrating, thing about art is everybody else judges your work" (Sarah, p.4, lines 155-156).

Throughout Sarah's data, there were strong concerns relating to what she allowed or wanted others to see. She found great security in being able to go back to her work to change it and to change what she presented to the community (world) – re authoring her story (Sarah, p.3, line 76). One could question whether Sarah was indirectly expressing her fear of herself being judged or her fear of her artworks being judged by others. Sarah's reference to leaving a mark in society was unlike Brett and Peter's reference. She was not concerned with others knowing that she existed, and she did not seem to need to be acknowledged or appreciated by others, which can be seen in extract 37:

#### Extract 37

“But it's nice to be able to delve into your psychic and um you know to be able to show other people what you all about” (Sarah, p.2, lines 56-57).

For Sarah, leaving a mark appeared to be related to showing others her true self. The process perhaps enabled her to remove her 'mask' and to be accepted for her true self. She noted that her art enabled her to show herself to others. Sarah's data was filled with references to change and improvement as well as references to her fear of her work (possibly herself) being judged (as discussed above). The art group possibly opened up a space for Sarah where she could be herself without being judged, while it also gave her the freedom to choose what she wanted to work on and what she felt she needed to change (as opposed to the hospital, doctors, psychologists, psychiatrists' opinions).

Gordon, however, made no reference to belonging to a group or a community. He did however, seem to want to leave a mark in society. The extract below highlights Gordon's sense of self – a self that exists. Extract 38 shows that Gordon's artworks are his own creations that are extensions of himself and that make his presence and existence known:

#### Extract 38

Int: After the art group how do you feel?

G: Sometimes I feel happy ja, it's something that I did. (Gordon, p.5, line 139)

### **4.4. The Experience of the Art Group: The Experience of Self in the Art Group**

The third and last superordinate theme provides the reader with an initial sense of the participants by highlighting their sense of self and their self-positions. Whether they be singular or multi-voiced. I did not use the phrase 'sense of self' when addressing the participants. Instead, I asked the participants to describe themselves and their lives from their own perspectives and in their own words. The participants were also asked for their opinions

on how they thought others would describe them. Three of the four participants had been diagnosed with schizophrenia, and the fourth participant had been diagnosed with borderline personality disorder. All of the participants were at different stages of their illnesses and had varying levels of chronicity.

#### **4.4.1 Sense of Self**

All of the participants displayed a basic sense of self. The ability to present a complex construction of self, however, varied from participant to participant. Of the four participants, Sarah, Gordon, and Peter were able to talk about themselves with ease by providing some insight into their self-constructs. They had a general sense of the fundamental characteristics and traits constituting them as individuals and distinguishing them from others. Sarah and Gordon extracts 39 - 41 provided below captured much of the participants' awareness of their self-constructs.

##### Extract 39

“My name is Gordon, um, I come from Kimberley Town and I, um lived in um George Port. At the present moment I'm here at Grimville, and um, um, um, and I do art at the moment”

(Gordon, p.1, lines 2-4).

##### Extract 40

“Okay, um my name is Sarah, I'm 40 years old and I've been staying in George Port until my illness took hold of me” (Sarah, p.1, line 3).

##### Extract 41

“Um, I think people would say that I'm, um gentle and kind and I've got a good sense of humour, um maybe a bit on the down side sometimes, but in general, happy go lucky type of person”

(Sarah, p.1, lines 34-35).

However, in comparison with the other three participants, Brett had a very thin and eroded sense of self. He struggled with the very basic and fundamental characteristics defining him as a person. Brett's lack of a sense of self can be seen in the following extract 42:

##### Extract 42

“Aaaah, birthday. Birthday is 12 of March, um, um I'm only 20, about 27 and umm and my nick name is Brett de Waal” (Brett, p.1, line 29).

Brett's disruption or loss of self was so severe that he was unable to recall the most basic and fundamental traits underpinning him as a person. He lacked a sense of his age and a sense of the year he was born in. Furthermore, he also referred to his name – the essence of

who he is – as only his nickname. When asked to share more about himself, Brett could only provide the following information:

Extract 43

“Myself, I live in Higgston. Myself I do a, I do some jobs on the side, some, maybe I go ask some money or something. Or see how they doing other people, and go visit them and see how what they doing and if they got anything to do for me.” (Brett, p.1, lines 35-37)

In addition, Brett had very limited insight into himself. He also had limited insight into his likes and dislikes and the reasoning behind his decisions. This limited insight further highlights Brett’s lost and eroded sense of self as can be seen in the following extracts 44 - 45:

Extract 44

Int: And what do you do here in the hospital to keep busy?

B: In the hospital, uh, I, uh, in the hospital I didn’t uh see everything well, that’s all, ja.  
(Brett, p.2, lines 45-46)

Int: Is it the post cards you like?

B: Yes the post cards.

Int: Why do you like them so much?

B: I don’t know why. (Brett, p.2, lines 76-79)

Extract 45

Int: How do you feel about it?

B: Feel

Int: About the exhibition?

B: I don’t know how I feel. (Brett, p.5, lines 196-199)

Brett was unable to provide an answer when he was asked a question that called for a certain amount of insight or reflexivity. He was also unable to express or explain why he was in hospital or what he was suffering from. Brett seemed to have a vague awareness of being ill. However, he was unaware of what he was suffering from, the severity of his illness, and its impact on his life.

Although Brett displayed insight into whether he enjoyed or liked something (such as the postcards), he was unable to elaborate on the reasons for his enjoyment. He had very limited, if any, insight into the feelings and emotions behind his beliefs, actions, likes, and dislikes. In comparison, Sarah and Peter presented with a deeper entrenched sense of self. Not only were they able to talk about themselves with great ease, but they also displayed insight and reflexivity. It is interesting to note that Sarah was able to show these factors to a

far greater extent than Peter. The following extracts 46 - 47 show Sarah and Peter's well-defined sense of self:

#### Extract 46

“People will often say to me you always look so happy and then I think oh but yesterday I had a really bad day you know, and somehow they don't always pick it up, so it's more internal. Um but I think most people find me very trust worthy, ah, which is a good thing for me.”

(Sarah, p.1, lines 35-39)

#### Extract 47

Int: Oh wow! So you are really very creative and talented.

P: Really, ja. I discovered, I, I, I discovered that a couple of years ago.

Int: Okay.

P: But due to my illness I was suppressing my talents. (Peter, p.3, lines 88-91)

When asked about themselves and the art group, both Sarah and Peter had very strong opinions and suggestions to share. They thus displayed insight into themselves and highlighted their sense of self. Although Peter did not give details with regard to his illness, there was a sense that he was aware of its presence, its effects, and its limitations it has had on his life. When questioned further with regard to his likes and dislikes, Peter was able to answer the questions by providing a deeper sense of self. Brett, however, was unable to do so. Evidence of Peter's deeper sense of self is provided in the following extract 48:

#### Extract 48

Int: So just tell me about the art group and, do you like it?

P: Ja, I love it a lot.

Int: Ja, what do you like?

P: Sorry?

Int: What do you like about it?

P: There's not too many people, uh it's quiet and you can concentrate. (Peter, p.1, line 9)

However, Gordon painted a very different picture in comparison to the other three participants. Upon completion of the analysis, I was left confused and unsure of Gordon's responses, although he did present with some sense of self which can be seen in the following extracts 49 - 50:

#### Extract 49

Int: Um, why do you keep coming back to the art group every week, what makes you want to come back here?

G: It's because, um, it gets monotonous um, there is so many people on this premises, asking you and bugging you so much. (Gordon, p.2, lines 38-39)

#### Extract 50

G: Um, um, I'm not discriminating against race, I'm talking about, I can talk about the china's, I can speak about any nation.

Int: Ja, of course.

G: But there is no discrimination between no one. (Gordon, p.9, lines 294-297)

As can be seen in the above extracts, Gordon is able to acknowledge the values, aspects, and traits that constitute the fundamental parts of himself – such as a self that values not discriminating against others, a self that gets board as a result of monotonous activities, and a self that does not like to be disturbed by others constantly. However, at the same time, I was left with a very fragmented and chaotic sense of Gordon's self (or selves) at the end of the analysis. He constantly gave contradictory answers (this will be discussed under the subordinate theme 'self-position') and answers that were hard to follow as they appeared unrelated. Examples of such answers are given in the following extracts 51 - 53:

#### Extract 51

Int: Um, does the art group help you when you feel unwell or upset?

G: Ja it does.

Int: Can you tell me how it helps you, what it does when you feeling upset?

G: How does it feel, how I'm upset, um.

Int: Do you want me to say it again?

G: No it's alright. Hell that's a recontradiction question, huh, it tell us two different things. It's like what you call it a um, I only know it in Afrikaans, a *teenstelling* [contrast], um, um like the law of Einstein said for each action there is a opposite action in the same direction ... Ja, and sometimes it's not, it's not um, it is maybe um figuratively or symbolic. (Gordon, p.3, lines 86-94)

#### Extract 52

Int: Ja, umm what influences your art, or what you decide to draw?

G: Sometimes ummm. Sometimes I do draw certain things, um and sometimes I don't, depending on which um, in which locus, um which are we are in.

Int: Okay, which area as in?

G: Like things are going very fast these days, like booming up and, um new ideas is, is, is, is, what you call it is um, um, is, new ideas get exposed every day, and it's other people a lot of other people working together especially now with this 'Ezunzi for sure' South African project. (Gordon, p.3, lines 68-80)

#### Extract 53

G: Friends, ja, they would say Gordon don't speak a lot ja, Gordon don't speak a lot. But Gordon can speak a lot when he wants to. (Gordon, p.10, lines 310-311)

Similar to Sarah and Peter, Gordon was able to display an apparent level of reflexivity and insight. However, like Brett, when questioned further and asked to provide more

information or insight regarding more specific information, he was unable to provide answers most of the time. An example of Gordon's inability to provide further information is given in extract 54:

#### Extract 54

G: Um, I was working for a law department

Int: Doing?

G: Ug, um, doing, doing, ja, stuff like that and so forth. (Gordon, p.8, lines 242-244)

Although extensive aspects of Gordon's self manifested throughout the data, these aspects were hardly ever thematically linked or elaborated upon. He presented as being incapable of sustaining a sense of himself. Gordon's self was presented as animated and without structure or organisation. He was markedly unable to narrate his story. Many of his personal narratives appeared to have lost their coherence and synthetic capacity, which resulted in a progression of disorganised utterances.

#### **4.4.2. Self-Position**

Of the four participants, Sarah was the only one that presented with a narrative self-structure that was dialogical in nature (in other words, Sarah's self had multiple positions). Her data clearly indicated multiple self-positions that both acknowledged and referred to one another. Unlike the self-positions of Gordon and Brett, Sarah's self-position not only presented with multiple parts of self, but these self-positions were also able to communicate with one another, as seen in the following extract 55:

#### Extract 55

"Um, I think people would say that I'm, um, gentle and kind and I've got a good sense of humour, um maybe a bit on the down side sometimes, but in general, happy go lucky type of person. People will often say to me you always look so happy and then I think oh but yesterday I had a really bad day ... you know, and sometimes they don't always pick it up." (Sarah, pp.1-2, lines 34-38)

The above extract clearly highlights an internal dialogue between Sarah's different self-positions. She was able to experience herself as gentle, kind, humorous, sad, a free spirit, and a self that is not always understood by others. In contrast to this, Gordon, Brett, and Peter's data analysis highlighted severe difficulties regarding the ability to sustain a consistent internal dialogue (if they were able to sustain any dialogue at all). Within this study, three main dialogical disturbances were identified, namely monologue (resulting in a singular and rigid self-position), cacophony (in which parts of the self present as chaotic and

are unable to relate to one another) and, barren (in which ones personal narratives are empty, and without detail or effect) (Lysaker & Lysaker, 2004b; 2006).

I made sense of my confusion regarding Gordon's chaotic narrative, the consistent ambivalence found in his answers, and his disjointed sense of self by understanding his self as ambivalent and fragmentary. Gordon's fragmentary sense of self can be seen in the following extracts 56 - 59:

#### Extract 56

"Sometimes ummm. Sometimes I do draw certain things, um and sometimes I don't, depending on which um, in which locus, um which are we are in." (Gordon, p.3, lines 71-73)

#### Extract 57

Int: Um okay, so does it, do you feel better after the art class? Like say you having a bad day does it help you in any way?

G: Ja it does some days, some days it don't.(Gordon, p.4, lines 108-111)

#### Extract 58

"It's something that um, something that. Sometimes it, it, it um builds your mental capacity to a higher form .... ja, and sometimes is don't." (Gordon, p.5, lines 141-145)

#### Extract 59

"I enjoy that, and um, and other days I um, I don't enjoy it as well. Sometimes it's like introvert, extrovert. I can be introvert or can be extrovert depends on how, how the day goes." (Gordon, p.7, lines 207-209)

Gordon was unable to provide order with regard to his movement between his self-positions. His self-positions were detached from any possible synthetic narratives and offered limited references to other self-positions. His dialogue was disorganised and presented with numerous aspects of the self, all of which spoke out of order. His narrative self-structure was thus experienced as cacophonous – a structure described by Lysaker and Lysaker (200b; 2006).

What struck me most with regard to Peter, was that although he had a deeply entrenched sense of self, his self-position was singular. His narrative self-structure can be classified as being what Lysaker and Lysaker (2004b; 2006) term 'monological' because it consisted of a single voice which framed all of his life experiences and self-positions. The only sense of self that Peter was able to take on and identify with was that of an artist. All of his past, current, and future references pertained only to him being an artist, which can be seen in extract 60:

#### Extract 60

- Int: So tell me, did you do art before?  
 P: At school ja.  
 Int: Okay  
 P: For Matric.  
 Int: And, and this is what you want to do for your future hey?  
 P: Ja. (Peter, p.2, lines 70-79)

However within his singular sense of self, Peter was able to see himself in many different forms or constructs as an artist. However, his sense of self was still limited to his singular and unchanging self-position. He referred to having studied a computer graphic design course (Peter, p.3, line 106) and to wanting to do music (Peter, p.3, line 81). Peter further referred to wanting to study garden design (Peter, p.6, line 230) and to wanting to study architectural drafting (Peter, p.7, line 247).

Just as Peter over-identified with his self as an artist by discarding all of the other parts of self and his acknowledged identities, Brett's loss of self and lack of self-understanding can be understood as resulting from an over-identification with the sick role. It is this role that Brett takes on as his 'master' or only sense of self. Brett's narrative self-structure was both monological and barren in that he had a rigid and singular self-construct as well as a lack of story behind his narratives – a phenomenon described by Lysaker and Lysaker (2004b; 2006). These narratives were empty, lacked detail and affect, and encompassed a singular voice (the negative sick voice) which, like Peter's artist role, framed all of Brett's self-positions. Brett was unable to maintain any form of internal dialogue – an occurrence described by Lysaker and Lysaker (2004b; 2006). Brett's singular voice and his identification with the sick role can be seen in the following extracts 61 - 62:

#### Extract 61

- Int: Ja, tell us about your pictures  
 B: Uh, it's, it's just, just those cars you know the cars and the horses and the houses and those things. (Brett, p.2, lines 53-54)

#### Extract 62

- Int: Does coming to the art group help you?  
 B: Yes.  
 Int: Can you tell me about that, how does it help you?  
 B: Uh, it helps, it helps me when every, eer uh morning when I come here, I sit and I do the pictures and everything. It helps me quite well, like speaking to you and the sister.  
 (Brett, p.4, line 133-137)

Peter's answer gives more detail than Brett's answer regarding the benefits of the art group. Peter's answer can be seen extract 63:

#### Extract 63

P: I feel more, uh, uh I feel satisfied. As if I've, as if I've done something like art.

Int: Right.

P: As if I've done something right. (Peter, p.8, line 321-323)

Brett's view of himself is a negative one, which is in line with the sick role.

Throughout the entire transcript, Brett does not make any references to himself in a positive light, which further highlights his sense of self as being 'sick' or 'ill'. Brett's identification with the sick role can be seen in the following extracts 64 - 56:

#### Extract 64

Int: You draw nice houses.

B: Yes.

Int: Mmm, okay, Mmmm.

B: Yes, I can't draw so well. (Brett, p.2, lines 55-58)

#### Extract 65

Int: Do you think other people at the exhibition will like your pictures?

B: Ja, ja, ja, no I don't. No.

Int: Why not?

B: I don't know.

Int: I like them.

B: Do you? (Brett, p.7, lines 243-248)

Brett's sense of self was so disintegrated and limited that he appeared to have structured it around the only cues he had – that of the hospital and of being sick (narratives held by others). He experienced himself as incapable, worthless, and sick. Brett appeared to have no opinions of his own and also appeared to have little or no insight into his own emotional state. Brett's lack of insight, opinions, and emotion can be seen in the following extracts 66 - 67:

#### Extract 66

Int: Why did you decide to join the art group?

B: To come? How come I came here?

Int: Yes, why did you decide to come here?

B: The staff signed off on a piece of paper that I must come here.

(Brett, p.4, lines 157-160)

#### Extract 67

B: Okay, I come, I come, I come just to draw pictures, but I don't know why.

Int: Okay you don't know why?

B: Ja.

Int: You come just because?

B: Ja, the staff say to me that I must come. (Brett, p.5, lines 168-172)

The above extracts highlight Brett's inability to express his opinions and preferences. The extracts also show his lack of agency. Brett presented as having no opinions, ideas, and/or thoughts of his own. According to Brett, the hospital staff members tell him to go to the art group and so he does – whether he wants to or not is irrelevant. The contrast between Brett and Sarah's involvement in the art group is striking as can be seen in the following extract 68 from Sarah's transcript:

#### Extract 68

“So when I heard there that there was an art group I asked if it would be possible if I could take part in it and Numthuntla was very kind and she said no defiantly she needs people to attend. So it was sort of two forces coming together, and it just so happened that I made up part of the group, and I love it.” (Sarah, p.2, lines 65-67)

Sarah, Gordon, and Peter did not identify with the sick role. Sarah and Peter both made reference to their illness and to being in hospital. I was left with a sense that their illnesses and current positions were something that Sarah and Peter were both aware of and would move on from. Therefore, these factors did not define Sarah and Peter's lives. However, Brett was completely defined by these factors. Sarah had a definite awareness of her illness as shown in the following quotation: “Until my illness took hold of me” (Sarah, p.1, line 3). Peter also had an awareness of his illness as shown in the following quotation: “But due to my illness, I was suppressing all my talents” (Peter, p.3, line 91).

It is significant that Gordon, unlike Peter and Sarah, made no reference to his illness and to the reasons for being in hospital, which can be seen in the following extracts 69 - 70:

#### Extract 69

“At the present moment I am here at Grimville” (Gordon, p.1, line 3)

#### Extract 70

“I was suffering a bit, but eventually I got well” (Gordon, p.6, line 182).

Throughout the transcript, Gordon refers to himself as being in Grimville and not as being in hospital. Furthermore, I had the sense that Gordon no longer experienced himself as sick or suffering. It was as if Gordon's illness was something that had happened to him in the past. He believed that he was, in fact, well. Gordon only ever made one reference to being in

a hospital: “And then I came to N Hospital and ja” (Gordon, p.6, line 186). However, other than this reference, Gordon never made references to his illness or his diagnosis.

The impact of the participants’ diagnoses and their levels of chronicity on their self-positions are significant. The more severe the participants’ illnesses and diagnoses, the more limited their narrative self-structures and self-positions appeared to be. The following is a list of the participants represented in order of chronicity:

- Brett (diagnosed with schizophrenia) presented with the most disintegrated (empty) sense of self and a singular self-position.
- Gordon (diagnosed with schizophrenia) presented with a severely fragmented and ambiguous self-position and sense of self.
- Although Peter (diagnosed with schizophrenia, query drug induced psychosis) presented with a singular self-position, he did have a deeper sense of self. There was still some movement between his ‘I’ positions as an artist (although his self narrative structure was limited to that of an artist).
- Sarah (diagnosed with borderline personality disorder) was the only participant that had both a well established and enriched sense of self. She presented with multiple self-positions and internal dialogues between all of the positions.

#### **4.4.3. Past History**

Gordon, Peter, and Sarah all spoke of and made reference to the past. These past stories helped to provide a deeper sense of their past constructs and experiences of self which adversely affected their current sense of self. When the participants shared their past history, it also helped to develop a greater sense of them as people and their background. Sarah presented with the most thick and diverse past history. She was able to hold onto and draw from this history. She presented with a strong sense of where she had come from and a strong sense of her past self. These factors can be seen in the following extract 71 from Sarah’s transcript:

##### Extract 71

“I was a hotel manager in Lebanon ... Um, I started by picking fruit, from there I worked my way up and I became the coordinator of the warehouse, and then they decided to train me to do pastel, and the accounts and things like that, and from there I progressed and I went into hotel management.” (Sarah, p.1, lines 18-22)

The extract above clearly highlights Sarah's past self as capable, successful, hard working, and adventurous. It also highlights a person who could rely on themselves and their abilities. Throughout her transcript, Sarah is able to draw on stories of her past to link them to her current situation, which can be seen in the following extract 72:

Extract 72

- S: It was a very sad and lonely drawing that I did. You know, almost um a theme of separation
- Int: Okay, was that how you were feeling when you started?
- S: That's what had happened.
- Int: Okay.
- S: You know I was removed, removed from my son, and I'm here and he is stuck in Jaclinton, and it just felt to me wow, this is really the way I am feeling, but when I saw it again I didn't like the gray's and the blues that were in there, so um, I wanted to make it more vibrant.  
(Sarah, pp.3-4, lines 114-121)

Sarah's past is filled with multiple parts of self that she is able to draw from and carry into the future. Her rich past narrative aids her ability to maintain a dialogical self. There are stories of success and achievement in her past. There are also stories of being a mother and stories of her as an artist who has exhibited her work before (Sarah, p.4, line 135). Furthermore, she provided stories of her working as well as stories of sorrow and loss in her past.

As a result of her positive past experiences of self which she is able to draw from, Sarah appeared to be able to take painful and negative experiences (such as being separated from her son) and change them into something positive and more vibrant. She expressed that the picture she drew was a reflection of how she was feeling. It reflected her loss and the sorrow that she felt. However, when she returned to it at a later stage, she did not like what she saw and decided to change it to make it more vibrant. This process possibly reflects what she was doing internally while in hospital. Not only was she changing and re-storying the picture she drew, but she was also working on herself and re-storying her life to make herself more vibrant and capable before being reunited with her son. Her past stories and history helped to make this process possible as she could draw from them and remember a time when she was able to change and succeed – a time when she was not separated from her son.

Peter, like Sarah, had a rich and dense past history that was deeply engraved in himself and that he could easily access. However, Peter's stories were different to Sarah's stories. I developed a sense of Sarah's many different parts of self that had many diverse and

different experiences which she was able to draw from. However, Peter's past history was only filled with stories relating to art and creativity as well as being an artist in some form or another. Peter's one dimensional past history can be seen in the following extracts 73 - 75:

#### Extract 73

Int: So tell me, did you do art before?  
P: At School.  
Int: Okay.  
P: For Matric. (Peter, p.2, lines 70-73)

#### Extract 74

P: I played piano and drums. (Pete, p.3, line 85)

#### Extract 75

Int: What did you do after matric?  
P: I, I, I did, I studied inertia design for two years.  
Int: Ok, ja.  
P: And then I failed second year and we didn't have enough money to, to start all over.  
Int: Yeah, it makes sense.  
P: So then I only studied a short, computer graphic design course.  
Int: Okay.  
P: And then I got work there, but only temporary. (Peter, p.3, lines 100-108)

I had no sense of Peter or his history regarding anything other than some form of art or creative activity. Although I did learn more about Peter, I only learnt more about him as an artist. Peter's singular past history fits with my experience of his singular self-position and his limited ability to engage in internal dialogue between his self-positions. All of his past stories are in line with his singular and unchanging voice of an artist which he used to frame all of his life experiences and self-positions, both past and present.

Gordon, however, presented with a chaotic and barren past history. Although he had a history that was diverse and that consisted of numerous moments and points in time, this is all they were. Gordon's history had no story, no emotion, and no feelings attached to it. His history also had no detail or affect, which can be seen in the following extract 76:

#### Extract 76

G: I can tell you a bit about myself, um, um, um okay, alright, I went to school in Wesley Town, um I matriculated there. I studied nature conservation  
Int: Okay.  
G: And then um went to army, after army I went to computer school, and after that I, I had a relationship and ja. A few relationships didn't went well, but I packed up and moved on.

Int: Okay.

G: Ja.

Int: Okay, packed up and moved on.

G: Ja, packed up and moved on, then I came to Somerville, I got a job there and I worked there for about three to four years. And from there things happened as well and then I went to Kimberley Town. (Gordon, p.6, lines 167-178)

I only had a sense of ‘things’ and jobs that Gordon had done in his life. I had no sense of him as a person or the impact of the events that he described. However, from Sarah and Peter’s narratives of the past, I was able to develop a greater and more holistic picture of them as people and how they experienced themselves. Gordon, however, left me with only a vast list of things and jobs he had done (such as getting a job and working there for about two to three years, which was very vague). However, there was no explanation of what the job was or whether he enjoyed it or not. Gordon’s empty narratives further highlighted his fragmented and chaotic sense of self that he was unable to secure or to hold onto. He was also unable to thicken or develop any of his multiple self-positions because there were limited details or emotions behind each story. Therefore there was also nothing concrete for him to hold onto.

In contrast to the other three participants, Brett made no reference to his past or to his life outside of the hospital – past or present. The only information he was able to provide with regard to his past was that he had lived (or possibly lives) in Higgston as seen in the following extract: “Myself, I live in Higgston” (Brett, p.1, line 35). Other than references to where he lived (or possibly most recently lived), I had no way of developing a sense of his past, where he came from, or whether there were any significant people or events that took place in his life. These factors once again link to Brett’s lost and eroded sense of self – what Lysaker and Lysaker (2004b) term a baron narrative self-structure. Unlike Sarah and Peter, Brett did not present past stories or history to draw from. Brett was unable to remind himself of where he came from, and thus he could not firmly anchor his sense of self. His lack of past histories or stories meant that he had nothing to draw on to help define the person he currently is or may be in the future. Brett moulded and experienced himself through the hospital and the staff’s experience of him.

#### **4.4.4. Future Story**

Just as Brett made no reference to a past, he also made no reference to a future. As a result of his sense of self being so eroded and because he had no past history to draw from, it

was almost impossible for him to construct a future self. His self was so deeply entrenched within the hospital that he had no experience of self beyond the hospital – in the past or the future.

Gordon's future story was just as chaotic and disjointed as his sense of self and past history, which can be seen in the following extract 77:

#### Extract 77

- G: Jobs, I would like to open an office for myself.  
Int: Okay, open an office.  
G: Ja, open an office.  
Int: Okay and what would you run from your office?  
G: Um, at my office I would like to run maybe um, like, start, what you call it, um a bit of everything. But not too much.  
Int: Okay.  
G: It's um, like what you call it, it can be stationery maybe, or can be um, a franchise from the stationery place. Or it can be for example an um, a few companies malcimated, so ja, to that effect. (Gordon, p.8, lines 259-268)

Just as Gordon was unable to structure, organise, and sustain a past sense of himself, he was also unable to structure or sustain his future narratives. He was unable to hold onto, develop, and thicken one position at a time. Furthermore, Gordon was once again unable to commit to a single option – he indicated that he wanted a shop with “a bit of everything, but not too much” (Gordon, p.8, lines 263-264).

Unlike Gordon's chaotic future story, Peter had a very narrow and focused future story. However, Peter's future stories all related to his life as an artist, which can be seen in the following extracts 78 - 82:

#### Extract 78

- P: I was thinking about those INTEC College, to study, recreational art and photography” (Pete, p.2, line 49)

#### Extract 79

- Int: So tell me, did you do art before?  
P: Yes at school.  
Int: And, and this is what you want to do for your future hey?  
P: Ja.  
Int: Okay, ja.  
P: I want to do that and music. (Pete, p.2, lines 70-81)

#### Extract 80

- P: I'm, I'm thinking about going to study garden design as well. (Peter, p.6, line 230)

### Extract 81

P: I, I'm planning on studying architectural drafting. (Peter, p.7, line 247)

### Extract 82

Int: So what need to happen for you to be able to do this?

P: I just need the finances.

Int: That's all that's blocking you?

P: That's all that's blocking me, I'm not, I'm not kidding, it's the finances.

Int: Sjoie.

P: But I'm, I'm speaking with the social worker, if she cannot try and arrange, somehow bursaries, or at least some telephone numbers for bursaries, or try and arrange something for me. (Peter, p.7, lines 272-280)

Peter's future talk related only to him studying something creative – be it music, garden design, or architectural drafting. However, unlike Gordon's vague idea regarding what he would like to do in the future, Peter demonstrated a great deal of agency because he had already taken steps to bring himself closer to his future goal of enrolling at INTEC College.

Similar to Sarah's past narrative, her future talk was positive and consisted of multiple parts of the self, which can be seen in the following extract 83:

### Extract 83

S: I think that I would enjoy working in a book shop as a manager.

Int: Okay.

S: Ah, cause there I'll be surrounded by different things you know. Um a person can also, you get very inspired by looking through the art books, through um italic art, ah you get fiction and fiction um, ja that normally is enough to just get all my lights on.

(Sarah, p.1, lines 26-30)

In her future talk, Sarah visualised an artistic self as well as an authoritative self. It is possible that as a result of her positive past experience of the self, Sarah automatically placed her future self in a managerial position as opposed to merely working as a general employee. Out of all the participants, Sarah's future talk was the only one with a set timeframe regarding when she wanted to leave the hospital.

### Extract 84

Int: Okay. Um, can you also tell me about the art exhibition?

S: Well, umm, that sort of sticks out like a stick above water. Because for me, I would love to be there, but I would also like to set that time, as a time where I'm no longer in Grimville. Sooo there are two ways that I am looking at it.

Int: Okay.

S: You know, it's sort of like a, a goal, to see my work there, um be involved, but also, by that time to have actually left the building. (Sarah, p.4, lines 127-130)

#### **4.4.5. Alternate sense of self**

As discussed above, Brett's sense of self was barren, singular, and eroded. However, as a direct result of participating in the art group and the upcoming exhibition, he appeared to develop a thin trace of an alternate sense of self that can be seen in the following extracts 85 - 86:

##### Extract 85

"Yes, I can't draw so well." (Brett, p.2, line 58)

##### Extract 86

Int: Um. Do you know that other people will see your art?

B: Yes I know

Int: How do you feel about it?

B: Like, like, like a real man. (Brett, p.6, lines 202-205)

As evident in the discussion above, Brett's sense of self was very limited and strongly linked to the hospital and to the sick role. However, the above extracts clearly highlight a new sense and experience of self for Brett – a self that is both an artist and a man. Although Brett's experience of self as an artist may be negative because he views himself as a 'bad' artist, this experience is nonetheless an alternate experience of self. Brett appears to be able to carry two contradictory self-positions, namely a self that cannot draw well and a self that feels like a real man as a result of his drawings. I cannot help but wonder if this could be seen as the beginning of the development of and possible movement between Brett's various possible 'I' positions.

Further, I have to question whether Brett's development of an alternate sense of self may have been constructed as a result of his membership of and affiliation with the art group as a construction of self through others (as discussed under the theme *sense of community and leaving a mark*). Brett's narrative thread was severely eroded, and it thus resulted in an inability to maintain a coherent (if any) sense of self. However, it is possible that, as a result of the art group, Brett was able to locate and construct a sense of self through the group members' representation of a community to which Brett could belong.

The group members may have helped Brett to develop and to carry a personal narrative of his own. This narrative was not linked to his sense of self created through the hospital (a self as sick), but rather the narrative developed Brett's sense of self as an artist

(even if it was as a bad artist) and his sense of self as a real man. Through Brett's affiliation with the art group, he was no longer invisible, nor was he only treated as mental ill. He seemed to feel like he was part of something, as seen in the following extract: "the people the people that see me, ask a lot about me" (Brett, p.3, line 91). The people around him engaged with him and spoke to him as a normal human being, which further aided his development and maintenance of an alternate sense of self. He began to form a sense of self that was present and that existed, which can be seen in the following extracts 87 - 88:

#### Extract 87

"So I'm here and draw pictures and all that" (Brett, p.2, line 50).

#### Extract 88

"I can, I can, ah, ah when they show me the pictures, because he says colour the pictures in, they see through the pencil and the pictures and everything. I can show them" (Brett, p.6, lines 235-236).

The above extracts further highlight Brett's alternate sense of self – a self that exists and is present. Through Brett's artworks, he was able to mark his existence as a man, and he thereby took back his agency as a person. Brett's insights into why he attended the art group and what kept him coming back were rather limited, but what he decided to draw during the art group sessions was solely based on his own decisions. His art became a mark of himself that he chose to leave behind, which can be seen in the following quotation: "I'm here and I draw pictures" (Brett, p.2, line 50). Brett desperately seemed to need others to know of his existence, and hence there was still a part of a self separate to his illness that was present: "I can show them" (Brett, p.6, line 236).

The art group appeared to open up a space where the participants could forge a new and different sense of self. With regard to Peter, his past history was filled with singular experiences of self, namely a self as an artist (as previously discussed). Many of his past narratives contained stories of him not quite succeeding, as can be seen in the following extracts 89 - 90:

#### Extract 89

"And then I failed second year and we didn't have enough money to, to start all over" (Peter, p.3, 104)

#### Extract 90

"But due to my illness, I was suppressing all my talents" (Peter, 3, line 91).

Peter's participation in the art group, however, allowed him to take away and to construct a narrative of success and accomplishment, as seen in the following extract: "as if I've done something right" (Peter, p.8, line, 321). An internal shift seemed to take place

within Peter. This shift seemed to be the result of his participation in the art group. His participation in the art group thus allowed him to feel that he had done and achieved something more than just art. One could argue that Peter's participation in the art group may have thickened and further established his singular sense of self (that of an artist). However, his participation in the art group actually appeared (indirectly) to have created and opened up a space for an alternate experience and sense of self for him.

Peter's experience of self identified here is similar to Brett's experience of an alternate sense of self. Peter began to develop numerous selves. For example, Peter developed a self as a student (Peter, p.6, line203; p.7, line, 247), a self as an employee (Peter, p.8, lines, 293-294), and a self as being successful (Peter, p.7, line, 275).

## **5. Discussion and Concluding Comments**

### **5.1. General Discussion**

In the above analysis, I set out to investigate psychiatric in-patients' personal experiences of an art group, focusing on the impact of the art-making process on their sense of self. IPA was used in order to analyse the participants' data. As noted by Smith and Osborn (2003), IPA research aims to provide a detailed account of the participants' personal experiences as opposed to making more general claims. Thus, one cannot assume that the personal lived experiences of a small sample of four white psychiatric in-patients represent the experiences of all psychiatric in-patients regarding the art-making process and their constructions of their sense of self. The specific experiences of the four participants do, however, provide the reader with greater insight into this phenomenon.

Limited research was found regarding adult psychiatric in-patients' personal experiences as participants of an art group. The majority of the available literature mainly focuses on the alleviation of symptoms. Thus, my concluding discussion will mainly focus on the psychiatric in-patients' experiences of the self within the art group because the majority of the literature I draw from relates to this topic. With regard to the analysis of the participants' experiences of the art group (in other words, theme one and two), this information will be addressed last within this discussion by linking it to the relevant literature where possible. In the discussion below, I present a summary of the findings of this study.

### **5.2. Mental Illness and Selfhood**

This study had similar findings to that of Stone (2005) and Spaniol (2003) who suggest that severe and enduring mental health diagnoses can have a detrimental effect on one's selfhood, resulting in a disruption in and a loss of self often related to one's personality shifting and at times disintegrating entirely Stone (2005). This loss of self and disintegration of the self is evident in Brett, Gordon, and Peter's interview data. Whilst some of Estroff's (1989) ideas were evident in the interview data, only one participant presented with mental illness as a master identity as described by Estroff's (1989). Estroff (1989) argues that mental illness is more than just an illness that one suffers from and that mental illness is something which an individual becomes, this was however only evident in Brett's interview data.

Brett, Gordon, and Peter (in varying degrees) presented with disintegrated selves and a loss of the self because of their mental illnesses. Thus, these findings correspond to the literature and findings pertaining to mental illness and selfhood (for example, Couture & Penn, 2006; Estroff, 1989; Spaniol, 2003; & Stone, 2005) as discussed throughout the dissertation. However, contrary to the experiences of Brett, Gordon, and Peter, Sarah did not present with a disintegrated sense of self. With regard to Brett, his mental illness resulted in an almost completely eroded and disintegrated sense of self. He was unable to recall the most fundamental and basic traits underpinning his sense of self (such as his age and date of birth). Brett, by all accounts, thus presented as being defined by his illness. The findings regarding Brett are thus in accordance with Estroff's (1989) statement above as Brett was the only participant whose illness became a master identity. In effect, Brett became his illness. Gordon struggled to maintain a sense of self because of his fragmented and cacophonous narrative structure – a structure described by Lysaker and Lysaker (2004b). Peter's sense of self had disintegrated into a limited and singular self-structure (that of an artist).

In this study, it was evident that despite Brett, Gordon and Peter's erosion of their selfhood because of their mental illness, they were still able to maintain and hold onto a basic sense and experience of self (in varying degrees). Further, Gordon, Peter and Sarah were able to provide reflexivity and insight into their self-constructs, once again in varying degrees. This ability further highlighted their sense of self. As noted by Seigel (2005), reflexivity allows individuals to view themselves from a distance. Furthermore, this process thus enables a person to judge, inspect, regulate, and alter their selfhood (Seigel 2005). In other words, reflexivity allows for self-awareness within the self, and thus the ability for reflexivity highlights a person's self-construct (Seigel 2005).

For example, although Peter's sense of self was singular (self as an artist) which framed all his experiences of self as, I was left with a general sense of who he was at the end of the analysis. Unlike Brett, Peter was able to provide a substantial amount of reflexivity regarding his self-construct, his likes and dislikes, such as, his reasoning behind his enjoyment of the art group. The art group represented a space in which Peter felt accommodated. Perhaps he felt like he was treated in the way he thought he deserved to be treated, which was possibly unlike the way he was treated in the hospital. Thus, the art group was a space in which Peter was treated as a person, not as an illness. It was furthermore a space of peace and quiet where Peter could be with his own thoughts.

Brett presented with a limited (if any) ability to provide insight or reflexivity with regard to his likes, dislikes, and his reasoning behind his decisions. His sense of self was also severely eroded. However, a thin sense of self did exist. At the end of the analysis, it was clear that Brett's sense of self consisted of taking on the sick role. However, Brett still presented with thin traces of a self who wanted to connect to others, a self who enjoyed art (even if he could not provide any insight as to why he enjoyed it), and a self who wanted to be heard and seen. With regard to Gordon, I was left very confused. I struggled to follow his responses. However, it was evident that he presented with some sense of self and that he was able to provide a degree of reflexivity and insight into his self-construct. These factors are evident in Gordon's ability to acknowledge specific values, traits, and aspects that made up fundamental parts of his self-construct, such as not discriminating against others, not enjoying monotonous activities, and not wanting to be disturbed by others.

In contrast to Brett, Gordon, and Peter, Sarah's mental illness did not seem to disintegrate, disrupt, or erode her sense of self. Throughout Sarah's data, she displayed both a deep sense of self as well as a great amount of insight and reflexivity into her self-construct. Unlike the others, Sarah's diagnosis did not appear to diminish her history (past sense of self), and her social and family roles (such as being a mother). Thus, she could hold onto her sense of self which developed from these roles. She was therefore left with an expansive array of roles and experiences of self which she could draw from. Sarah was unlike Brett who was left with only a master identity of the sick role which he could draw from and Gordon who had only a singular self to draw from.

### **5.3. Mental Illness and the Dialogical Self**

Hermans (2004, 1996a, 1996b) suggests that both a person's sense of self and their narrative self-structure can be understood in terms of the ongoing conversations taking place within themselves as well as the conversations taking place between themselves and others. Thus, the self is dialogical in nature (Hermans, 2004, 1996a, 1996b). In accordance with this model, the self is viewed as consisting of a multiplicity of parts ('I' positions) which work relatively independently and which are occupied by the same person – each part has its own stories, thoughts, and memories (Hermans, 2004; Hermans & Dimaggio, 2004; Hermans, Kemp, & Van Loon, 1992).

Of the four participants studied, Sarah was the only participant who presented with a deep and complex construction of self. Furthermore, she was the only participant who

presented with multiple 'I' positions that were dialogical in nature. Unlike the self-positions of Brett, Gordon, and Peter, Sarah's data clearly indicated multiple self-positions (such as a self as a mother, a self as an artist, a kind self, and a self as a free spirit) that both acknowledged and referred to one another. Sarah's findings are in accordance with Hermans (2004, 1996a, 1996b) and Hermans, Kemp, & Van Loon (1992) phenomenon of multiple self-positions. Brett, Gordon, and Peter's difficulties regarding their ability to sustain a consistent internal dialogue (if they could sustain any dialogue at all) correspond to Lysaker and Lysaker's (2001) findings that suggest a link between maladaptive or incomplete narratives and mental illness. Specifically, with regard to schizophrenia, Lysaker and Lysaker (2001, 2004b) argue that, as a result of the neurocognitive decline present in people suffering from schizophrenia, it becomes increasingly difficult for an individual to connect their thoughts together. This difficulty then disrupts their ability to maintain internal conversations between their 'I' positions as a result of their narratives becoming compromised (Lysaker & Lysaker, 2001, 2004b). Thus, such difficulties also result in their collapse or failure, which ultimately compromises the individual's ability to maintain both a sense of self and their self-awareness (Lysaker & Lysaker, 2001, 2004b). Such difficulties are present and evident in both Brett and Gordon's analyses.

As evident in Brett, Gordon, and Peter's analyses, schizophrenia tends to limit the number of flexible 'I' positions available to the individual (Lysaker & Lysaker, 2001, 2004b). Therefore, dialogical cooperation and interaction between one's self-positions and the flexibility to move between these positions becomes significantly constrained, which results in the collapse of internal dialogue (Lysaker & Lysaker, 2001, 2004b). This collapse was particularly evident in Brett and Gordon's cases. Brett presented with no available self-positions, other than the sick role, and was thus unable to maintain any form of internal dialogue.

Gordon, however, as noted in the analysis, was unable to provide order with regard to his movement between his self-positions. His self-positions were detached from any possible synthetic narratives and offered limited references to other self-positions. Thus, like Brett, these difficulties resulted in Gordon's inability to maintain an internal dialogue. Peter, however, developed a singular self-position (that of an artist), which thus limited his internal dialogue and his flexibility and ability to move between self-positions other than the self as an artist.

In accordance with Lysaker and Lysaker's (2001, 2004b, 2006) findings, this research suggests that the failure to maintain an internal dialogue can lead to three forms of narrative disturbances, namely monological narratives, barren narratives, and cacophonous narratives. Monological narratives result in a singular and rigid self-position (Lysaker and Lysaker's 2001, 2004b, 2006). This kind of narrative includes the individual's sense of self experienced as a single voice which frames all of their life experiences and self-positions (Lysaker and Lysaker's 2001, 2004b, 2006). Barren narratives consist of empty stories that lack detail and effect (Lysaker and Lysaker's 2001, 2004b, 2006). Cacophonous narratives consist of parts of the self that present as chaotic, animated, and unable to relate to one another (Lysaker & Lysaker, 2004b, 2006).

In accordance with the available literature (for example, Lysaker & Lysaker, 2001, 2004b, 2006), Brett's narrative self-structure was both monological and barren. His stories were empty, and they encompassed a singular identity, namely that of the sick role. Gordon's narrative self-structure, like his sense of self, was disorganised and chaotic. His narrative self-structure was experienced as cacophonous, and his dialogue lacked structure and organisation. Furthermore, his dialogue presented with numerous aspects of the self, all of which spoke out of order.

Peter's narrative self-structure was monological because his singular sense of self as an artist framed all of his life experiences and self-positions. Lysaker and Lysaker (2001, 2004b, 2006) describe the monological self-position as a singular self-position. What I found significant about Peter's self-position was that although his self-position was singular and monological, he was able to see himself in many different forms as an artist, such as a musician, a graphic designer, a landscaper, and an architect. Thus, there was evidence of movement within Peter's singular self-position, although his singular sense of self eroded all of the other experiences of the self outside of being an artist. Peter was thus still able to maintain an internal dialogue and movement within his singular self-position as an artist even though movement between multiple self-positions was not possible for him.

An interesting finding of this study concerns the impact of the participants' diagnoses and their levels of chronicity. From the differences noted between Brett, Gordon, Peter, and Sarah's experiences of the self and their narrative self-structures, it became apparent that the more severe a participant's illness and diagnosis is, the more limited and disrupted their sense of self and narrative self-structures appear to be.

Estroff (1989) argues that an individual's chronicity significantly affects the degree to which an individual suffering from mental illness loses their sense of self and positive social roles. This finding is also highlighted by the findings of this study. The participants diagnosed with schizophrenia, as listed in order of the severity (from most severe to least severe) of their chronicity, erosion or their loss of self, and their lack of a narrative self-structure, are the following:

- Brett (most severely affected);
- Gordon (less severely affected); and
- Peter (even less severely affected).

Sarah (diagnosed with borderline personality disorder, not a psychotic illness like the other three participants) was the least affected by an erosion of her sense of self caused by mental illness. Future research may, therefore, benefit by studying the resilience of self in personality disorders but the disintegration of self in psychotic illness.

The findings of this study pertaining to Brett, Gordon, and Peter fit comfortably with the findings of Estroff (1989), Lysaker and Lysaker (2001), and Lysaker et al. (2001) who suggest that schizophrenia (specifically), as opposed to mental illness generally, has a detrimental effect on the self which results in a disruption and a loss of self. Estroff (1989) regards schizophrenia as an 'I am illness' in that it redefines and overtakes the identity of the individual, and thus it impacts on and affects the way in which a person presents and experiences themselves – as evident in Brett and Gordon's analyses (p. 189).

With regard to Peter's data, however, although his sense of self presented as eroded and his narrative self-structure singular, his diagnosis of schizophrenia did not completely redefine and overtake his identity; he was still able to hold onto his sense of self as an artist and display dialogical movement within this singular self-position. In comparison to Brett and Gordon, Peter's ability to hold onto his identity as an artist, as well as his deeper sense of self and movement within his singular 'I' position, may be explained by the possibility of his mental illness being the result of drug-induced psychosis instead of schizophrenia.

It should be noted that the findings of this study do not intend to imply that borderline personality disorder does not cause a disruption in one's self narratives or loss of self. It is only within the scope of this study that Sarah did not present with a loss of selfhood or an eroded narrative self-structure. Despite her mental illness, she was able to maintain a strong sense of self which was dialogical in nature. This strong sense of self and dialogical narrative

self-structure may well be linked to Sarah's significantly lower level of chronicity with regard to her diagnosis.

#### **5.4. Mental Illness, Narratives, and the Self**

Estroff (1989) suggests that one of the most important factors to note with regard to what constitutes a self-construct is an individual's personal narratives. Throughout a person's life, they create their own coherent life narrative that connects their past to their present and that allows for imagined possible future narratives. This study's findings are in agreement with Estroff's (1989) argument. Furthermore, the study's findings are also similar to Adame and Hornstein's (2006) suggestion that it is the personal life narratives noted above that define an individual's sense of self. Within this study, all four of the participants' personal life narratives appeared to define their sense of self. In order of the diversity and thickness of their personal life narratives and their constructs of the self, the participants can be listed as follows: Sarah, Peter, Gordon, and Brett.

Sarah, who had the most diverse, rich, and thick past and future personal life narratives, presented with the most entrenched, enriched, and complex construction of self. She was the only participant who was able to draw on stories of her past and link them to her current situation. Sarah's past history consisted of multiple parts of self such as stories of a self as a mother, a capable self, and a strong and successful self. She was able to project these different selves into her imagined future life story. Sarah's future life story can be seen in her wish to work as the manager of a bookshop. Sarah's sense of self reflected the self of her past and future personal life narratives – these narratives were both positive in nature. Her personal life narratives further presented as dialogical in nature, as did her self-construct that consisted of multiple self-positions that both acknowledged and referred to one another. It is clear from Sarah's data that, her narratives not only brought together her felt and remembered experiences. They further connected her past to her future and aiding in developing the structure and coherence of the foundation of her sense of self.

Peter's singular and unchanging sense of self was clearly defined by his narrow and focused past and future personal life narratives. Peter's personal life narratives were rich and dense in nature as well as easily accessible, which is similar to some aspects of Sarah's life narratives. However, Peter's narratives were also singular and monological in nature. Lysaker and Lysaker (2006) describe the attributes of singular and monological life

narratives. According to Lysaker and Lysaker (2006), such narratives consist of a single voice (in Peter's case – that of an artist) which frames all of an individual's experiences and self-positions. These narrow and focused personal life narratives framed all of Peter's experiences of self. Thus, the only sense of self he was able to identify with and take on was that of an artist, which left him with a singular and unchanging construct of self.

With regard to Gordon, his chaotic and barren (cacophonous) personal life narratives were clearly evident and reflected in his fragmented and chaotic construct of self. As a result of Gordon's inability to structure and to sustain his past histories and future stories, he was also unable to structure, to organise, and to sustain a sense of self. The limited detail and affect present behind Gordon's personal life narratives meant that he was unable to thicken or to develop a self-construct as there was nothing concrete to draw from or to hold onto. He was thus unable to define a self-construct.

In contrast to the life narratives of Sarah, Peter, and Gordon, Brett made no reference to past or future personal life narratives at all. Furthermore, as previously noted, he presented with the most thin and eroded sense of self of all the participants. Brett's case once again highlights Adame and Hornstein's (2006) suggestion that one's sense of self is defined by one's personal life narratives. Brett's rigidly singular and eroded sense of self can be understood as being defined by monological, barren, and nonexistent life narratives as generally defined and described by Lysaker and Lysaker (2006). As Brett had no past histories or stories to draw from, he was unable to construct a past sense of self in order to help define his present sense of self. It was thus also almost impossible for him to construct a future self or to construct imagined future stories. The only narratives Brett could draw from were those of the hospital and of being ill. Brett thus moulded and experienced himself through the hospital and the staff members' narratives and experiences of him, which resulted in his over-identification with the sick role.

Brett's over-identification with the sick role is in accordance with Carpenter, Heinrichs, and Wagman's (1988, as cited in Lysaker et al., 2001) findings that suggest that individuals suffering from mental illness often over-identify with the sick role by taking it on as their master identity as a result of the limited alternate personal life narratives available to them. Thus, Brett's capacity for self-understanding and the development of alternative narratives was severely constricted as a result of his over-identification with the sick role. Furthermore, his over-identification with the sick role disrupted and limited his sense of self.

The findings of this study also correspond to Horowitz's (2001) argument that it often

becomes easy to lose sight of the individual inside the disorder as a result of an individual taking on the sick role as a master identity. Thus, the person that existed before the mental illness is forgotten and overridden by the person that continues to exist during and after the illness (Estroff, 1989). This point became very apparent for me within the study. Before I interviewed the participants and whilst interacting with them on a weekly basis during the art group sessions, I viewed the participants as people suffering from mental illnesses and not as their illnesses. However, after I conducted the interviews, I lost sight of some of the participants as people. I thus began to see them as their illnesses for a brief period of time. I found that this happened particularly with regard to Brett.

In the ways which I thought and spoke, I found myself carrying and thickening Brett's narrative of being ill rather than affirming his thin, alternate narrative of being an individual suffering from a mental illness and who so desperately wanted to be seen, heard, and connected with. Once I was aware of this, I actively had to monitor my thoughts and the narratives I used to frame and to represent the participants whilst analysing their interview transcripts. I had to make sure the participants were being seen and heard and not the illnesses they suffered from.

Ross and Buehler's (2004) suggestion that an individual's measurement of their self-worth, abilities, and personality is grounded within their memories and narratives of their past became evident in the study. Both Sarah and Brett's data, in particular, highlighted Ross and Buehler's (2004) view that the evaluations one makes of an individual reflect the individual's reminiscence of their past experiences.

For example, Sarah's past was filled with stories of success and a positive experience of self which she could draw from and use as a point of reference. Thus, as a result of her positive past experiences of self, she was able to experience her current and future self in a positive light. This positivity was clearly evident in Sarah's data when she automatically placed her future self in a managerial position as opposed to working merely as a general employee. Such positivity was further evident in Sarah's data when she was able to change a painful and negative experience (such as being separated from her son) into something positive and vibrant. As a result of her positive past narratives, she was able to turn a negative experience into a positive one by drawing on narratives from her past and by remembering a time when she was able to change and to succeed. Once again, Sarah's data further highlights Adame and Hornstein's (2006) argument given above that an individual's personal life narratives define their sense of self.

In comparison to Sarah (who had numerous positive past narratives and memories to draw from), Brett had no past stories and narratives, other than that of the sick role, against which he could evaluate and measure his self-worth and abilities. Thus, he presented as having no self-worth, no abilities, and no sense of self. Furthermore, his experience of himself was negative (as a poor artist). Furthermore, as mentioned above, the only stories he had to draw from to construct his identity were those of the hospital staff. He thus linked his identity to the sick role.

In line with Ross and Buehler's (2004) findings, this research suggests that individuals who lose all of or part of their autobiographical memories, stories, and experiences through mental illness can lose their sense of self. Such individuals are often unable to link the past to the future to develop and to maintain a life narrative (Lysaker et al., 2001). The loss of autobiographical memories and the loss of one's sense of self are evident in Brett, Gordon, and Peter's interview data. Brett specifically presented with a loss of all of his autobiographical memories because he had no past to link to his future in order to maintain or to develop a life narrative. As a result, Brett had no past or future self around which to construct a current self, which thus resulted in his eroded sense of self and a barren, monological narrative self-structure.

As a result of Brett, Gordon, and, to a lesser degree, Peter's mental illness, their opportunities and abilities to author their own life stories were hindered as a result of their symptoms (loss of language and cognitive difficulties). Although Peter was able to author his life story to some degree, it was nonetheless limited to a singular narrative as an artist. As a result of suffering from schizophrenia, Peter's narrative self-structure had become disrupted (monological), and it thus framed all of his experiences with a singular voice. Brett's low cognitive capacity and lack of language made it very difficult for him to express himself and to communicate with others. His barren and monological narrative disruption resulted in the erosion of his past and future narratives. It also resulted in the erosion and disintegration of his sense of self.

Gordon's narratives were disjointed and chaotic. They were difficult to follow and to make sense of because Gordon was unable to maintain his train of thought. Gordon's thoughts also often drifted off course and never linked back to his original story. Gordon's listeners were continuously left lost and confused. In Brett and Gordon in particular we find two persons who suffered from schizophrenia and were strikingly unable to narrate the story of their lives. These findings further correspond to Lysaker et al. (2001) findings which state

that “[c]ritical examination of the stories that persons with schizophrenia tell about themselves in relation to their illness, suggest that narratives produced by this group often lack coherence or are not readily understood by others” (p.254).

Once again, contrary to the experiences of Brett, Gordon, and Peter, Sarah’s diagnosis did not result in the loss of her autobiographical memories, stories, and experiences. Nor did her diagnosis hinder her ability to link her past to her future in order to develop and to maintain a life narrative, as is evident in her data.

### **5.5. Narratives Held by Others and the Self**

Estroff (1989) and Adame and Hornstein (2006) argue the fact that an individual’s sense of self is defined by their personal life narratives (as discussed above). It can be concluded that this study revealed similar findings to Lysaker and Lysaker’s (2001) study. Lysaker and Lysaker (2001) suggest that, in order for an individual to develop and to maintain a sense of self, not only do they need to construct and to share their personal life narratives, as noted by Estroff (1989) and Adame and Hornstein (2006), but these narratives also need to be told and carried by others. Within this study, the findings regarding Sarah and Brett provide the best evidence with regard to Lysaker and Lysaker’s (2001) above-mentioned argument.

Sarah, who presented with a complex self-construct, not only constructed a thick and diverse personal life narrative, but her narrative was also carried and told by the significant others in her life. Throughout Sarah’s data, she made reference to her son and her relationship with him. Sarah’s son probably helped to carry and to share her personal life narratives of being a mother, a care giver, an authority figure, and a provider (maintaining a job) to name but a few. Sarah’s data presented with a strong sense of the presence of significant people in her life and a strong sense of life outside the hospital. In accordance with the narrative perspective, all these factors would have helped to play a role in maintaining Sarah’s complex and dialogical construct of self because the significant people in her life would have been able to tell and to carry her personal life narratives.

Brett, however, did not seem to have any significant people in his life. From his data, I was left with a sense of him having no one in his life to carry and to share his life narratives. Thus, there was also no one to help Brett to develop or to maintain a sense of self because he had no one to remind him of who he was or where he had come from. Brett’s data revealed that it was evident that the hospital and the hospital staff constructed, carried, and maintained

his life narrative/s. This lack of significant others in Brett's life and his limited interactions resulted in his severely eroded sense of self, his barren personal life narratives, and his over-identification with the sick role.

Brett's data highlights Baldwin's (2005) suggestion that, more often than not, the narratives of individuals suffering from mental illness are no longer carried or maintained by others, predominantly as their interactions with others tend to become more restricted as a result of their illness. Brett's restricted interactions with others can be seen in the fact that he mainly only interacted with the hospital staff. Thus, individuals with mental illness are thereby constrained or limited with regard to developing and maintaining a life narrative by which to sustain or renew their sense of self (Crossley, 2000; McLeod, 1997). As a result of Brett's sense of self being so strongly defined, constructed, and maintained by the hospital and the sick role he was presented with, he had little (if any) opportunity to develop or to renew his experience of the self prior to participating in the art group.

The art group and the upcoming exhibition, however, provided Brett with a space in which he was able to experience himself as something other than being ill. Brett's data clearly highlights a new sense and experience of self for him – a self that is an artist as well as a self as a 'like a real man (Brett, p.6, lines 202-205). It is this sense of self which was carried and maintained by the other art group members as well as the facilitators of the art group (discussed in detail below). These findings are in line with Greace and Rosenburg (1979), as cited in Drapeau and Kronish (2007), as well as Jones and Rush (1979), as cited in Drapeau and Kronish (2007), findings which argue that the process of artistic creation can aid in the development of psychiatric patients' sense of self.

Like Brett, Gordon presented with no significant others in his life – past or future – to aid in his development and maintenance of a life narrative by which to sustain, organise, and renew his sense of self. Thus, Gordon's data further highlights Baldwin (2005), Crossley (2002), and McLeod's (1997) above-mentioned findings.

### **5.5.1 Community (The Narratives Held and Carried)**

Brewer and Hewstone (2004), Crapanzano (1982), and Morse and Gergen (1982) further highlight the above argument pertaining to the kind of construction of an alternative sense of self as shown by Brett. The above researchers suggest that an individual's sense of self is both developed by and maintained in relation to others, which suggests that people come to learn and to understand the roles and labels they are given within a community

through their interactions and participation with others, and thus people are better able to develop an understanding of themselves (Brewer & Hewstone, 2004; Crapanzano, 1982; Morse & Gergen, 1982).

I feel that Brett was provided with a space in which he could develop a thin, alternative sense of self as a result of the art group members and the facilitators of the art group because he participated and interacted with them in the art group and exhibition. The development of his alternate sense of self was constructed as a result of his membership and affiliation with the art group, which represents a construction of self through others (Estroff, 1989). As previously noted, Brett's narrative thread was significantly eroded and disintegrated, which resulted in his inability to maintain a coherent (if any) sense of self. However, through the art group members and the facilitators of the art group, Brett was able to construct and to demonstrate an alternative sense of self which was not linked to the hospital or to the sick role.

As a member of a particular group, Brett was provided with a sense of self in relation to others. Thus, through the virtue of the other group members and the facilitators of the art group, Brett was acknowledged as something other than being sick. The art group opened up a space for Brett in which, for the first time in a long time, he was treated as something other than a psychiatric patient – he was treated as an artist. He was thus allowed to experience himself as something other than ill, which, in turn, allowed him to experience himself as both a man and as an artist.

The art group aided in Brett's construction of an alternative sense of self as an artist because it was probably easier for Brett to develop and to maintain his sense of self as an artist within an art group filled with other artists than to attempt to develop and to maintain a sense of self on an individual level (in other words, as a standalone artist). The art group members and facilitators helped to carry, share, and reinforce Brett's experience of himself as an artist on a weekly basis. Thus, Brett's thin, alternate sense of self was more easily solidified as the experience was both shared and carried by others from within his community (the art group). This study's findings are thus in agreement with Seigel (2005) who argues that a person's selves or at least part of one's selves are what an individual's interactions with others, groups, and societies allow or shape them to be.

### **5.5.2. Experiences of the Art Group**

The findings of this study correspond to the literature and findings pertaining to the

potential benefits of art as therapy and the creative art-making process (Heenan, 2006; Malchiodi, 1999; Park & Hong, 2010). All four of the participants experienced and benefited from the art group in uniquely different ways. Each of the participants took away and gained something different from the art group on a deeply personal level. The study identified common, underlying themes of hope, purpose, and enjoyment which were strongly experienced and expressed by all of the participants.

Benson (1975) suggests that images and art have the ability to stir particular feelings and sensations within an individual. Furthermore, Benson (1975) suggests that art may impact on an individual's memories and that it may influence their emotions. However, this study suggests that, although these points may be true, both the physical art-making process and the space (environment) of the art group (within this study) appeared to have a more significant impact on the participants' sensations, memories, and feelings than their viewing of images or art. A strong link was found between the participants' experience and use of the art group and their enjoyment and positive feelings created as a result of the art-making process. All four of the participants expressed positive feelings towards the art group and noted sensations such as enjoyment and excitement which stemmed from both the art they created and the space that was opened up for them personally within the art group.

For example, with regard to Brett, it was through the space of the art group (his ability to connect with others as opposed to the art he created) that he was able to develop a sense of pride, hope, and the experience of feeling like a man. His sense of achievement and enjoyment, however, appeared to stem more from the process of creating art. Once Brett had completed an artwork, he noted that he "feels, ah good in my heart" (Brett, p.8, lines 288-289).

Peter's enjoyment and positive feelings expressed towards the art group, like Brett's experience of the art group, also stemmed from both the art he created (which he took great pride in) and the space of the art group. For Peter, his art was a testimony to something positive that he was able to do in his life – it was as if he had "done something right" (Peter, p.8, line 321). The art did not highlight or focus on his failed attempts in the past, but it affirmed his talents and his abilities. The space of the art group reignited Peter's hope for the future and gave his life a sense of purpose – "...at least, you know you did something, and, and, and, you on your way somewhere" (Peter, p.9, line 329).

Sarah's artworks and the creative process involved in the creation thereof had a significant impact on her feelings and her experience of her past memories. She noted that one of her drawings created strong sensations of sadness and anxiety for her because it

reminded her of the pain and hardship she had endured with regard to being separated from her son. Her feelings overwhelmed her to the point that she had to change the picture the following week. The art group thus provided a space in which she could transform her artworks and her emotions. The art group became a space in which she could turn a painful past memory into something new and vibrant. Thus, Sarah could create a great sense of hope and positivity regarding her future. She was able to hope that, like her ability to change her picture into something vibrant and positive, she would be able to make positive changes within herself.

Although Gordon's data was very ambivalent and contradictory at times, things that came across clearly were the enjoyment and pride he experienced as a result of participating in the art group. As the art group provided a space in which he could express himself, he found the art-making process, as well as the space of the art group, therapeutic.

All of the participants gained a great deal more than merely a sense of enjoyment with regard to participating in the art group. The participants' experiences of the art group left them with a deep sense of satisfaction, purpose, and, most importantly, hope. Frankl (1963, as cited in Perry, Taylor, & Shaw, 2007) suggests that, in order for an individual to make sense of their experience and in order for them to have a purpose in life, they need hope, particularly during a traumatic experience (such as mental illness) that may result in the disintegration of one's self-awareness (as was evident with regard to Brett, Gordon, and Peter).

It would have been interesting to establish if this study would have obtained similar findings to that of Frankl (1963) particularly with regard to Brett. I can, however, only speculate as to the results because Brett was not interviewed before he joined the art group. However, from Brett's data, it is clear that he had little (if any) sense of self, that he struggled to make sense of his experiences, and that his life appeared to have little sense of purpose or hope prior to his attendance of the art group. In my opinion, it was as a result of participating in the art group that Brett was able to develop a sense of hope about his future. It would be interesting to establish the role/s which hope played and the extent to which a sense of hope was involved in Brett's development of a thin alternative sense of self.

Research has increasingly highlighted the importance of hope in facilitating people to recover from mental illness as individuals that are hopeful generally have positive thoughts and expectations regarding their futures (Perry et al., 2007). As evident in the findings of the study, Sarah, Gordon, and Peter all displayed a sense of hope and had positive thoughts and

expectations regarding their futures. Sarah saw herself in a managerial position as opposed to merely working as a general employee. Gordon expressed that he would like to establish a company in which he would be the boss. Peter was optimistic and excited about his future studies. However, Brett, who presented with the most limited sense of hope, made no reference to a future.

Lovejoy, as cited in Perry et al. (2007) argues that, without hope, one cannot recover from mental illness because one cannot attain the essential elements of recovery (such as the courage to trust others, the courage to try to recover, and the courage to change) without hope. This study does not suggest that the participants would or would not have recovered from their diagnoses as a result of the hope they may have obtained from participating in the art group. However, it would be an interesting future study to establish if the presence of hope could aid in individuals' recovery from mental illness.

This study, like the studies of Malchiodi (2003a), McNiff (2000), and Wadeson (1989), suggests that the creative art-making process provides a platform for individuals who otherwise struggle to express themselves verbally to communicate on a non-verbal level. Cameron (2010) suggests that art lends itself to the creation of a culturally safe environment through which individuals can communicate, connect, and express themselves emotionally. Within this study, the art group provided all four of the participants with an alternative means of communication because it gave the four individuals (otherwise generally invisible within society) a voice through which they were able to communicate and to mark their existence.

With regard to Sarah, for example, she noted that her art enabled her to show herself to others. The art group provided a safe environment in which she was able to communicate not only to others, but to herself. She was able to show her true self without being afraid of being judged, analysed, or viewed in a critical light.

Similar to Sarah's experiences, the art group provided Gordon with a platform through which he could communicate his sense of his self and his experience of his self to others and himself. Gordon could communicate his struggle with regard to managing and coping with his fragmented and chaotic sense of self. Through his participation in the art group, Gordon was able to express all sides of himself – all the fragmented and disjointed pieces that made up his self-construct. Through this process, he was provided with a space in which he could be himself, no matter how chaotic and fragmented this self may have been. The art group provided Gordon with a space in which he could take his time to experience and to communicate the extensive aspects of his self. Through the space of the art group,

Gordon was able to communicate his existence, as well as his experience of himself and the world, by creating something tangible. For example, Gordon said, “it’s something that I did” (p.5, line 139).

For Peter, the art group provided him with a space in which he was able to communicate his sense of independence – something that would have been very difficult to achieve within the hospital’s day-to-day environment. The art group provided Peter with a space in which he was able to communicate his separateness from others, his desire to do things on his own terms, and his desire to be appreciated. These desires were also evident in Brett’s data as Brett was seen as not wanting to engage with others directly, yet he still wanted to be a part of the art group community as long as the interactions took place on his own terms.

I felt that the most significant form of expression and communication came from Brett. Brett, who presented with the most limited sense and experience of self, spoke back with the loudest voice (in my opinion). The art group provided Brett with a voice through which he could communicate (shout) his existence to show the world that he exists, that he is a man, and that is more than just his illness. He said, “So I’m here and draw pictures and all that” (p.2, line 50).

Malchiodi (2003a) suggests that art as a means of therapy not only helps individuals who otherwise struggle to express themselves verbally to communicate on a non-verbal level, but it furthermore provides a way for individuals to communicate and to establish relationships with the facilitators of the process as well as with the other group members. These findings were particularly relevant and evident in Brett’s data. Brett experienced the art group as a place in which he could connect to and interact with others because it provided him with a sense of community and belonging. It became a space in which others showed an interest in him. This factor is important as Brett was most likely not accustomed to others showing an interest in him. The art group thus became a space in which people took the time to talk to him and to get to know him.

## **5.6. Limitations and Reflexivity**

### **5.6.1. Limitations and Implications Future Research**

Undoubtedly, all research approaches have limitations and strengths, I feel that the below mentioned limitations are particularly important to this study. As discussed at the

beginning of chapter five, IPA aims to give a detailed account of the phenomenon in question as opposed to making general claims (Smith & Osborn, 2003). Thus, all of the conclusions drawn from this study are tentative. Similarly, the findings made on the basis of this study cannot be generalised. Thus, further studies using a larger and more diverse sample size are necessary in order to make more general claims. This study, which applies a qualitative research approach, describes the experiences of four specific psychiatric in-patients, three of which have a history of psychosis. Thus, the study does not attempt to make assumptions or predictions with regard to the general population of psychiatric in-patients.

As IPA aims to provide the reader with a detailed account of personal and individual experiences of the phenomenon under study, Smith (2004) recommends that a single case analysis be conducted. Thus, as suggested by Smith (2004), when analysing the first transcript, namely Brett's transcript, I considered using it as a single case study because it presented a large amount of rich data. The analysis of Brett's transcript with regard to his mental illness, his sense of self, and his self-position fitted perfectly within the framework of the existing literature. The analysis also corresponded to the findings of previous studies on similar topics because Brett presented as a textbook case.

However, I found that the most interesting and compelling findings came from comparing Brett's data to the data obtained from the other three participants. I noted the similarities and differences between the participants' data, specifically with regard to Brett's transcript when compared to Gordon's transcript. Gordon did not fit neatly into a prescribed box and was far from being a textbook case. If a single case study had been conducted, the significance of the following findings would not have been discovered: the chronicity of the participants' illnesses, the community's influence (how one's story is carried and told by others as well as having a space to tell and share one's story), and the art group as an escape for the participants.

By analysing more than one case study, I was able to learn a great deal more about the possible benefits of running an art group within a psychiatric setting. These benefits included the following aspects: providing the participants with a space in which they could show their true selves, providing a space that did not judge the participants, and creating a space that gave the participants hope and a sense of enjoyment. As a result of analysing all of the transcripts as opposed to using a single case study only, I was able to make more general claims pertaining to the possible benefits of this specific art group as applicable to the art group members who did not participate in the research.

The role of the researcher as having a dual nature within IPA, as well as within this study, must also be acknowledged. While the purpose of IPA is to develop a greater understanding of the participants' lived experiences, researchers should understand that such an understanding is only made possible by interpreting the participants' data (Willig, 2008). Thus, the participants' experiences presented in this study were constructed as a result of the collaboration between myself, as the researcher, and the participants.

As suggested by Smith et al. (1999) and Smith and Osborn (2003), access to and making sense of the participants' life worlds depends on the researchers' own notions, ideas, and views. The reader therefore needs to keep in mind that the interpretations of the participants' experiences regarding the art group and the constructions of the participants' selfhood were affected by my views and preconceived perceptions. While the participants shared their experiences, I interpreted their accounts of the experience – a process that is suggested by Smith and Osborn (2003).

At times, I struggled to make sense of the participants' transcripts as a result of the confusion and lack of coherency found within their narratives. This issue was particularly applicable to both Gordon and Brett's transcripts. With regard to Gordon's transcript specifically, I found it very difficult and challenging to find meaning in and to make sense of his fragmented individual narrative. Brett's transcript was slightly less problematic; however, I still found it challenging to make sense of his rather baron individual narrative. My struggle in attempting to understand their narratives most likely reflects the difficulties they themselves had while attempting to understand and reflect on their own experiences.

The final analysis of the participants' experiences is thus a combination of and collaboration between the participants' experiences and my interpretations of their experiences. It is important to note that I have presented only one possible interpretation of the data and that other interpretations are also possible. Nevertheless, IPA regards the researcher's own notions and ideas as necessary components when making sense of the participants' lived experiences being studied (Chapman & Smith, 2002; Willig, 2008).

It should further be noted that I was not only implicated in the analysis as a result of my interpretation of the participants' experiences, but that I was further implicated in the analysis as a result of the socio-economic, racial, and mental health differences between myself and the participants (white, female, middle class, educated). These above-mentioned positions could have had an effect on my constructions of the participants' experiences. Furthermore, these positions could have shaped the way in which the participants were

presented in this study. Throughout the analysis of the data, I attempted to acknowledge the above biases by continuously highlighting and noting why I was interpreting the text in the way that I did.

This study is limited to some degree in that the participants were only interviewed once. If the participants were interviewed when they initially joined the art group, as well as during/after the process, richer data would have been produced (this would have to be approached cautiously as not to effect the interviewees experience of the participants, - experiencing them as their illness – to prevent the process of the art group and second interview process being tainted by the first by the first interview process, through carrying and maintaining the participants sick narrative). The information collected by such interviews would have revealed the status of the participants' selfhood and their self-positions before they had participated in the art group. This information would have made it easier to track the exact role of the art group in the construction of an alternate sense of self and a dialogical self for the participants. From a personal standpoint, it would have been interesting to see the exact role the art group played in aiding Brett's construction of an alternate sense of self. Future research may, therefore, benefit by including a comparative analysis of psychiatric in-patients' experiences of selfhood before and after their participation in an art group. This study was further limited in that, only one participant diagnosed with borderline personality disorder participated with in this study. It would have be interesting to compare two participants diagnosed with a personality disorder (with varying levels), against each other as well as the other two participants diagnosed with schizophrenia. Lastly it is important to note that all the participants were white, and to question what impact this may have had on the study, although there was a mixture of Afrikaans and English.

### **5.6.2. Strengths**

In terms of the study's strengths, the authenticity of the interviews was increased by the fact that I (the interviewer) had pre-established a relationship with the participants by being a facilitator of the art group. Thus, I could build a rapport with them before the interviewing process took place. The participants therefore felt at ease and comfortable when they shared their experiences with me. Furthermore, the three superordinate themes that emerged within this study provided valuable insight regarding how participation within an art group could be experienced by psychiatric in-patients with a history of mental illness.

The analysis of this study highlights the possible benefits of running an art group within a psychiatric hospital by illustrating how creative activities performed within a group setting could contribute to the construction of an alternate sense of self for the participants (as evident in Brett and Peter's analysis). The study also illustrates that participating in an art group could also create a sense of hope for the future of the participants, which (as discussed above) is imperative in facilitating long-term recovery from mental illness.

### **5.7. Conclusion**

This study showed the potential benefits of psychiatric in-patients' participation in an art group. All four of the participants in this study unanimously experienced their participation in the art group and the exhibition in a positive light. The art group gave the participants a sense of purpose, achievement, and hope for the future. The participants also emphasised certain distinctive reasons regarding why they continued to participate in the art group and why they enjoyed it. These reasons included the following:

- The art group provided them with an escape from hospital life and from their illness.
- The group represented a space that was free from judgment.
- The art group also created a space in which they could remove their 'masks' and a space in which they could show their true selves.
- The experience provided them with a sense of community and belonging.

The participants' participation in the art group appeared to provide them with a sense of normality and a space in which they could escape the roles and narratives involved in being 'ill'. The study further showed that some psychiatric in-patients with severe mental illnesses (such as schizophrenia) who present with severely barren, singular, and eroded experiences of self are able to construct an alternate sense of self by engaging in the process of art-making within a group setting.

With regard to both Brett and Peter, the self was seen as changing from a monologue to a dialogue in which the self began to present as a collective and multi-voiced self. The art group strengthened the participants' personal and social sense of the self in various ways. For example, the art group helped Brett to break away from his over-identification with the sick role, and it prompted a sense of community and belonging to develop amongst all of the participants. The art group became a space in which the participants' relationships with the

facilitators of the group and the other group members were built on common interest rather than illness. It was therefore a space where they came together as artists (not as people who were mentally ill). The community of the art group carried and strengthened the participants' sense of self as an artist, as opposed to a sense of the self as being ill.

When working with psychiatric in-patients, there are important implications attached to such research. In addition to the participants' participation in the art group, perhaps more opportunities could have been given to the participants to explore various means of maintaining an alternate sense of self, a sense of hope, and a sense of achievement once they had completed their participation in the art group. Although each participant gained personal, individual benefits from participating in the art group, my concern is the outcome of the long-term sustainability of such benefits once the art group ended (which it did shortly after the exhibition). Perhaps it would have been beneficial to collaborate with the participants' personal therapists within the hospital in order to develop, incorporate, and thicken the personal gains of each individual. Thus, such an interaction between the therapeutic benefits offered by an art group and the assistance provided by individual therapists would be a further resource in aiding the participants' long-term recovery from mental illness.

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## 7. Appendices

### **Appendix 1: Invitation to participate in research and information**

Dear Sir/Madam,

I would like to invite you to be part of a research project that is going to look at the art group you participate in at in N Psychiatric Hospital. The aim of the research is to look at some benefits of taking part in the art group. The researcher is interested in seeing if doing art changes how you see yourself. The researcher aims to use research from this project to learn how to better help people recover from mental health problems.

You do not have to agree to take part in this research. You can continue to be part of the art group and the exhibition without participating in the research. If you agree to participate, you will be given opportunities to withdraw from the research at any time you choose in the future.

The research will involve being interviewed once by the researcher and to have these interviews tape recorded. The interview will be between 20 minutes to half an hour long.

#### **Potential risks from participating in the research:**

There are no serious risks to taking part in this research. However, you might find that something upsetting comes up during the interviews. If this happens you will be able to talk to members of the research team and to your clinical psychologist, Nonhlanhla Mkhize. You might get worried by being taped for the interviews or you might get tired or not want to talk sometimes. It is important that you can feel free to stop or refuse to be interviewed any time. Everything you say on the tape will be typed out with all identifying information (like your name) removed. Tapes will be kept locked in a secure cupboard in the Department of Psychology, Rhodes University and only the interviewer, Dr. Trudy Meehan will have access to the tapes.

#### **Potential benefits from participating in the research:**

We hope that you will benefit from the research interviews and that they will help you build up your sense of self and learn more about yourself and how being part of this project has helped you. We hope that you will be able to feel proud that you are part of a research project and that your interviews will help other people with mental health difficulties. It is our aim that the findings of this research will be used to make arguments for maintaining the

art programme and programmes like that so that you will have more access to rehabilitation and quality of life activities. The research will also help other people who hopefully will benefit in the future from the findings of this research.

The research has been given support from the Rhodes University Ethics Committee and from the Fort England Ethics Committee. The project leader and researcher who will be interviewing me is Dr. Trudy Meehan, Senior Lecturer, Department of Psychology, Rhodes University, PO box 94, Grahamstown, 6140.

## **Appendix 2: Medical assessment of capacity to consent**

In addition to the consent forms attached which were used by the research team, all participants were formally assessed by their treating doctor to assess capacity to consent.

Dr. M, chief medical Officer at N Psychiatric Hospital assessed the participants' capacity. She was not a member of the research team and her primary role was in ensuring welfare and capacity of her patients. She interviewed participants individually to assess their capacity. The interview procedure was in line with standard medical practice in obtaining consent for treatment. Dr. M completed the attached form (Capacity to Consent Form) detailing the participant's ability to consent. Her interview assessed the participants' ability to: understand information, retain that information, use and weigh information as part of a decision making process and the ability to communicate his/her decision.

**Appendix 2.1:**

**Capacity to Consent**

I confirm that I interviewed ..... (Patient's Name) on ..... (date) in relation to his/her Capacity to Consent to the matter indicated above, he/she is able to (tick appropriate column):

	Yes	No
(a) understand the information relevant to the decision	<input type="checkbox"/>	<input type="checkbox"/>
(b) retain that information,	<input type="checkbox"/>	<input type="checkbox"/>
(c) use or weigh that information as part of the process of making the decision, and	<input type="checkbox"/>	<input type="checkbox"/>
(d) communicate his/her decision (whether by talking, sign language or any other means)	<input type="checkbox"/>	<input type="checkbox"/>
<b>He/she has the Capacity to Consent in relation to the matter indicated above</b> <small>(Note: Answering "No" to any of the above indicates a lack of Capacity to Consent)</small>	<input type="checkbox"/>	<input type="checkbox"/>

**Capacity to Consent Form**

Matter for which consent being sought (please tick):

Medication

ECT

Other (specify): .....

Patient Name: .....

Hospital Number: .....

Ward: .....

(Patient Sticker)


If No answered to any of the above, please provide details:

.....


.....

Date: ..... Clinician's Signature: .....

**Appendix 3: Consent Forms**

**Province of the Eastern Cape**  
**HEALTH**

Tower Hospital, Pringle Bay N 228, Fort Beaufort, 5720

 **RHODES UNIVERSITY**  
Where leaders learn

I, \_\_\_\_\_ (name in full) agree to be interviewed about the art project I am involved in at Tower Hospital. I understand that my interview will be tape recorded and used for research. There will be written documents describing the research. My name and other identifying information will be removed when the research is written. I agree to allow photographs of my work to be used in research. I agree that the interviewer can know my diagnosis and age.

I understand that my participation is voluntary and that I can change my mind at any time. I understand that I am free to talk about any worries or concerns I have about the research to any members of the project. If I get upset about this research or if the research interviews make me feel bad in any way, I understand that I can ask Nonhlanhla Mkhize (Senior Clinical Psychologist) for a time to talk with her for support.

Date: \_\_\_\_\_ Witness: \_\_\_\_\_  
(Name in full))

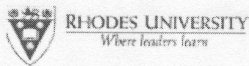
Signature: \_\_\_\_\_ Signature: \_\_\_\_\_



Province of the Eastern Cape

HEALTH

Tower Hospital Private Reg X 726, Fort Beaufort, 5720



Ek, \_\_\_\_\_ (volle naam) stem in tot 'n onderhoud oor die kuns projek waarin ek betrokke is by Tower-hospitaal. Ek verstaan dat my onderhoud met n band opgeneem sal word en ook gebruik word vir navorsing. Daar sal dokumente geskryf word oor die navorsing. My naam en ander persoonlike inligting sal verwyder word wanneer die navorsing klaar geskryf is. Ek sal toelaat dat foto's van my werk gebruik kan word vir die navorsing. Ek stem saam dat die onderhoudvoerder my diagnoseer en my ouderdom weet.

Ek verstaan dat my deelname vrywillig is en dat ek op enige tyd van plan kan verander. Ek verstaan dat ek vry is om te praat oor enige bekommernisse of kommentaar wat ek het oor die navorsing aan enige lede van die projek gee. As ek ontsteld raak oor hierdie navorsing of indien die navorsing onderhoude my ongemaklik laat voel op enige manier, verstaan ek dat ek Nonhlanhla Mkhize (Senior Kliniese Sielkundige) kan vra vir ondersteuning.

Datum: \_\_\_\_\_

Getuie: \_\_\_\_\_

(Volle Naam)

Ondertekening: \_\_\_\_\_

Ondertekening: \_\_\_\_\_

## **Appendix 4: Semi-Structured Interview Schedule**

### **1. Self and other representation**

- Tell me about yourself?
- What do you do during the day/week? What do you enjoy doing?
- How would other people describe you?
- What do you think people will say about you and your art work when they see it at the exhibition?

### **2. Past occupations and hopes for the future**

- What kind of jobs did you work at in the past?
- What kind of jobs would you like to do in the future?

### **3. The Art Group**

- Tell me about the art group; What happens in it; how often do you come to the group?
- Why did you join the art group?
- What keeps you coming back to the art group every week?

### **4. Personal meaning attached to and experience of the art group**

- Can you describe what you like about the art group?
- Would you change anything about the art group?
- What influences your art/ or what you decide to draw?

### **5. The impact of the Art Group**

- Does the art group help you when you feel unwell or upset? If so in what way?
- How do you feel after doing the art group?

### **6. The Upcoming Exhibition**

- Tell me about the Art Exhibition?
- Are you looking forward to the Exhibition? Why? Why not?