

# Patient's Needs

## and Expectations of Support During and After Psychosis: A Narrative Analysis

Name	J.C. van Groen
Student number	492375
Course	Thesis
Supervisor	M. Heerings
Reading Committee	H.M. van de Bovenkamp
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## Summary

**Background.** Support of family and friends in the recovery of a psychosis is very important to have a meaningful life again and feel optimistic about the future. The perception of support by the patient and the influence relationships, sense of belonging, expectations and stigma can have is important, but rarely looked at in practice.

**Methods.** To explore the personal experiences of patients with a psychosis, with the needed and experienced support from their close relatives, five autobiographies were analyzed. A narrative analysis was used, describing several storylines and themes commonly found within the books.

**Results.** One storyline of helpful support and three storylines of unhelpful support were identified. To give helpful support, the caregiver had to give the right amount of support, give the patient a sense of belonging and be attentive to the needs of the patient. Support was unhelpful when patient's needs were not met and too much or too little support was provided or when a sense of belonging was missing. It was observed that relatives play an important part in giving support and that the need for support was varying over time and could be influenced by the expectations a patient had beforehand, the sense of belonging they felt with their relative and perceived stigma as well as associative stigma experienced by the caregiver.

**Conclusion.** This thesis shows the variation in needs for support over time and during the recovery. Furthermore, it describes the influences of expectations, stigma and feeling a sense of belonging on the perception of the received support. When support is given that is perceived as unhelpful by the patient, this hinders the recovery process and the relationship between the patient and the relatives deteriorates. However, when support is perceived as helpful, it helps the patient in their recovery and the relationship between the patient and their relatives gets stronger.

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## 1. Introduction

Severe mental illnesses can be hard to live with, because they disrupt your life and the relationships you have with friends and family (Kinson, Hon, Lee, Abdin, & Verma, 2018). One of these illnesses is psychosis, where you cannot trust your own judgement as you lose (some) contact with reality. This often involves hallucinations – hearing or seeing things that other people cannot see or hear – and delusions – believing things that are not actually true – (GGZ, 2017). This disease disrupts your life and support of family and friends can play an important role in the recovery (Addington, Collins, McCleery, & Addington, 2005; Dixon & Lehman, 1995). However, the received support and the perception of this support by the patient is a complex matter and can be influenced by different factors. The focus of this thesis will be the patient's perspective of these relationships with relatives and how they helped them in the recovery. This will provide insight in family bonds during illness and find ways to improve those relationships and will enable the family and relatives to support patients more during their recovery process.

Psychosis is a severe psychiatric disorder, which is characterized by confusion, losing contact with reality and having hallucinations and delusions (GGZ, 2017). There is a spectrum of psychiatric diseases where a psychosis can occur, with some examples being a schizoaffective disorder, schizophrenia, bipolar disorder, addiction and a postpartum psychosis (GGZ, 2017). Recovering from a psychosis is a long process, where the goal is that a patient recovers enough to improve their quality of life and have a meaningful life, whereby personal recovery is an important factor. (GGZ, 2017; Maddigan, LeDrew, Hogan, & Le Navenec, 2018). Several therapies are used to help patients recover from their psychosis and reach the goals of recovery. This can include medication, cognitive therapy, psycho-education and often a patient is admitted to a psychiatric hospital to start up the treatment and let patients get back into reality in a safe environment (GGZ, 2017). The last years, more attention has been brought to the surroundings of the patient and family and friends were more involved in the care and the recovery process (GGZ, 2017). This shows that the view on recovery is changing and there is more attention for the support system of the patient at home.

Recovery is no longer viewed as something that a patient goes through by themselves, and in treatment of the disease often family and friends get involved (GGZ, 2017; Lucksted et al., 2018). During the treatment family and friends are already involved, to learn how they can help the patients best (GGZ, 2017). The relatives are the most important source to provide different kinds of support for the patient, which are needed for them to recover enough to have a meaningful life (Chronister, Fitzgerald, & Chou, 2021). Patients need different types of support from them in their recovery, which differ during their different phases of recovery (Addington et al., 2005). Social support given by family and friends can make symptoms less severe and help the recovery of the patient (Gariépy, Honkaniemi, & Quesnel-Vallée, 2016). Practical support is something that almost all patients need and which family often provides while patients are busy recovering (Doucet, Letourneau, & Blackmore, 2012). This relationships between patients and their family are complicated, the family can be overburdened because of the care giving and can have an influence on the problems the patient experiences (Caqueo-Urizar, Urzúa, Jamett, & Irrarazaval, 2016). In this thesis the focus will be on the helpful support that patients experience and how the support can be improved to be more helpful for patients. This will be done according to the appreciative inquiry model, which adopts a positive view and looks for strengths in relationships, to innovate in a positive way (Stavros, Godwin, & Cooperrider, 2016). For patients the expectations they have of the support

that the relatives have to give plays a role in how the support is received (Cutrona, 1996). Concluding, social support and practical support are both important for a patient to receive from their relatives to improve their recovery.

Another important concept that influences the support and the recovery is the connectedness that a patient feels with their relative. In the literature this is often described as a sense of belonging. A sense of belonging is about emotional attachment, feeling at home and feeling safe with someone (Yuval-Davis, 2006). Patients only experience this feeling with people they are really close to for a longer period of time (Baumeister & Leary, 1995). When a patient experiences a psychosis, their relationship can change and the feeling of belonging can be hindered if a patient feels stigmatized by their relatives (Kinson et al., 2018). Furthermore, stigma can also change the patient's perception of support if they are stigmatized by their relatives (Kinson et al., 2018). Stigma occurs in almost half of the patients who experienced a first episode of psychosis (Simonsen et al., 2019). When a patient perceives stigma this is associated with a higher presence of symptoms, including positive, excited and depressive symptoms (Simonsen et al., 2019), as well as less self-perceived quality of life (Degnan, Berry, Humphrey, & Bucci, 2021). If patients don't feel connectedness and belonging or feel stigmatized by their relatives this can have a negative effect on their recovery (Perry, Taylor, & Shaw, 2007; Simonsen et al., 2019).

One of the ways relationships while giving care can be viewed at is by using care ethics. Care ethics conceptualizes the ethics of giving care and the relationships within this care giving (Tronto, 1993). It describes that to give good care you have to empathize with the patient and adopt their perspective when giving care (Tronto, 1993). This is important because it shows that the needs of the patient have to be taken into account by the relative that is giving the care, and that attentiveness to these needs is vital to provide good quality care (Tronto, 1993). It shows the other side of the needs of the patient and provides a framework for family members and relatives to follow when wanting to give sufficient care. It is a framework that could be used in the Dutch Mental Healthcare to help guide relatives in their process of learning how to handle the symptoms of psychosis and helping the patient recover.

The societal relevance of this thesis can be divided into two parts: exploring the needs and experienced support of the patients and learning how in practice the support of the family can be best incorporated into the journey of recovery of the patient. Earlier qualitative research about support during a psychosis is mostly done about support while returning to work (Doucet et al., 2012; Rinaldi et al., 2010). When a patient just arrives home from the psychiatric hospital, they still need a lot of support from their environment (Kopelovich et al., 2021), and literature is lacking, especially when it comes to the perspective of the patient. Since recovery can take a long time, the support that is given when patients get home and still have some symptoms and have to take back control over their own lives piece by piece, is really important for the patient himself (Davies, Gordon, Pelentsov, & Esterman, 2019). This thesis provides an overview of this whole period described in the books, where patient go into their needs as well as how well those needs are met by the family. From this information a conclusion can be drawn about how patients need and experience support and what can be improved. Recommendations about involving family in the process of recovery will be made at the end of this thesis, to make the process of recovery easier for the patient and inform the family about how to best support the patient.

The scientific relevance of this thesis is mostly on the use of already existing patient stories to analyse the perceived support and the needs and expectations of the patients. Until now analysis of support surrounding psychosis has mostly been done with questionnaires and interviews, and focussed more on the actual given support instead of connecting received support with the relationships patients and their families had before they got a psychosis (Tempier, Balbuena, Lepnurm, & Craig, 2013). Almost no research has been done with the use of books (van de Bovenkamp, Platenkamp, & Bal, 2020). Using books as source provides more extensive information in the topics that the author of the book finds important, whereas in questionnaires and interviews the themes are fixed (van de Bovenkamp et al., 2020). In this thesis it adds the perspective of the patient when it comes to support during their recovery, which can show changes in their needs and expectations over the course of time. Moreover, they add insight in the relationships of patients with their relatives before they got a psychosis, which can have an influence on the perceived support. Therefore, the focus of this paper will be on the analysis of books written by patients and their relatives.

The aim of this thesis is to investigate the perception that a patient, who has had a psychosis, has of the relationship with their families and close relatives. Qualitative methods including narrative analysis will be used, as this will reveal the constructed story of an individual participant and provide a way to identify differences and similarities between stories (Sharp, Bye, & Cusick, 2019). This will give insights as to how these relationships affect the recovery and provide leads for improving the relationships and improve the recovery.

The research question will be: 'What support do patients need and how do they experience support from their family and close relatives during the recovery process of their psychosis?'

The sub-questions will be:

- What are the needs for support of the patient during their recovery process?
- What role does belonging play in the relationship between relatives and how does this influence the experienced support?
- How does the support of family influence the recovery of a patient?
- What role do expectations of the patient and stigma play in the experienced support?
- How do needs change during the recovery of the patient and what does this do for the experienced support?

To answer these questions, I will first build a theoretical framework, that will be used in the analysis of the patient stories. Second, the themes and narrative summaries derived from the narrative analysis will be explained and related to the theoretical framework. Lastly, the data will be connected to existing literature, the practical relevance will be explained, and an overall conclusion will be formed.

## 2. Theoretical framework

This framework will provide the theoretical concepts, that will be used in the analysis of the data. When looking at the relationship between the patient and their relatives, the care ethics model shows how a good relationship should look like to provide the best support for a patient. During their recovery the patient has different needs for support, which can be divided into several categories, which could fluctuate depending on the phase of recovery the patient is in. Furthermore, the perception of received support can be influenced by different factors, which can make some support helpful, while for another patient this same support can be perceived as unhelpful.

### 2.1 Ethics of care

Care ethics looks at a caring relationship as a base to study ethics. It concentrates on values that are important to keep relationships and make them better (Tronto, 1993). Care is described as ‘a species of activity that includes everything we do to maintain, contain and repair our world so that we can live in it as well as possible. That world includes our bodies, ourselves and our environment’. Tronto (1993) describes four phases of care and their virtues. The four virtues of care start with that as a care giver you should be attentive to the needs of the patient, you have to take responsibility for certain kinds of care, you have to have the competence to give the care and you should be responsive to how the care is received by the patient, because their perception is important for how useful the given care is. The phases of care of Tronto (1993) and their corresponding virtues are described in Table 2.

**Table 2.** Phases of care according to care ethics

Phase	Virtue
1. Caring about: the needs of the patient are central, the care giver needs to pay attention to the needs of the patient.	Attentiveness
2. Taking care of: taking responsibility about the care of the patient and deciding to take certain parts of care on.	Responsibility
3. Care giving: the actual giving of care, being competent enough to give the care.	Competence
4. Care receiving: how did the patient receive and perceive the care.	Responsiveness

Tronto (1993, p19) describes that ‘caring requires that one start from the standpoint of the one needing care or attention. It requires that we meet the other morally, adopt that person’s, or group’s, perspective and look at the world in their terms. This model describes how you can give good care to someone, where you are attentive to their needs, take responsibility for giving the care and give care in which you are competent. The care that the patient needs can be divided into different categories, described in the paragraph below.

### 2.2 Supportive needs

Different kinds of support are important and needed when experiencing mental illness (Davies et al., 2019; Hendryx, Green, & Perrin, 2009), and often this support is given by family members

(Chronister et al., 2021). Especially during adolescence – when most patients experience their first psychosis – family is an important source of support (Gariépy et al., 2016). In later stages in life, family support is more often complemented with peer support. However, even in these stages, family support often remains a more reliable source of support as friendships are more transitional. Furthermore, developing meaningful friendships can be harder when having a mental illness in these crucial years (Gariépy et al., 2016). Supportive acts can be divided in different domains, according to the Supportive Care Framework Fitch (2008) made for cancer care. This framework is considered to be useful when identifying the needs of people experiencing psychosis (Davies et al., 2019). The domains of the supportive care needs framework (SCNF) include emotional, informational, physical, practical, psychological, social and spiritual needs (see Table 3) (Fitch, 2008).

**Table 3.** Categories of needs in the supportive care needs framework

Categories of need	Fitch’s definition (2008)
<b>Physical</b>	‘Needs for physical comfort and freedom from pain, optimum nutrition, ability to carry out one’s usual day-to-day functions (i.e., activities of daily living)’
<b>Informational</b>	‘Needs for information to reduce confusion, anxiety and fear; to inform the person’s or family’s decision-making; and to assist in skill acquisition’
<b>Emotional</b>	‘Needs for a sense of comfort, belonging, understanding and reassurance in times of stress and upset’
<b>Psychological</b>	‘Needs related to the ability to cope with the illness experience and its consequences, including the need for optimal personal control and the need to experience positive self-esteem’
<b>Social</b>	‘Needs related to family relationships, community acceptance and involvement in relationships’
<b>Spiritual</b>	‘Needs related to the meaning and purpose in life to practice religious beliefs’
<b>Practical</b>	‘Needs for direct assistance in order to accomplish a task or activity and thereby reduce the demands on the person (e.g., homemaking services, financial assistance)’

### 2.3 Influence on needs

Different phases and domains can be distinguished when looking at the recovery of a psychosis, which can have an influence on the needs of the patient. The different domains are called the CHIME model and consists of connectedness, hope and optimism about the future, identity, meaning in life and empowerment (Leamy, Bird, Boutillier Clair, Williams, & Slade, 2011). These domains focus on the personal recovery of the patient and can be used to measure the recovery of a patient (Leamy et al., 2011). It gives an overview of the domain that a patient needs to have a meaningful life and its purpose is to focus in the recovery on the well-being of the patient (Leamy et al., 2011). Another model that complements the CHIME model is the five stage model of recovery described by Andresen et al. (2003). It describes how patients go through different stages during their recovery (see Table 1).

**Table 1.** Five stage model of recovery

Stage	
<b>1. Moratorium</b>	Hopelessness, confusion, denial and withdrawal
<b>2. Awareness</b>	A fulfilling and meaningful life is still possible



<b>3. Preparation</b>	Developing skills of recovery and identify values and strengths
<b>4. Rebuilding</b>	Working towards personal goals and taking control of one's life
<b>5. Growth</b>	Having a full and meaningful life, a positive sense of self and resilience in the face of setbacks

Family can play an important role in reaching full recovery, and help the patient to go through all the different phases (Addington et al., 2005). The process of going through the stages recovery can be hindered by negative experiences surrounding the illness and perceived stigma (Simonsen et al., 2019). Recovery is described as “a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and/or roles ... a way of living a satisfying, hopeful and contributing life even with the limitations caused by illness” (Anthony, 1993). The stages of recovery can be influenced by stigmatization and supportive care by family members, which the categories of recovery confirm and at the same time the categories provide the domains in which social support and stigmatization are perceived as important.

Phases of recovery are important to determine which kind of supportive care is needed at that point in time (Addington et al., 2005). It is expected that there is a difference in the needs of a patient that change when they are recovering more and obtaining new skills. However, something that has to be obtained by giving support are the domains of the CHIME model, which are crucial for an optimal quality of life for the patient (Leamy et al., 2011). To reach this, it is important that the support is balanced and based on the needs of the patient (van Weeghel, van Zelst, Boertien, & Hasson-Ohayon, 2019). In conclusion, different kinds of support are needed to get through different phases of the recovery, and family plays a role in almost all of these forms of support. However, even when support is given, the perception of this support can be influenced by several factors described in the paragraph below.

## **2.4 Perception of support**

The perception of received support can be influenced by several concepts from the theory. These can be important to explain how needs change from person to person and can change depending on the relationship between the patient and the relatives. Three of the concepts that are important in perceiving support are expectations, a sense of belonging and stigma.

The way support is experienced by a patient can be influenced by the expectations they have beforehand of what support they want or need to receive. If the received support differed from the expectations, either in a positive or a negative way, the satisfaction with the support given was lower (Cutrona, 1996). The fulfilment of expectations becomes more important over time, because when people get more confident in themselves, they are less likely to forgive a violation of the expectations (Seiger & Wiese, 2011). This shows that expectations are in constant movement and can change with the phases of recovery a patient is in.

Another important influence on the perception of support is belonging. When speaking about belonging, the term can be differentiated in belong as a personal, intimate, private sentiment of place attachment (‘sense of belonging’), which is built up and grows out of everyday practices, and belonging as an official, public-oriented ‘formal structure’ of membership (Antonsich, 2010). In this thesis I will focus mostly on the first, having a sense of belonging within your network of family and friends. A sense of belonging, or place-belonging, is about emotional attachment, feeling at home and feeling safe (Yuval-Davis, 2006), it is not necessarily about the physical place but more a

symbolic space of familiarity, comfort, security and emotional attachment (Antonsich, 2010). Generating a sense of belonging is dependent on the type of a relation, in order to feel like you belong the relationships must be long-lasting, positive, stable and significant, which means filled with affective concerns and care (Baumeister & Leary, 1995).

In patients who have experienced a psychosis, belonging has been one of the most important factors to maintain hope (Bonnett, Berry, Meddings, & Holttum, 2018; Perry et al., 2007). Hope is an important factor to recover from a psychosis as shown in the CHIME model (Leamy et al., 2011) and when a sense of belonging was not felt by the patient they often felt helpless (Bonnett et al., 2018). Patients did mention in the interviews in the article of Perry (2007), that they often when they felt they didn't belong in a group, that they didn't feel understood in their illness and most of the time even stigmatized.

Stigma is often encountered by patients with psychosis and their families (Kinson et al., 2018). Family comprise a big part of the groups patients feel stigmatized by (Cheng, Tu, Li, Chang, & Yang, 2015; Kinson et al., 2018). Percentages of patient's experienced stigma by their family of 23-46% have been described in the literature (Cheng et al., 2015; Kinson et al., 2018). Stigma is described as a social construction that distinguishes someone as different from others in a negative way (Goffman, 1963). A distinction is made between public stigma – the public endorsement of prejudice against a stigmatized group – and self-stigma – the individual's internalization of public stigma (Corrigan & Kleinlein, 2005). Public stigma can be divided in two categories: experienced and perceived stigma. Scrambler & Hopkins (1986) defined experienced stigma as an instance of discrimination on the grounds of a person's or group perceived unacceptability or inferiority. Perceived stigma can be described as: the beliefs of a stigmatised persons that society has a negative association with them (Link, 1987). Patients with psychosis are not the only ones that can experience stigma, close relatives and family can be faced with feelings of stigmatization (Catthoor et al., 2015). The public stigma the people, associated with the patient, experience is called associative stigma (Verhaeghe & Bracke, 2012), and the self-stigma is called affiliate stigma (Mak & Cheung, 2008). Associate stigma is mostly seen by parents of patients, who are mentally ill, and affiliate stigma is seen more in caregiver's relationships other than parents (Ebrahim, Al-Attar, Gabra, & Osman, 2020). This can influence the care someone gives to their family, but research has shown that a certain amount of care continues, even if caregivers experience associate or affiliate stigma (Ebrahim et al., 2020). In conclusion, there are a lot of different forms of stigma, which influence patients and their families and can therefore have an influence on their relationship.

### 3. Research methods

In this thesis a qualitative method, narrative analysis, is used to analyse books on experiences of patients regarding the relationship with their family members and close relatives.

#### 3.1 Data collection

The data was collected from an online database with patient stories moderated by the Erasmus University Rotterdam. Criteria for inclusion of books were that the patient must have had at least 1 psychosis, the books had to be an (auto)biography, the story had to take place in the Netherlands and at the moment of the search the year of publication had to be in or after 2011, to still provide an accurate view of the situation as it is now. Books were excluded when they do not mention relationships between the patient and their family members or close relatives. Several variables were used to sample books, to ensure that different perspectives are taken into account: having had 1 or more psychoses, being male or female, different ages and the underlying disease a psychosis can occur with. This resulted in choosing five books, which were all different from each other in terms of the aspects mentioned above.

#### 3.2 Data analysis

Narrative analysis is an approach to use with text in the form of stories or narratives (Sharp et al., 2019). The results of a narrative analysis is a story, which describes events and makes it clear how they contribute to the overall point (Sharp et al., 2019). In this thesis the method of Murray & Sools (2014) was used. They provide a step-by-step guide to follow when performing narrative analysis (Murray & Sools, 2014) (See Table 3).

**Table 3.** Step-by-step guide to narrative analysis

Part	Steps
<b>Introduction</b>	<ol style="list-style-type: none"><li>1. Formulate a case title to capture the story as a whole</li><li>2. Introduce the case as a whole</li></ol>
<b>Story analysis</b>	<ol style="list-style-type: none"><li>3. Formulate a storyline title to capture the essence of the storyline, which can differ from the overall story of the case.</li><li>4. Identify and characterize all five storyline elements. 1) agent/character, 2) acts/events, 3) means and/or helpers, 4) setting/scene, 5) purpose/intention. Then identify the breach: an imbalance between two storyline elements</li><li>5. Write a summary of the storyline (researcher's narrative summary), which follows logically from the previous analysis</li><li>6. Draw conclusions based on the storyline analysis. Discuss these conclusions by putting them in a wider perspective and provide possible explanations.</li></ol>
<b>Interactional narrative analysis</b>	<ol style="list-style-type: none"><li>7. Focus on how storylines are positioned by storytellers/listeners in the interaction</li></ol>

	8. Describe the positioning of the storytellers/listeners 9. Conclude and discuss what is at stake for storytellers that might explain their positioning of storylines and of themselves/others
<b>Contextual analysis</b>	10. Provide contextual explanations for the findings to position the storylines in the wider social, societal and political context 11. Positioning of storytellers/listeners and interactional patterns in wider context
<b>Comparative analysis of storylines, interactional patterns and/or contexts</b>	12. Make comparison between different cases

The books were all digitalized and Atlas.ti version 9 was used for analysis and to construct the narrative. After analysis of the individual books with the method of Murray and Sools (2014), two different types of comparison of these stories were used. First, common themes were identified from the narrative summaries and conclusions. These were related to the theoretical framework using the theory from the book of Sharpe et al. (2019). This involved identifying categories and themes based on attributes common to stories, while using an abductive approach, using concepts from theory to find a common theme and looking for theory based on found themes in the data (Sharp et al., 2019). Secondly, different narrative plotlines were identified using the method of Murray and Sools (2014). This combination of analyses embedded the findings in the theory while also keeping close to the stories in the books.

An abductive approach was used, which means that the theoretical framework was evaluated and adjusted throughout the process of analysis (Timmermans & Tavory, 2012). Abductive analysis emphasises that researchers should start with a broad theoretic base and develop this theoretical base further throughout the research project (Timmermans & Tavory, 2012). During the analysis the concepts of belonging, expectations and the conceptual model of Tronto (1993) were added to the introduction, research questions and the theoretical framework. Belonging and expectations were something that came up into the books as concepts that influenced the perceived support, that couldn't be explained by the phase of recovery, the needs of the patient and being stigmatized. The model of Tronto (1993) was added to explain the relationships between patients and relatives more from a model that explained a relationship where one is the care giver and the other a care receiver.

### **3.3 Validity, reliability and generalizability**

This thesis aimed to increase validity, reliability and generalizability by following different guidelines (Green, 2018; Smith, 2018). Firstly, it is important to be aware of and describe your position as a researcher and be reflexive on this position, as this could influence your view on the data. For me, as an author of this thesis, there were two main points that could have an influence on the interpretation of data from the books. The first is my background in Medicine, which given insight about what a psychosis looks like from a clinical perspective and this education provided me with a more quantitative perspective on research. Therefore, it was crucial to keep opening up to the experiences of the people in the book and not view them from a clinical perspective or look for

quantitative evidence. Second, I have experience myself in recovering from a traumatic brain injury, which formed my expectations in what recovery looks like and what support you would expect from the people surrounding you. I had a very positive experience with receiving support, which helped in my recovery, because my family as well as my friends took into account my needs and disabilities. I knew that I was lucky to have such support, however, I do expect a certain amount of support in a material as well as immaterial matter. The impact of my background and previous experiences were minimized by actively reflecting with members of my thesis group, my thesis supervisor and being reflective of my own work.

Furthermore, an audit trail was established, to provide transparency in the methods used and the data collected (Green, 2018). Member checking is not possible in the type of research used, instead audit checking and peer deliberation will be used (Green, 2018). This includes checking if the story describes the data well and verifying if the conclusions drawn follow logically from the data. Another way to show the reader why certain conclusions are drawn is making use of thick description, using quotes and raw data that describe the data (Green, 2018). During the formation of a theory, negative case finding will be used to ensure an open view (Green, 2018).

Generalizability in qualitative research consists of 4 types: naturalistic generalizability, transferability, analytical generalization and intersectional generalizability (Smith, 2018). To increase naturalistic generalizability this thesis provided details/quotes from the books to make a connection to the readers lives (Smith, 2018). Transferability was ensured by using different books with different context and writing an overarching story, compatible with multiple contexts (Smith, 2018). The abductive way of working and the placement of the findings within the theory produced a new theory applicable to multiple populations and contexts which enhances analytical generalization (Smith, 2018). Finally, intersectional generalizability is defined as a respectful way to track patterns and record the particulars of historically oppressed and their resistance to this oppression (Smith, 2018). In this subject it is mostly connected to the theme of stigma that is still widely spread within the society, and connects to a broader topic concerning discrimination of mental ill patients, which leads to mentally ill patients wanting to change this view on their illness (Smith, 2018).

### **3.4 Ethical aspects**

The books in this collection are all publicly available and therefore names and places used will not be anonymized. However, it can be the case that the author of the books has already anonymised certain names and places for the privacy of the persons used in the books. In this thesis the names and places that are mentioned in the books will be used. This will ensure the transparency of results in this thesis.

In this study, the materials that patients wrote for other purposes than research, were analysed and used to draw conclusions about the patient group as a whole. This issue of appropriation, where the author of this thesis uses the elements written down by the patients with a psychosis, even though the author has never experienced this mental illness (Mosley & Biernat, 2021), is justified. The stories will be used to improve the patient care and give a wider audience to the stories of the patient, while trying to stay as close to their original meaning as possible.

## 4. Results

Five books were included in the analysis. All the books were autobiographies, with three female and two male authors. The diagnosis they got was a range of diagnoses that occur within people with a psychosis: two had a bipolar disorder, two schizoaffective disorders and one postpartum psychosis. Furthermore, some themes that are often associated with psychotic disorders were present in the books with sexual abuse, neglect by parents and being prone to addiction (see appendix A for a full overview). All these books are analysed following the framework of Murray and Sools (2014), which are included in the appendix (see appendix B). From this analysis different themes were identified, which determined how the patients experienced the support that their relatives gave. This depends on the actual given support, the needs of the patient, the way they felt like they belonged with their relatives and the expectations they had of the support they would receive from their relatives. In the first paragraph several overarching narrative summaries will be given, about how support can be helpful or unhelpful for patients. The themes from the narrative summaries will be further explained in the following paragraphs.

### 4.1 Experienced support

The way that a patient experienced the support is based on the actual given support, the support they needed, the sense of belonging they felt and the expectations they had about the support that should be given. Below two categories of narrative summaries are described, one for received support that was experienced as helpful and one that was experienced as unhelpful, where there are multiple ways of unhelpful support\*.

\*Text in cursive are direct quotes from the books. Normal text is written by the author of this thesis

#### 4.1.1 Helpful support

##### The right amount of support, belonging and attentiveness to needs of the patient

‘My family reached out for help when I first started to show signs of the psychosis, because I wasn’t capable to do this at first. When I was admitted they kept visiting me and were very patient when I wasn’t always making sense in what I said and did. They let me move in when I came out of the psychiatric hospital and helped me in the first weeks with the basic daily things. The first weeks back home again a close eye is kept on me and I am helped to keep my life on track. *I can tell him everything and he gives me love and attention, when I need it.* And when I want to do things on my own when I am ready again, they let me do those things independently. My family helped out with the finances, so that I am not left with a debt right when I should only be occupied with my recovery. *It is really special that my family still want to have contact with me and embraced me with my illness. Their confidence in me is really self-evident for them, even though it is something that has come in phases.* My family really tries their best to make me feel like I still belong with them.’

#### 4.1.2 Unhelpful support

##### Received support and expectations mismatch – too little support

‘When I got a psychosis, I expected my family and friends to support me and be available to listen to me when I needed this. *I told [my parents] that I hated it that I felt like I couldn’t tell*

*them everything and that I wished it was different. They told me that I could always tell them everything, but that is not the case. She [my mother] reacted immediately that they didn't want to talk about my past and that I needed professional help. They didn't want to listen to my fears and insecurities while recovering. This at a time when I needed the support the most. I couldn't count or lean on you in one of the hardest periods of my life.'*

#### Received support and needs mismatch – too much support

*'At first when I got a psychosis, my family immediately called the crisis services and got me admitted to a psychiatric hospital. They were freaked out and wanted to give me the best medical care possible. They thought they knew what was best for me, even better than the doctors and nurses. I reacted fiercely to my family, because they seemed to know what was and what wasn't good for me. I got into conflict with them regularly. I wanted to decide my own path and learn from my own mistakes.'*

*'My family was always there for me when I needed them. They knew what was best for me and tried to get me the help I needed. They did everything for me and made me do all this treatments. When this didn't work out and my behaviour got more erratic they were fed up and decided to cut off all contact. They gave me a last hint for what treatment I could do, but it was up to me to pursue it. Why did it work this time? It was a combination of different factors. I was prepared to do things differently this time. I worked on myself actively, and tried out every advice they gave. But also the fact that my family had abandoned me played a role. Now I had to do everything myself and find motivation to get better myself.'*

#### Missing sense of belonging

*'From an early age I was not understood at home. Even when I experienced traumatic events I couldn't tell my story because they didn't understand me. When I got into a psychosis this got even worse and my family didn't even try to understand the illness. You weren't open to me as a person. I felt like I was shoved aside. The feeling like I didn't count anymore for you. I started to look for other people to open up to, when my family wasn't there for me emotionally. Overall, I felt like an outsider within our family and I often wished that I was born in another family.'*

## **4.2 Needs**

During the psychosis and the recovery patients need different types of support from different people. These needs of the patients can be divided into two larger categories: material needs and immaterial needs. These categories are used, because it was often seen in books that material needs often are given while immaterial needs of patients are often overlooked by relatives. Patients themselves often use these two categories in the books to describe their received support, and all the support from the model of Fitch (2008) can be split in one of these categories. In the first and second paragraph these needs will be further elaborated on and the types of support that patients got will be connected to those broader needs. Furthermore, the changes over time in the needs will be discussed. As patients get further along in their recovery process, the support they need and expect will change. You see that the patients describe that they acquire more skills to cope with their illness and as they get better, they are able again to take care of themselves. The different

forms of support offered by the relatives should change according to the recovery process of the patient.

#### **4.2.1 Material needs and change over time**

During their psychosis patients described they needed support in multiple ways, where in the beginning of their psychosis the material needs were most evident. Because of their psychosis it was hard to take care of themselves and they needed support from their loved ones, to help them get their life in order. The practical and physical support was mostly received from family members and partners, as was expected by the patients, which will be further elaborated on in the paragraphs about expectations. This support took several forms, where the most given support was financial help and providing daily care and in addition help with having a daily schedule and a structured life and providing a safe environment where someone could focus on recovery. Providing daily care was mostly done by moving back into their parent's house or having a partner who could take care of them and help with the basic needs. This included making sure that someone ate and that healthy food was cooked, taking care of children, doing laundry and help in cleaning their homes. Financial help was divided into keeping track of incomes and expenses, while making sure that everything was paid on time and helping to pay off debts that were made in the earlier phases of the psychosis.

*'Because of that way of life I became depressed, got in a psychosis and made a mess of my financial situation. My parents intervened and took me back into their home. (...) They didn't walk away from that responsibility.'* (Van Doorn, p22)

The part where patients needed the most physical and practical support was during the first two phases of recovery 'Moratorium' and 'Awareness'. This were the phases where the patients were still deep in their psychosis and often lost contact with reality. Therefore, they became incapable to take care of themselves and make their own decisions. The excerpt below shows how the phase of Moratorium looked like and how someone deep in a psychosis could lose contact with reality.

*'I didn't belong here, I wanted to go back. Meanwhile I still felt restless and was looking for something calm. I wanted to go back to my safe have, the garden house of Hans. I could trust him blindly and therefore I didn't have to look. I had to come back to him and therefore, back in time. That is why I walked with my eyes close, backwards through the halls of the hospital. My brother walked with me and was so patient with me. (...) My brother changed depending on my feelings and the time I thought I was in, into my father or my grandfather.'* (Ayla, p50)

Physical support was something that patients wanted to do themselves again in an early stage of recovery. As soon as they got back into reality, they wanted to make their own choices and were able themselves to take care of the small things, like making sure they ate and to carry out the small normal things, like brushing their teeth without being told, showering and waking up on time. Most of the time the actual physical support was only given by relatives for a short period of time, because patients got admitted to a psychiatric hospital where the nurses provided the physical care.

*"Miss de Groot, are you going to get ready to go to bed?" "Already? What time is it?" "It is ten pm, in half an hour all the lights will go out" "I lost my laundry." "Are you sure?" Lies opens the door of the dryer. My stuff is all there.'* (Den Oudsten, p84-85)



The practical support, like helping out with finances, was something that patients needed longer than the physical support. After they had moved from 'Awareness' to 'Preparation' they wanted to do certain things themselves to feel empowered again and work on their skillset. This was mostly the case with doing simple housekeeping tasks, and moving back out, so they could live on their own.

*'On short notice I will go live on my own. An event which I never thought would happen. After all that has happened to me, this is a milestone where I am proud of! However, this prospect to look after myself give me stress. Am I able to run a household? In the past I never did.'* (Van Doorn, p137)

This was harder for things that required extensive planning and having a good overview like taking care of finances, which some patients with residual complaints needed for a long time. For the family and friends this required attentiveness to the needs of the patients at different time points in their recovery. As the material needs could change over time, and by being attentive, the relatives could provide helpful and fitting support for the patients.

#### **4.2.2 Immaterial needs and change over time**

Immaterial needs are equally important for patients in their recovery as material needs and they get more important throughout the phases of recovery. Patients need someone to speak to about their feelings and to comfort them when they are upset. Next to that they also need to feel connected to the people surrounding them and feel like they are socially accepted in their surroundings. The types of support that fit with these needs are emotional support, psychological support, informational support and social support. All of these forms of support were given in the books in a different degree, by different relatives, if one of these types of support was missing the recovery process was hindered and patients missed a sense of connectedness with their relatives.

*'I told them that I hated it that I felt like I couldn't tell them everything and that I wished it was different. They told me that I could always tell them everything, but that is not the case. She [my mother] reacted immediately that they didn't want to talk about my past and that I needed professional help. She still saw me as the nutjob with a psychosis. It hurt that they didn't take me seriously and still thought of me as a little child.'* (Ayla, p134)

A special type of immaterial need is 'belonging'. Belonging is an important concept that explains how much a person feels connected to their family and close friends, which can be even more important than the support received. In different books belonging seemed to influence the recovery process more than the amount of support they received from their surroundings. Therefore, the degree of belonging could be seen as another type of support.

*'My aunt and I talk on the telephone on a regular basis. I can share a lot of my personal experiences with her. In certain areas I feel really connected to her and I got a lot of support from her. She is always there for me when I need her, even if she is far away.'* (Ayla, p111)

All the patients wished to belong somewhere, where the most important people to feel connected to were their parents and their romantic partner. If a sense of belonging was not achieved in these relationships, the sense of belonging was often found in other types of relationships, mostly with friends of other relatives.

*'I have never felt at home with my parents. I did find this with Hans. A place where I feel loved and safe. A place where I can be myself and feel like me, where I can unwind. Where I am listened to. To all my stories, positive and negative. I can come to him with my grief and with nice things he encourages me and we enjoy it together.'* (Ayla, p31)

Belonging is something that has to develop over time. To really feel like a person belongs somewhere the relationships must be long-lasting, positive, stable and significant whereby the contact is filled with affective concerns and care. Therefore, to experience a sense of belonging it is important to have received social and emotional support and feel connected to your relatives. When the relationship didn't start out with a feeling of belonging, it was often hard to make up for this. As shown in the quote below.

*'Instead of encouraging me, I was often burned to the ground [by my siblings]. (...) My parents didn't do anything about this and even worse, maybe they didn't even notice. I felt like an outsider within our family and I often wished that I was born in another family.'* (Phytia, p16)

### **4.3 Fulfilling needs**

The different needs mentioned in the paragraph above can be fulfilled by different relatives that are close to the patients. Hereby the expectations from the patients play a large role in what they want to get from whom.

#### **4.3.1 Material needs**

Material needs were mostly fulfilled by the parents or romantic partner and in some minor degree by friends. This was due to expectations within the relationships, but also for practical reasons. It was expected that parents or the romantic partner stepped up and took responsibility for giving this care. The form of physical and practical support that was given the most, was providing housing and helping with daily household tasks. The romantic partner was someone who already lived in the same house and for parents it was viewed as logical to take your children back in with you when they are struggling. This was different for friends, as it is a big responsibility to take friends in when they have had a psychosis. Therefore, in the books, this form of practical support was mostly provided by the parents or romantic partner, and occasionally by the friends.

*'I could turn to my father again. (...) My father cooked while I did the groceries. (...) I was rather with him than in my own rented room. I was depressed, but I stayed clean. Thanks to my father.'* (Roozendaal, p137)

Another form of practical support that was given to everyone was help with the financial situation. This was mostly provided by a family member, also for the more practical reasons. Often, they had already information about the financial situation and without asking they tried to solve the problems and also helped by paying off debts.

*'After my admission, my financial situation came to light, I had made a mess of it the last few months and had amongst other things was overdue on my rent. My family has lent me money and partially given it to me to fix this. Fortunately, it were no really big amounts, but without them I wouldn't have made it.'* (Phytia, p46)

#### **4.3.2 Immaterial needs**

Immaterial needs can be met by different relatives and is not necessarily given by one type of

relationship. For most the emotional support was expected from their parents, but also from their friends, where it was expected that the relatives took responsibility for giving the care, without the patient asking for this care. In some books it was even shown that someone wanted and needed emotional support from different people, because she could talk to her partner about other things than to her friends and got something out of all the different people that emotionally supported her.

*'We talk about all kinds of things, like the latest gossip and small things in life. But sometimes we have deep conversations about the important things in life. Just what we want and need at that time. She asks how I am doing and we talk about my life back at home and the symptoms I still experience.'* (Den Oudsten, p9)

For social support this was even more the case, since patients needed multiple forms of connectedness to other people and for the feeling of acceptance by a community, patients need to have experienced social support from their families as well as their friends.

*'Now I know what I can do. Talking about the fact that I think life sucks. Friends, family and even my co-workers are there for me. Something I am eternally grateful for.'* (Van Doorn, p35)

Psychological support is mentioned less in the books and often getting a positive self-esteem again wasn't something that patients could really be supported by, but was something that they had to do themselves. The relatives could help the patients to cope with their illness and have as much personal control as someone can handle.

*'We, my parents and I were on our way to the emergency general practitioner services. Shortly before, I told them that I was tired of living. (...) My parents couldn't do anything other than getting me medical help. (Van Doorn, p6) (...) In a conversation with my psychiatrist we came to the conclusion that an admission was best for me (...). My parents agreed with this, because they wanted what was best for their children. (Van Doorn, p12)*

#### **4.3.3 Expectations**

A part that is important in how a patient views the fulfilment of their needs is based on the expectations a patient has about the support that someone has to give. The type of relationships and the societal beliefs that are formed around those relationships determine for a large part what the expectations are of a patient of support that they want to receive. The role of a parent was largely seen as someone who should always stand by their child and support them in all ways they could. Therefore, the practical and physical support were mostly given by the parents and the patients expected this of them. The only exception was when a romantic partner was present, with whom a household was shared, then a lot of the practical support came from this partner.

*'There is already a warm bottle on the table, so the only thing I have to do is taking Job out of his crib and giving him his bottle. Roel is making it really easy for me.'* (Den Oudsten, p9)

Another form of support expected from parents and romantic partners was unconditional love and the ability to speak freely about the psychosis, which is a combination of psychological and emotional support. If this support was not given by parents, this was often not expected and patients were disappointed with their parents, which had an influence on their bond and sometimes even led to breaking off all contact.

*'I couldn't tell my story. (...) We didn't talk about what happened before. (...) I must have been hard for them [my parents] too, but they couldn't talk to me about it. That was the problem I have encountered my whole life and will probably always encounter. (Ayla, p95) (...) All those years I have tried to improve the contact. Beforehand I was looking for love, connectedness and acknowledgement. (Ayla, p135) (...) In one of the hardest periods of my life I couldn't count and lean on you.'* (Ayla, p208)

Friends were expected to provide mostly emotional and social support, with even the expectations that with a more chronic illness, not all friends would stay.

*'I can count my friends on both hands. That is okay; they are all real friends. Friends that supported me and didn't run away when the party was over and I was confronted with my illness. (...) Like I wrote before, my friends never let me down and I am eternally grateful for them.'* (Van Doorn, p16)

If friends did stay and provide support this was very much appreciated by patients, and often seen as something special. Especially when patients had their symptoms from a very young age and had recurring psychosis. The one that expected friends to stay the most, was Karin, who had a postpartum psychosis and didn't feel like she had an illness, but that it was something that happened to her and was because of the hormones. Her friends were scared, but it was a no brainer for them to keep coming by and helping Karin as best as they could.

*"Where are you busying yourself with?" my friends Saskia asked when she and her husband came to visit. We are putting the flowers they brought in the water. She is cutting them and I arrange them in the vase. (...) "Ah girl, you are far too busy in your head. Try to gain some calmness again)"* (Den Oudsten, p91)

In some cases, friends also provided practical and physical support, which was not at all expected, but therefore much more appreciated than support that was expected by patients. In books this was often seen, because the authors elaborated more on the pieces that stood out to them like the special support that friends gave, that wasn't expected and also wasn't common for friends to give.

*'After a conversation with a good friend 'The Chubby One' about whom I didn't talk until now, and my psychiatric nurse, I could come to his house to rest further. He promised to keep an eye on me and take care of me. I loved it those couple of days. (...) He cooked delicious meals for me, we listened to beautiful music and he put mattresses down outside on my request because I wanted to sleep there. (...) I am and always will be eternally grateful for him and the care he gave me. (Phytia, p61)*

Past experiences of support have an influence on what someone expects from their loved ones and therefore dictates the feelings someone has of the actual given support. This mostly takes place from the phase of recovery 'Preparation' which relates to the following items from the CHIME-model: finding their own identity, finding a meaning in life and feel like they are empowered again. All these items are important to get even further in the recovery, and as the quote below shows, when the support that is expected is not met and too much or too little support is received, the recovery of the patients is hindered and they can question their own worth.

*'I gave him the phone numbers and via my mother I got told that he was coming by the next day. One of the conditions was that my mother was present at our conversation. I didn't want that and I told my mother this. She said that she promised this to Alex and she wanted to keep her word. I thought this was ridiculous and I voiced my displeasure. I was so mad at her again. Did she never understand me? Could she never emphasize with me? My psychiatric nurse understood me all too well and said that is isn't common that a parent mixes in this type of conversation'* (Phytia, p71)

The expectations that patients had were also based on their own confidence in their own capabilities, which changed as they recovered further. I have described earlier that the patient needs other types of support, while they get further along in their recovery. It is not only the needs that change, but also the expectations of other people around them. The patients expect their relatives to grow with them and anticipate their needs, which makes them expect less in the physical and practical support, since they get the skills again to take care of themselves and oversee everything that needs to be done.

*'I reacted fiercely to my family, because they seemed to know what was and what wasn't good for me. I got into conflict with them regularly and especially with my sister Anne. (...) I had my own opinion, like I always have had and nothing has changed in that. Her view on certain things has always been different, but despite that I was a bit lost then, I knew then, just like I know now, that my opinion matters too.'* (Phytia, p12)

#### **4.4 Received support**

The actual received support plays a big part in how support is experienced by a patient. From the side of the relatives there were a few reasons why support was or wasn't given, and in what amount they supported the patient. The reason why support is given is mostly because relatives love the patient and really want to help in their recovery. A large reason why sometimes support wasn't given or in a way that didn't fit with the patient's needs, was misunderstanding of the disease and therefore stigmatization of the patient or having the feeling as a relative to have been stigmatized by society and therefore trying to prevent affiliate stigma.

##### **4.4.1 Helping the recovery**

A lot of support that was received from relatives that was perceived as helpful by the patients. Mostly the physical needs were met well by parents or a romantic partner, and were given at the time when the patients needed this the most. This relates to actually doing the work of care, and required competence for this form of care, which was more the case for the material support than the immaterial support. The physical support was something that the patients were really grateful for and often they didn't have to ask for this support, because it was clear that at that time patients couldn't do a lot of the daily practical things themselves. It was a process that often went naturally and when patients recovered enough to take certain things on themselves, this was accepted by relatives and their support lessened accordingly. The excerpt below shows two forms of practical support, where the patient was glad for the support he got.

*'Because of that way of life I became depressed, got in a psychosis and made a mess of my financial situation. My parents intervened and took me back into their home. (...) They didn't walk away from that responsibility.'* (Van Doorn, p22)

The emotional support was not something all patients got from their close relatives, even when they asked about it. When they were emotionally and psychologically supported, patients recovered faster and had more hope that everything would turn out right. This shows that the role that relatives have in recovery is significant and that in a safe environment patients recover faster and better. This was also the case when someone had a longer lasting illness, their ability to cope with the illness was improved by the support of family and friends and mostly by a sense of belonging with their family. This sense of belonging was often more important than the actual received support, and if belonging was present, the intentions behind the support were good and the amount of support didn't deviate too much from the patient's needs and expectations, the patient perceived it as helpful and was thankful for the support. If there was no sense of belonging, the support was received as not right much sooner.

*'Sometimes when I was a kid it could be drama, because I got yelled at instead of a hug. Probably because you didn't understand me. And well, I don't get it either. It feels so negative of me. I have so much I am happy with and you are doing a lot to make me feel better. It sounds so ungrateful, but it isn't meant that way.'* (Ayla, p187)

In the books you saw that often the support that was perceived as helpful, was described less extensively than the missing support, or support that was perceived as unhelpful. This was mostly due to the fact that when patients had expectations about the support they wanted and needed, and when they were met, the descriptions were shorter and more to the point. When expectations weren't met these descriptions were longer and often patients started looking for reasons why the support was different and often fought with their families and friends or tried to take some distance from them.

#### **4.4.2 Stigma**

Stigma is something that is often encountered with chronic illnesses and with psychiatric disorders especially. It is essentially, a negative way that someone is viewed because of the image someone has of a patient with a psychosis. This can happen to the patient himself as well as affiliate stigma that the relatives experience. Both ways can influence the experienced support and the recovery of the patient.

First, being stigmatized by your relatives hinders belonging and both the missing connectedness and the feeling of being stigmatized hinders the recovery greatly. Patients mostly felt like their needs were not taken seriously, when the support they asked for and needed wasn't given by their relatives. Especially, when they didn't feel understood, because of their illness. The excerpt below shows how a family can stigmatize a person, even though they have the feeling they are doing everything right.

*'You think you know all there is to know about a psychosis. You don't want to know anything about manic-depression or bipolar disorder. You are not open for me as a person. I feel so rejected. The feeling not to count anymore for you.'* (Ayla, p208)

Another factor that has influence is that sometimes a relative doesn't want to be associated with the patient anymore because they can act out because of their illness. This hinders their willingness to give support, because they don't want to be seen together with the patient and this limits the support that can possibly be given. The excerpt below, shows from the perspective of a

family member, how they experienced this and what affiliate stigma they experienced. It also shows how support was not given, because of the behaviour of the patient.

*'My phone rang. (...) "I think that you know that your brother isn't doing well. He is sitting next to me in an outdoor café. Can you come pick him up" "I'm not coming to get him," I said. "Let him come to me. You can put him in a taxi, this is my address." I was scared when I saw him. He was completely out of his mind. "Come in soon!" Because well, I didn't want the neighbours to see this kind of weirdness.'* (Roozendaal, p103)

#### **4.4.3 Amount of support**

Relatives often struggled to give the right amount of support to a patient and didn't always connect to the needs and expectations of the patient. This could lead to conflict, because the patient experienced the received support as too much and felt like they were belittled. This was especially the case when patients didn't expect this much support based on their previous experiences with their family and felt like someone suddenly interfered with their lives, while they wanted to make their own choices. The excerpt below shows this.

*'I reacted fiercely to my family, because they seemed to know what was and what wasn't good for me. I got into conflict with them regularly and especially with my sister Anne. (...) I had my own opinion, like I always have had and nothing has changed in that. Her view on certain things has always been different, but despite that I was a bit lost then, I knew then, just like I know now, that my opinion matters too.'* (Phytia, p12)

Other patients didn't feel belittled, but were not taking full responsibility for their own recovery, because they were used to their family and friends taking care of them. In this case it could really help a patient, when the support was withdrawn and the responsibility and motivation had to come from the patient himself.

*'Why did it work this time? It was a combination of different factors. I was prepared to do things differently this time. I worked on myself actively, and tried out every advice they gave in the Trubendorfferclinic. But also the fact that my family had abandoned me played a role.'* (Roozendaal, p188)

Another way the amount of support didn't fit with the patient was if the relatives provided not enough support. Most of the time this was not enough support in one of the categories of needs, where not the total amount of support was way too low, but mostly the emotional support. This led to patient being dissatisfied with the given support overall, where the support that was given was perceived as less helpful because a large part of the support that the patient wanted was missing.

*'I don't mind anymore that the contact has lessened. I have the room to pick up my life again, but my wishes and needs tell me otherwise. In one of the hardest periods of my life I couldn't count and lean on you. This hurts and keeps hurting me a lot.'* (Ayla, p208)

#### **4.5 Needs and support in relation to domains of recovery**

Support given by family members and relatives is needed in every phase of the patient's recovery and when all the different types of support are present it forms an important base for the patient to obtain all domains of recovery. In the books you see that for an optimal recovery the support has to

be such that all the five components of the CHIME model are present: connectedness, hope and optimism about the future, identity, meaning in life and empowerment. If patients were socially and emotionally supported, they felt connected to other persons, which led to them being more open about their disease. The connection became even deeper because of this openness and strengthened the idea that they still were worth connecting to and that their life had still meaning, even if they were mentally ill. If this support wasn't present, the connectedness was missing and the practical or physical support that was given, was perceived as less helpful. The quote below shows what providing emotional support can do for the connection between two friends.

*'It was years ago on Terschelling, which was our destination for vacation, when me and him have had a good talk. That conversation is something I still remember, because it was the first time I got a good look into the soul of my friend. When I'm having a hard time, I always think back to our conversation to remind myself that everyone is dealing with something.'*  
(Van Doorn, p15)

Hope is another important aspect for the patient to remain optimistic about the future, whereby the family and friends play a big role in helping attain this feeling. It is one of the domains in the CHIME model, which can be achieved through multiple different ways. Having a meaning in life and a goal for the future is important to keep the hopes up and have optimism about the future for most. Family and other relatives can help the patient to feel hopeful again and have optimism that the future will be better, by helping them accept the diagnosis and supporting them throughout the recovery. If a patient doesn't believe that the future can be better and doesn't feel the hope needed for recovery, they often fell back into their recovery process or had a second psychosis a few years later. The quote below, shows how a relative can do this and how it helps the patient:

*'Afterwards I packed all my stuff on a whim and wanted to go home. (...) I stopped at the bus stop. That was when I started to doubt if this was a good idea and called Hans. I told him everything and that I felt I became crazy if I stayed in the psychiatric hospital. I hated that all the people there were depressed and I myself became depressed because of this. (...) Then Hans made me face the facts and begged me to come back. He told me: "if you love yourself, go back!" He explained that it was all necessary to get better again and overcome the psychosis.'* (Ayla, p58)

Patients needed to feel empowered to go back to leading their own life again and making their own choices they felt like they had their own identity back. This relates to the fourth domain of the CHIME model 'Empowerment', which is largely related to not needing support anymore for the normal daily functions. Family and friends could provide support in this by letting patients do things themselves, when they are ready for it and support them in the choices they make. When relatives try to keep making choices for the patients you see that they are hindered in their recovery, as shown in the following quote:

*'My statement that I was going to stop with my medication was taken badly by my family members. They tried to talk it out of my head and were afraid that we had to go through the whole circus again. They talked and talked to me and tried everything to change my mind: "You don't want to do this to your children" and "If you have more psychosis you can lose you ability to concentrate". They just kept trying to talk me down.'* (Phytia, p46)



## 5. Discussion and conclusion

In this thesis, the experienced support of patients with a psychosis by their relatives was explored using autobiographies from the collection of the Erasmus School of Policy, Health and Management. Narrative analysis was used to identify several themes from the five included books to answer the research question:

What support do patients need and how do they experience support from their family and close relatives during the recovery process of their psychosis?

Several narrative storylines were identified: one storyline about helpful support and three different types of unhelpful support, where the themes identified don't match with each other. It showed that patients have material and immaterial needs and, in both categories, they need support from their family and close relatives. The amount and type of support needed was influenced by the patient's stage of recovery and the amount of basic day-to-day care that patients could take care of themselves. The perception of the received support, was however more complicated than only the amount of support the patients needed. The relationship before the psychosis played a big role in this, and the patients expectations of the support they would get was influential on the perception of the actual given support. The sense of belonging patients had with their relatives was another important component that influenced the perception of the support, patients felt more comfortable receiving support from persons, with whom they felt this sense of belonging, and often appreciated this support more. The most helpful support was the support that was given while being attentive to the needs and desires of the patient, while the relationship was long-lasting and a patient felt a sense of belonging with the relative.

### 5.1 Perception of support

The data used in this thesis show some possible additions to the current conceptual models about support and the concepts that play a role in this support. The most important additions are the varying need for support over time, the personal nature of the perception of support and the influence of belonging

The different storylines showed that the need for support wasn't a fixed need, but something that varies over time, whereby patients need different types of support in a different amount depending on the phase of their recovery process. The models of the phases of recovery (Andresen, Oades, & Caputi, 2003) describes the process of recovery as a linear process. This differs from the situation found in the books, where the process is more variable from person to person, and the steps are not followed as perfectly as described in the theory. The six types of recovery (Fitch, 2008), describe the need for support as a static process, where patients need all the support at all times in their recovery in an equal amount. The findings of this research make an important contribution in showing that the needs and expectations of support differ during the recovery. In the data a large variation was seen during the recovery of the patient, where the recovery wasn't a linear process and the types and amounts of support varied. Overall you can state that in the beginning of a psychosis in the first two stages the patients need practical and physical support and that during the recovery emotional, social and psychological support gets more and more important. During all of recovery the CHIME-model (Leamy et al., 2011) is important, the patient need these factors in every step of the way to achieve a optimal recovery process. Of the factors mostly the connectedness and hope were mentioned to be important in the process of recovery. It is important

that family and friends connect to the patient and help them achieve hope and connectedness, this can be done by adjusting the support according to the patients recovery stage and the needs that are present at that time.

The amount and from whom the support is expected and wanted is really personal for the patients. The results from this thesis add that expectations of support are based on the relationship they have with someone and the past experience a patient has with receiving support, as well as the phase of recovery they are in and the sense of belonging someone has. Even though the needs and wants at a time can vary a lot between different patients, the model of Tronto (1993) can always be used to set up care for the patient. The data in this thesis showed that often relatives took responsibility for certain kinds of care and had the competence to perform this care, but because they weren't attentive to the needs of the patients the given care wasn't adapted to the needs of the patients. Furthermore, if the caregiver wasn't responsive to the patient's perception of the care, the care couldn't be adjusted to their wishes. A limitation of the model of Tronto (1993) is that it describes that you should always take responsibility for giving care, and it doesn't matter if someone is close to you or not. This is different than seen in the books, the type of relationship you have with someone depends on how the patient perceives care. In caring ethics this is a point of discussion, since some authors describe that having a prior, good relationship is a requirement to provide good quality care (Noddings, 2013), while Tronto (1993) describes that you should act responsible for care which you are competent to give. Furthermore, being attentive to the needs of the patient, like described in the model of Tronto (1993), can be difficult because the needs of the patient can be influenced by several factors, as shown in this thesis. In this case, the trickiest influence is that of expectations, which make it hard to anticipate the patient's needs. That is why being responsive to how care is received by the patient is such an important part of the model (Tronto, 1993).

An important factor in the perception of support by a patient is the sense of belonging they have with their close relatives. In previous literature it has been shown that feeling like you belong somewhere gives hope which helps in the recovery of the patient (Antonsich, 2010; Bonnett et al., 2018; Yuval-Davis, 2006). In this research it has been shown that the sense of belonging goes even deeper than Yuval-Davis (2006) described. In this storylines, belonging came forward as the most important factor in the perception of support and could even be classified as a form of support. When belonging wasn't present within the family, patients didn't classify the support received as helpful, since they didn't feel emotionally supported at all, when they didn't have a long lasting, positive relationship with family or relatives. If you look at it that way, belonging is a necessary factor to feel supported and is therefore a form of support.

Another factor that influences the perceived support is stigma, whereby not only the perception of stigma by the patient has influence on the feeling of hope, struggle with the identity and eventually their recovery, but also the amount of support relatives gave when the relatives themselves felt stigmatized. In earlier research it has been that when feeling stigmatized by society patients lose hope and struggle with their identity and if they can have a relevance in society again (Kinson et al., 2018). Especially when patients felt stigmatized by family members the influence on their recovery was large (Cheng et al., 2015). An addition this thesis has is that it showed that family and relatives were less inclined to give support when they experienced affiliate stigma and didn't want to be associated with the patient too much, because they were afraid that it would rub off on them. This hinders the recovery of the patient in a whole other way, since now they don't get the

support they need at that time, because the relatives were too afraid to give it. This could be prevented by good psycho-education of the family and a broader psycho-education of the society, to relieve a bit of the stigma with the family members.

## **5.2 Practical relevance**

In the books it has been shown that involving the family in treatment for psychosis is done in practice, however, this is not always focussed on providing the right support for the patients, which is something really important in the recovery, but more on learning about the disease and learning to signal a relapse. This involvement of family and relatives in treatment of patients is something that has evolved the last decade inside the Dutch Mental Healthcare (GGZ, 2017). In the care for psychotic patients, they involve family during the whole recovery process. When patients first get examined and sometimes committed to a psychiatric hospital, the family is needed to provide a medical history and tell how this psychotic episode started and evolved, since the patient often doesn't have the state of mind to do this themselves (GGZ, 2017). Psycho-education is provided for both the patient as the relatives to better understand the psychotic experiences and learning to have hope for a good recovery and realise their goals in daily life (GGZ, 2017). At the moment treatment options are discussed the close relatives are involved, when the patient approves this (GGZ, 2017).

Another point that is important to teach families besides the psycho-education about the disease is how you give good support to the patient as a caregiver. The results of this thesis can be used to identify mismatches between the received support and the support that is wanted and needed. This can be incorporated in the recovery of the patient by educating family not only about the psychotic experiences and the symptoms that belong with it so that they can recognize it when things go sideways again, but also about support that a patient needs to recover. The framework of Tronto (1993) can be used to help structure this education and give the family insights in how you should think about support before you give it. This education can be done best together with the patient to make sure that the support is fitted to the specific needs of this specific patient. Further research needs to be done, about implementing these interventions in treatments for patients with a psychosis.

## **5.3 Strong points and limitations**

This thesis adds a new perspective to the literature, by using books written by patients themselves and using a narrative way of analysis. The books have more emphasis on the topics that patients themselves thought were important, than structured interviews have. Since the researcher was not involved in the writing of the data and the answers that they gave, it is an impartial way of doing research. Furthermore, the books were all autobiographies, where the authors wrote down their thoughts and feelings themselves, and stayed true to their own feelings and words. The use of books also showed the way that the needs and expectations changed over time and how the perception of the support patients got changed with them. Furthermore, the narrative way of analysis shows the outcome in a way that stays close to the actual data and this thesis gives a practical example of the use of narrative analysis.

The results of this thesis have to be looked at in lights of his limitations. The first limitation is that the stories told by the authors can be coloured by the reason behind the writing of the book and the context of the book. Some authors explicitly said that they wanted to minimize stigma and

wanted to write the books to help other people who experienced a psychosis. This could influence the way that a story was written down, for example, behaviour of the one with the psychosis could be downplayed to minimize the stigma surrounding the psychosis and small wins can be highlighted to show progress in recovery. This is not something that is done intentionally by the authors; however, it can have an influence on the storylines.

Another limitation is that the overarching narrative summaries were not only wrote by using quotes, since the books differed a lot and were not tuned in to each other enough to make a short overarching summary using only the words of the authors. In this process I tried to stay as close to the actual word use and use of concepts the authors did. This might have caused the loss of some authentic information, since not always the original text of the authors was used. This is also the case with the quotes used in this thesis, these were translated from Dutch to English, while maintaining the tone or expression of the author. Some nuances might be lost in this translation, which is insurmountable with translation.

The last limitation is that the actual received support is sometimes hard to get out of the stories, since the story is only written by the patient and there is no information about the family and how they experienced it. The received support is always coloured by expectations, needs and past experiences of the patient with the relatives. This is both a limitation as a strong point, as it shows the side of the patient really clearly and the perceived support is important for the recovery of the patient. However, when reading this thesis, you should be aware that the information provided isn't necessarily the truth but the point of perspective of the patient.

#### **5.4 Conclusion**

This thesis provides a practical example of using narrative analysis to highlight the patient perspective in using theories about received support during and after a psychosis. It shows that support comprises much more than only the practical and emotional support. Support is an ongoing process which can be influenced by the needs, expectations, stigma and previous relationships. Feeling like you belong with your family plays an important role in the perception of support and helps the patient in the recovery process. When support is given, that is perceived as unhelpful by the patient, this hinders the recovery process and the relationship between the patient and the relatives deteriorates. Providing counselling for the family during the treatment of the patient can help them give the right support during the recovery.

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## Appendix A: Selected books

<b>Book</b>	<b>Author</b>	<b>Year of publication</b>	<b>Disease/keywords</b>
<b>Psychose? Doe normaal!</b>	Ayla	2015	Bipolar disorder, manic depression, psychosis, acceptance, emotions, family relationships, rehabilitation, sexual abuse
<b>Oscar</b>	Nicolai van Doorn	2013	Manic depression, psychosis, schizophrenia, suicide, addiction, acceptance, stigmatization
<b>Hoezo gek?</b>	Phytia	2014	Bipolar disorder, manic depression, medication use, psychosis, family relationships, therapist relationships, informative
<b>Angst en onrust</b>	Karin den Oudsten	2011	Postnatal depression, psychosis, anxiety, medication use,
<b>Uit de goot</b>	Paul Roozendaal	2016	ADHD, alcohol abuse, drug abuse, psychosis, suicide, addiction, coping



## Appendix B: Narrative analysis

### 1. Psychose? Doe normaal! - Ayla

#### Introduction

##### Case title

'How did it get to the point where I got a psychosis?'

##### Introduction of the case

The life story of Ayla (pseudonym) is described by a written story complemented with poems, paintings and pieces of her diary. The story is mostly chronological with some flashbacks to traumatic events in the past, which are referred to multiple times in the book. The largest part of the book is attributed to the psychosis and the hospital admission and the period hereafter.

Ayla experienced a psychosis when she was 26 years old, and has written this story at 28. She grew up in a family where she 'never felt at home' and 'was never good enough'. At school she was bullied, because she was 'taller than the other kids and had a serious and quiet appearance'. Later in adolescence, another traumatic event took place in the form of a rape by two men, whom she worked with at that time. Work is an important aspect of Ayla's life, and from 19 years old until now she is a teacher in high school, with a small break during her hospitalization. Ayla reasoning is that the bullying, the bad relationship with her family and the traumatic experience of the rape combined with her coping skills of always continuing working and being busy, contributed to her getting a psychosis.

#### Story analysis

Different storylines:

1. Parents and siblings
2. Hans
3. Aunt Edith

#### Storyline 1: parents and siblings

##### Storyline title

'I have never felt at home with my parents'

##### Elements and breach of storylines

##### *Agent*

The main agent of the story line is Ayla. In her childhood, before the psychosis, she often felt she wasn't good enough, which led to insecurity. She would get told off by her parents for playing in the wrong way, not setting a good example for her brothers of not helping enough around the house. She wants to prove herself worthy to her parents, by working hard and finishing a university degree. Her mother, who was quite dominant, supported this by saying 'if you work hard enough, you can buy your own house and happiness will come eventually'.

Ayla develops in the story from an insecure young child to a grown up woman who is not afraid to say what she wants to say and chooses what is best for herself. She had to learn this to not get overrun in the relationships within her family and to stick up for herself whenever she needs to.

### *Acts/events*

In her childhood Ayla experienced some traumatic events. Her parents were not supportive at all at those moments. When she told them about being bullied they said: 'Don't act so dramatic. I have experienced this too, just ignore them.' Furthermore, after Ayla was raped at work, her parents forbade her to go to work the next two weeks, while not further addressing her rape. As Ayla used her work to cope and stay away from her feeling, this was not what she needed at all.

During her psychosis Ayla did receive some support from her parents. They did her laundry while she was in the psychiatric hospital. Then, when Ayla could go home, they cleaned her whole home, which was a mess after her psychotic episode. It was something that Ayla couldn't have done on her own at that time. Most weekends she was at her parents home, which she didn't really like because 'she couldn't be herself'. However, right then it was better than being alone in her home and her parents did their best to support Ayla in a practical way.

One of her brothers gave practical and emotional support as well and helped her when she was in the psychiatric hospital. Her brother walked through the halls with her and comforted Ayla, while she thought that he was her dad or sometimes her grandfather.

After the psychosis the family relationships changed. Ayla took more distance from her parents and eventually broke all contact with them. This because the psychosis learned her to step up for herself. This was partly done because she felt like she 'didn't count as a person anymore' after her psychosis, as her parents didn't understand psychosis and judged her for having had one. She did experience this as an action that was hard to take and she is not completely happy with it, because she hoped that a normal relationship with her parents was still possible.

### *Means/helpers*

The driving force behind the actions of Ayla is wanting to make the relationship between her and her parents better. This motivates her to speak up about the things she wants to see differently and act accordingly. Some people in her life, like her aunt and Hans motivate her even further to pursue this. However, her family doesn't help with this at all. When Ayla tried to talk to her parents about their relationship and what would make her feel better, her mom said to her: 'our relationship is fine, I don't see any problems'. Furthermore, they didn't even want to learn certain things about Ayla's life, like they didn't want to meet Hans.

### *Setting*

There are most important setting that play a role in the relationship with her family is her childhood home. The childhood home of Ayla was described as a place where she couldn't be herself and only felt good when she was on her own in the shed. There she could 'be alone and dance and sing where no one could hear this'.

### *Purpose*

The purpose in this storyline is for Ayla to make clear what her boundaries are in relationships with her parents and to not get overrun in this relationship.

### *Breach*

The breach here is between the agent and the purpose. At the beginning of the story, Ayla really wants to be heard by her parents and wants their relationship to improve to a deeper emotional bond. However, at that time, she is too insecure to tell her parents what is wrong within the relationship and what it is that she exactly needs. Later on, with the traumatic event of rape and her psychosis, the relationship starts to change as well as Ayla herself. This leads to a situation where Ayla is stating what she needs, but her parents are not able to give her that. At the end of the book Ayla decides that she is not wanting to put up with this and is finally able to indicate her boundaries, which in this case means that all contact is broken off.

### Narrative summary of storyline

‘From an early age I was not understood at home. I had to be smarter than my brothers and be a good example for them. Everything I did was not good enough and I would get punished. Even when I was bullied I could not talk about this with my parents. I tried but the only thing they said was don’t be such a baby, just ignore them. When I was raped and I came home, my parents didn’t ask what happened, but just lectured me about dating boys and what the consequences are. At that time my brothers were too young to do help me with those affairs. I have just never felt at home in my family. During my psychosis my parents did my laundry and they have cleaned the mess I made in my home, that was something that I couldn’t have done on my own. My brother walked with me through the halls of the psychiatric hospital for hours and supported me a lot. When I got home, I slept with my parents on the weekend, I didn’t like not getting to be myself, but it was a lot better than being on my own. My parents tried their best to do what they could, and other things I had to do on my own. I couldn’t tell my story because they didn’t understand me. They thought they understood what a psychosis entails, however, they made all kind of wrong assumptions. I confronted them that it looks like I and their other children didn’t exist anymore and they confirmed this. I was broken by this and all those years I have tried to improve contact were wasted. For now I broke off all contact and I am glad I made this choice.’

### Conclusion

Concluding, the parents of Ayla did stigmatize the psychosis, as they had a certain picture of what a psychosis looked like, and they didn’t even see in what way this was different for Ayla. They didn’t want to meet Hans, as they associated him with Ayla’s psychosis and thought he had a bad influence on her. Ayla felt like she wasn’t supported in an emotional and psychological way by her parents and she missed social support from her family during her recovery. Ayla really wanted to fit in and belong to her family, however, they didn’t give her a sense of belonging. She did get practical support from her parents during her psychosis as well as when she was recovering. At that moment practical support comprised a big part of the support she needed, and her parents did provide that. However, as Ayla grew further in the recovery process, she needed less practical support and more social and emotional support. Since she couldn’t get this at all from her parents and even felt stigmatized in the process, Ayla decided that it would be better to break off all contact and find her support elsewhere.

## **Storyline 2: Hans**

### Storyline title

'He is the only one I can express my feelings to'

### Elements and breach of storylines

#### *Agent*

Ayla is the agent that is looking for someone to help her change. She wants to grow as a person and be stronger, to get to make the decisions about hard subject that she herself wants to make. She needs someone to show her what she can do and Hans is someone who came into her life as a therapist recommended by a friend. During their conversations, they became friends, as Ayla 'needed a lot of love and a sense of security, but also had a lot of love to give'. During their relationship she really made a change and became a lot stronger as a person, through the acts and advice of Hans.

#### *Acts/events*

Ayla really felt a sense of home when she was with Hans. She felt heard and seen and this was increased when Hans made sure to ask her if she would mind if he made a certain comment or if he could place his hand on her shoulder to comfort her. It was really important for Ayla that he did this, so she could make her own boundaries clear, without having to impose them on Hans when she just met him.

Ayla felt really at home when she was with Hans and was invited in his home as well. He told her she could completely feel at home, the first time she came there and that was something that Ayla was not used to. Hans was also the one that made sure that Ayla was admitted to the psychiatric hospital, since she came to him when she was already psychotic. He made her feel calm until she was picked up by the ambulance.

During her psychosis and admittance in the psychiatric hospital, Ayla still found a sense of calm with Hans and she often called him to just talk or cry on the phone. She really wanted to see Hans after she came home again, but Hans felt that she had to come to him on her own and that he wouldn't come get her. For Ayla this was difficult at first, but it gave her willpower to build up her physical condition and get used to impulses again.

When Ayla wanted to redecorate her home and refurbish her garden, Hans was also really supportive. Ayla shared pictures with him and the work she did in and around her home made her feel like she belonged again. Hans made this possible by being enthusiastic and keeping Ayla motivated and proud of herself. This made her ready to move forward. In the decision to break contact with her parents Hans played a role too, he motivated Ayla to speak up for herself and make her own feelings clear to her parents. Because of his support Ayla felt strong enough to do this.

#### *Means/helpers*

A big mean for Ayla was her own drive to want things to be different in her life. Hans helped her with this, by making Ayla grow through the things he did, but also the things he didn't do. Because

he made her do things on her own, like not coming to pick her up after her psychosis, but making Ayla come to him, he made her discover her boundaries and the things that she could do. This made Ayla a more secure person, and because she trusted Hans she felt safe, doing things with him. At the end of the book Hans still is an important person in Ayla's life, who supports her with the choices she makes.

### *Setting*

The garden house in the garden of Hans, was a place where she felt safe and where felt calm. After her psychosis, she studied a lot in this place, because it was a place where she could concentrate and was at ease. During the first stage of her psychosis she went here, when she was looking for a quiet, safe place. It symbolises the relationship that Ayla and Hans have, it is the first person with whom she felt truly at ease.

### *Purpose*

The purpose is to show how much you can grow as a person, when someone has your back and gives you emotional and psychological support.

### *Breach*

The breach of the story is between the agent and the means and helpers. Ayla thinks that the helper made sure that she grew as a person, while a big part of this was finding the right incentives for herself to grow. She gives Hans a lot of credit for everything she changed and forgets the part where it was mostly her doing.

### Narrative summary of storyline

'The first time I met Hans, I was looking for a therapist to get rid of my problems and be happy and free. Hans introduced himself and I immediately looked up to him, he radiated peace and quiet, and had really kind eyes. The conversations we had released something in me, and for the first time I felt heard and he took a lot of time for me. He respected me and for example asked me if he could put his hand on my shoulder to comfort me. Hans is the one who has brought me to where I am now and I have worked really hard for this. I have found strength, willpower, fighting spirit, confidence and a lot of love. I needed a lot of love and a sense of security, but I also had a lot of love to give. I had a lot of faith in him and a special friendship started. Hans gave a lot of little pieces to me that I missed. I did have a sense of home with Hans. A place where I can be myself and where I can unwind. He listens to me to the positive and negative stories. He helped me to change from an insecure girl to a more secure women and helped me processing the experience of the psychosis. At this moment he still stimulates me with everything in my life. He is the first that broke through my walls, and the first I have shown my true emotions to and I will always be grateful for this.'

### Conclusion

Ayla is not stigmatized at all by Hans. He treats her like a normal person, who is responsible for her own feelings and actions. Ayla receives a lot of emotional and psychological support from him, especially at the time when she is insecure about what to do with her life and how to cope with her illness. As her therapist as well as friend, Hans tries to provide the support that Ayla needs and give

her a sense of belonging. Their relationship does change after Ayla's psychosis, since she needs more support but is also more willing to change herself, because she realizes that she can't go on like this. She uses Hans for informational support, to help her get through her illness and help her develop the skills she needs to reach full recovery. Because Hans gives almost no practical and physical support, Ayla is forced to do certain things herself, which make her feel more secure about herself in the end.

### **Storyline 3: Aunt**

#### Storyline title

'In certain areas I feel really connected to her'

#### Elements and breach of storylines

##### *Agent*

Ayla is the agent in this storyline. She is really grateful of the kindness her aunt shows, which often are just small things. She feels comfortable to share her thoughts and feelings and tell things she can't tell other persons within the family. She is curious about the poems that her aunt writes and excited that she can share things of her own.

##### *Acts/events*

Ayla and her aunt are mostly speaking over the phone, where the aunt often gives advice to Ayla. She advised to break up with her boyfriend since he used drugs and lied to her. Edith also gave advice on how to deal with the situation with Ayla's parents and motivated her to open up about her feelings.

Ayla shared her writings and poems, which are about her psychosis and are deeply personal, with her aunt in a way to open up about her experiences to someone. Her aunt responded really well, and showed some of the poems she wrote herself.

Another event where the affection of Ayla's aunt was shown is that she came to the Netherlands and showed up at Ayla's first bought house. After that she also went to Ayla's work to see what she was doing exactly and to show interest in her. Ayla felt supported a lot by these small gestures of Edith.

##### *Means/helpers*

Edith's attitude towards Ayla and her emotions is helping for her to open up and speak about her feelings to a family member. Sharing things Edith wrote herself is a thing in which they both really connected to each other and where their bond deepened. Furthermore, the small things which shows love and connection like showing up when Ayla bought her first house helped Ayla to connect on a deeper level.

##### *Setting*

In this storyline there is no real setting, since aunt Edith lives in another country and they mostly talk over the phone. The emotional environment is warm and open, where there is room to discuss harder subjects.

### *Purpose*

The purpose of the storyline is for Ayla to have someone, who is family, to speak to on a deeper emotional level and share things that are important to her, like the experienced psychosis.

### *Breach*

The breach is between a part of the purpose and the setting. Ayla's aunt lives in South-Africa, which means that sharing certain things can be hard. Talking on a deeper emotional level can be reached over the phone, however that is still different than in person. Because of the distance it can be hard to share certain places and feelings you have over that specific place, as someone has never seen this before.

### Narrative summary of storyline

'My aunt and I talk on the telephone on a regular basis. I can share a lot of my personal experiences with her. In certain areas I feel really connected to her and I got a lot of support from her. She is always there for me when I need her, even if she is far away. Therefore, she was the first in my family whom I told about writing poetry. I was enlightened when she told me she wrote poems to and wanted to share those with me. Supposedly, it were things that she couldn't share with any other family members. She is the only one in my family which I want to share my special place near the psychiatric hospital with.'

### Conclusion

Concluding, Ayla did receive a lot of emotional and psychological support from her aunt. She could tell everything she wanted to and her aunt always reacted understanding. In that sense, she never felt stigmatized by her aunt or treated differently after she had the psychosis. In a way, their bond even deepened after the psychosis because their conversations were about a more emotional subject. Aunt Edith didn't give a lot of practical support, but Ayla didn't expect this from her since she lives far away and it was actually the support in another way that she needed. When making important choices she also related to her aunt to give her informational support and help her guide to a good decision. The social support and sense of belonging she got when talking to her aunt led to Ayla having enough support to go make her own choices and grow as a person.

### **Interactional analysis**

#### Positioning of storyline

The storyline of the parents is given a lot of attention throughout the book. Ayla places a lot of emphasis on the things that she did not get from her parents during her childhood, mostly emotional support. Less emphasis is placed on the things that she did receive during her childhood and during her psychosis, like the practical support she received. This support is mentioned but sparsely and it seems more taken for granted, since it is something that you would expect a parent to do. The lack of social and emotional support is different than you would expect, so this is more highlighted in the

storyline. Within the storyline her brothers are not mentioned much, which makes it hard to see the bond Ayla has with them.

Hans is mentioned several times throughout the book. Ayla feels the need to explain their relationship thoroughly. However, she emphasizes the feelings she had for Hans and the changes she made because of their relationship more than the actual things he did for her. The emotional and psychological support he gave her were necessary to grow in the way Ayla did. Since it was not really something she got from other people in her life, she feels the need to emphasize this throughout the book.

The storyline with Aunt Edith is something that is really important for Ayla, and something she identifies herself with. This storyline shows how Ayla identifies herself with a family member and the appreciation she has for the emotional support she gets from her aunt. She mentions her aunt more times in the book, without further explaining the exact support at that time. That she mentions her aunt shortly in the moments that are really important for Ayla, shows the deep emotional bond they have and the choices she wants to share before she makes it make it look like the aunt is fulfilling the role of the mother she never had.

#### Positioning of storytellers/listeners

Ayla positions herself as someone who has experienced a psychosis and is now ready to share her experience with the world. She wants to do this since prejudices and stigma surrounding a psychosis still exist nowadays and she hopes to reduce this. She hopes that the book will support people who are going through the same experience. Ayla is the one who chose what storylines are more or less important and which are more highlighted throughout the story. She tried to write them down as to help others and not bring down certain people that are mentioned in the story.

#### Conclusion and discussion

Ayla wants to tell her story to a wider public, who can benefit from her experience with a psychosis. In the storylines about her close relatives she focusses mostly on the emotional and psychological support she did or did not get. Indirectly, she tells that it is not normal to not be supported by your family, but also that you can find your support elsewhere. Ayla shows that after an episode of psychosis you can get your life back together, if you seek the right support from the people around you and that it is important to let yourself be guided by your own feelings and wishes and that you have to stand up for yourself within relationships.

#### **Contextual analysis**

Stigma surrounding a psychosis is still present in our society. There is more and more information about psychosis and what it entails out there, but it is still hard to open up about this as a person who has had a psychosis, since there is always a change that people surrounding you won't look at you in the same way. For Ayla, it was really important to mention what she was thinking during her psychosis, because not a lot had been written about that yet. Her own family didn't quite understand what a psychosis was and why she still had so much trouble after she was discharged and she finds it important that information about this is out there. The stigma can be broken if more people do this and it will get more normal to open up after an event like this. Ayla describes that she finds it hard that she cannot work during her admission and for a few months after. This is probably



due to the fact that within our society it is frowned upon to stay at home and not work and a big part of your status is derived from the work you do. The book makes it clear that a psychosis is something that everyone can have a sensitivity to and that it is not your own fault of the fault of your surroundings.

## 2. Oscar – Nicolai van Doorn

### Introduction

#### Case title

'If I had to choose, I would choose the life I have right now'

#### Introduction of the case

The book 'Oscar' is a collection of columns written by Jannes Oosterveld, under the pseudonym Nicolai van Doorn. The columns were originally written, to be published on the website of the National Care Finder (or Nationale Zorggids in Dutch), which is a platform that provides information on different diseases.

Jannes grew up in a warm family with 3 sisters and 1 older brother. When he was 10 years old he started to hear voices in his head. Later on he developed psychotic tendencies and delusions, which he tried to keep down with alcohol, smoking and using drugs. He said himself: *'I kept this from my family and friends because I was ashamed and became withdrawn and quiet'*. When he told his parents that he didn't want to live anymore, he got help and eventually got diagnosed with a psychosis. At first he did part-time therapy and took antipsychotics, this wasn't enough and alongside the psychiatrist he decided that an admission in a mental health institution would be best. Jannes liked it here, because: *'I finally met people who experience the same problems'*.

With his psychosis more under control, Jannes could move on with his life. His voices and delusions are still present, just as the mood swings and those will always stay a part of Jannes' life. He got the diagnosis schizoaffective disorder, which is a combination of bipolar disorder and a high sensitivity for psychosis. However, with help he found a job in a field that he always wanted to work in, being a writer. And even more important, he is happy with his social life, whereby *'the bond between myself and my family and friends has never been so strong'*.

### Story analysis

Different storylines:

1. Parents
2. Siblings
3. Friends

#### Storyline 1: Parents

##### Storyline title

'In spite of everything, we still love you'

##### Elements and breach of storylines

##### *Agent*

Jannes is influenced by his parents throughout his childhood and during his illness. Like he says himself: *'My parents are the two most special people in my life. I really admire them because of how*

*they support me, although sometimes they can be a little overprotective.*' In his childhood Jannes kept his grief and problems to himself and never told anyone. When his parents found a link to a suicide website they came into action. Eventually Jannes told him how he was really doing and they got him the help he needed. They took Jannes in with them again when he wasn't doing well, which made that he had a more easy recovery, and always someone to talk to at home. This influenced his heavy drinking, to get rid of his voices, in a positive way and he can accept his illness more because of the influence his parents had.

#### *Acts/events*

His parents took Jannes to the emergency general practitioner services (in Dutch: huisartsenpost), when he told them he didn't want to live anymore. His parents didn't really understand him and the only thing they could do was bring on medical help.

The appointment after this with the psychiatrist they diagnosed him with schizophrenia. *'My mum was frightened and tried to contradict the diagnosis. I thought it was funny how she struggled with the psychiatrist.'* At that time, Jannes was relieved about the diagnosis, since finally there was an explanation for his symptoms, it was his mum who struggled the most and had a hard time to come to peace with the diagnosis. This changed when they were back home, then Jannes was the one who found it hard that it was something that he had to deal with his whole life, and his mother reassured him.

He moved in with his parents, during the first weeks of therapy, when he went to Assen part-time to do group therapy. When Jannes decided with his psychiatrist that admission to a psychiatric hospital would be best, he called his mom immediately after the conversation to tell about this decision. Jannes experienced the following:

*'I don't know for sure, but I don't think my parents liked it. I think that my explanation that Assen – where the therapy centre was – is the only place in the world where I felt peaceful, was painful for my parents. But even then they accepted it, because they always want the best for their children.'*

Jannes moved into his parents' home again when he moved out of the facility and he is really grateful that his parents made this possible even though they didn't really want this. Jannes describes him leaving the house again to go live on his own, as a blessing for everyone.

*'I will miss my parents, but fortunately I am always welcome in their home. Even then this step is best for everyone. My parents can go back to their peaceful life and I will get my freedom back. I will need their help because I can't do it on my own completely. But I will try. I thank my parents and am blessed to welcome them in my own home.'*

Jannes also describes the fun things he did with his dad, like going to a concert in 'de Kuip' and visiting Madrid to see a game of Atletico Madrid, which he was a fan of since he heard voices in his head. Jannes fell in love with Madrid in this trip and would like to live there someday. He describes his father as a man who worked really hard, but always made time for his family when they needed this. Their bond became better since Jannes has had a diagnosis which is illustrated by the following point:

*'I have worked really hard on my mental health, but my father has also worked really hard to act differently with me (in a positive way). And he succeeded. At first I never told how I was doing, and now I tell him almost everything. We have great conversations and those give me a positive boost to continue what I was doing: becoming happy.'*

### *Means/helpers*

When Jannes was home again he started to get scared and his mom reassured him with the words: *'Despite everything we still love you.'* Which didn't help Jannes at that time. What did help him a lot was the fact that he could move in with them again for the practical support. He really admires his parents for not running away from their responsibilities. The other point that really helped Jannes was the fact that his parents made him make his own decisions and supported this, even when it wasn't what they first wanted. An example of this is the admission to a psychiatric hospital and the fact that Jannes started smoking. They did not always agree completely but this made Jannes feel like he was capable of making his own decisions.

### *Setting*

Jannes grew up in Leerdam. In a detached house with a big garden. The physical setting doesn't play a big role in the story it is more the emotional setting. He describes his as: *'We the children were brought up in a free environment and never had anything to complain about. We were free to do whatever we wanted to do within certain boundaries. (...) We had a great upbringing'* He felt safe with his family and feels that he can say everything to them now.

### *Purpose*

The purpose of the storyline is to show how the bond between Jannes and his parents evolved over the years and how Jannes has learned to open up more to them, which helped his recovery.

### *Breach*

The breach in this storyline is between the agent and the means/helpers. Jannes himself was not sharing anything when the symptoms first started and didn't want anyone to know this was happening to him. His parents, always knew that there was something not completely right, but they started asking questions only when they found out he searched for sites about suicide. Jannes mentions that he didn't have a happy childhood and that this was because of his own feelings and not anything someone in his family did. He was not helping himself to become happy and fulfil his dreams. His parents tried to make him happy and after the diagnosis was clear they tried to help Jannes in every possible way and eventually he accepted the help of his parents and was very grateful that they have always trusted him and been there for him.

### Narrative summary of storyline

*'My parents took me to the emergency GP services, when I told them I was tired of living. My parents didn't really know how to respond, because they didn't get me. The only thing they could do was get me the help I needed. At the first appointment with a psychiatrist I got the diagnosis schizoaffective disorder, which my mum didn't want to believe at first. She argued with the psychiatrist which was really funny to see. I moved in with them again, and went to Assen 3 days a*

week for therapy. When my psychiatrist and me decided that an admission would be best, they supported me. Despite the fact that my explanation that Assen – where the therapy centre was – is the only place in the world where I felt peaceful, was painful for my parents. But even then they accepted it, because they always want the best for their children. In my childhood I was free to do whatever I wanted between certain boundaries. My parents didn't really understand me but they tried their best. Since the diagnosis the bond with my father changed in a positive way. I have worked really hard on my mental health, but my father has also worked really hard to act differently with me (in a positive way). And he succeeded. At first I never told how I was doing, and now I tell him almost everything. We have great conversations and those give me a positive boost to continue what I was doing: becoming happy. I deeply appreciate what my parents have done for me and thank them for it.'

### Conclusion

Jannes' parents have supported Jannes throughout the whole recovery process of his disease. You see that Jannes started out in the first stage of recovery Moratorium, where he was withdrawn and didn't want to share anything with anyone. At that time his parents did the correct thing and got him professional help, which attended to the need for psychological support he needed at that time. They did try to keep Jannes involved in the family and gave social and emotional support, even though they sometimes didn't agree completely with the decisions Jannes made. They also let Jannes move into their house again which provided him with the physical and practical support he needed. Over time, as Jannes grew in his recovery, the support changed. Jannes moved out again and the physical and practical support decreased according to the change in demand from Jannes. The emotional and social support stayed, but was different, since they let Jannes decide more about what he needs and they kept asking him to let them know what he needs. This empowered Jannes and made that he could reach the fifth stage of recovery and have a meaningful life, which he created on his own. During this process, sometimes his parents didn't get the disease, but they never stigmatized Jannes. Over time they kept trying to make sure that Jannes felt a sense of belonging within the family, he himself says that this worked out great but that sometimes he had a hard time accepting that he belonged in his family and sometimes rather withdrew himself. Over time this changed and Jannes felt glad that his family never gave up on him.

### **Storyline 2: Siblings**

#### Storyline title

'Contact with my family has never been this good'

#### Elements and breach of storylines

##### *Agent*

The agent of the storyline is Jannes. He has had a good childhood up until the age of 10. Then he started to hear voices and become more withdrawn. He and his sisters were always close, from an early age on. They stimulated him to keep playing outside with him and to involve Jannes in the family life, even though right then they didn't know that Jannes has an illness. When he moved out of the house, the contact with his sisters and brother remained intact, illustrated by the following

quotes: *'My sisters, who also lived in Utrecht, and I had contact regularly'* and *'Next Christmas I will be in the Philippines with my brother, a family visit'*.

#### *Acts/events*

When Jannes was younger, he and his two younger sisters often played outside with each other. He describes this in the following paragraph:

*'We did all kinds of different things: hide and seek, playing soccer or hockey, or other things you can name. We had a good childhood together. This changed when I started to hear voices. I rather spent time alone in my room.'*

His siblings always tried to stay connected to Jannes and try to let him fit in their family. An example of this is that when Jannes first moved out of the house, he moved in to the student apartment where his brother also lived. There, everything went wrong with excessive smoking and alcohol use. However, the relationship with his brother had nothing to do with this and always stayed intact.

His sisters lived in Utrecht just like Jannes and they spoke regularly. They helped Jannes with several things in life and gave him advice, like how he should tell his parents how to quit smoking. Jannes appreciated this a lot and values the bond they have together. Furthermore, his sisters play in a band and Jannes is a big fan of them. Like he says himself: *'I am often there when they have practice sessions and almost never miss one of their performances. I am proud of the music they make and the fun they have.'*

#### *Means/helpers*

Jannes mentions that he didn't feel like he had a happy childhood, but that this was completely because of how he felt and never because of the way he was treated by his family. This didn't help with feeling like he belonged in his family. The quote below illustrates how Jannes described the bonds with his siblings during their childhood.

*'I grew up between two groups, my older sister and brother and my two younger sisters. Because of this I was treated differently by my parents, I felt it in everything. This filled my brother with horror. I was a mama's boy as well as a daddy's boy. My sisters understood soon, that if they wanted to get something done, they could play this by me if they wanted to succeed. My brother found this more difficult and started to rebel against me and my sisters.'*

It shows that his sisters accepted him already, partly, when they were younger and even though he was treated differently by their parents. His brother had more trouble with this, but turned around later on in their life and Jannes now describes the family they have in a really different way: *'My family is always there for me, which I appreciate deeply.'* This includes his brother, and his sisters and he really feels at ease with them.

#### *Setting*

No physical setting was really mentioned, other than the physical setting already discussed in the storyline about the parents.

The setting that was mentioned was mostly emotional, where Jannes felt at ease with his siblings. He feels safe and secure with them and talked positive about his experiences and bond with his brothers and sisters.

#### *Purpose*

The purpose of the storyline is to show how Jannes feels belonging and acceptance with his siblings.

#### *Breach*

The breach in this story is mostly between the means and helpers and the purpose. In their childhood there was not always a feeling of belonging and acceptance, which was most of the time due to Jannes's own feelings and not the way his siblings acted. Over time this changed and Jannes was more sure that his family would stay despite his illness and that he really was a part of the family and belonged here.

#### Narrative summary of storyline

'I grew up between two groups, my older sister and brother and my two younger sisters. Because of this I was treated differently by my parents. This filled my brother with horror. My sisters understood soon, that if they wanted to get something done, they could play this by me if they wanted to succeed. My brother found this more difficult and started to rebel against me and my sisters. I always have had a good bond with my sisters. We did all kinds of different things: hide and seek, playing soccer or hockey, or other things you can name. This changed when I started to hear voices. I rather spent time alone in my room. They tried to involve me in their family and over time I started to accept that I belonged within this family and that they would always love me. The bond with my brother improved when I moved in to his student apartment and we spent more time together. Right now my family is always there for me when I need them and I appreciate this deeply'

#### Conclusion

Jannes' siblings never stigmatized him for having a mental illness. In their youth they didn't always get together really well, but when they grew older they provided a lot of support for Jannes. They gave mostly social support and made him feel a sense of belonging with them. This sense of belonging was sometimes hindered by Jannes not feeling good enough and rather being on his own. His sisters tried to change this and always kept reaching out and staying in touch with their brother. He accepted that he belonged within his family and that they loved him unconditionally.

### **Storyline 3: Friends**

#### Storyline title

'You have all been faithful to me'

#### Elements and breach of storylines

#### *Agent*

Jannes is the agent of the storyline and he describes himself as withdrawn, someone who wants to have contact with as few people as possible. He tells that with this way of life it was hard to make and keep friends. This is illustrated by the following quote:

*'Friendships from my youth, can be counted on one hand and have been ended mostly because they broke it off. The friendships didn't mean that much to me. I found it difficult and they didn't make me happier. (...) When I told my friends that I had mild depressive symptoms their reactions was really distressing and they walked away. They couldn't have my problems in their lives.'*

This changed because of the friends he has now. They have noticed that Jannes was different than others, but that didn't stand in the way of becoming friends. Despite the fact that he lied to them and didn't say what was going on in his mind. Because of the faith his friends kept having in him, he started to say what was wrong with him and now he can just say that he isn't doing well when that is the case.

#### *Acts/events*

Jannes his first experience with how his disease obstructed his friendships was when he was just experiencing voices and delusions. He told one friend that his dad was an astronaut and that he was searching for 'gold of the moon', and that he would bring this to his friend. The following quote describes the end of their friendship:

*'It was alright for a long time, until my friend started to ask questions and involved his parents. After I had disappointed him again he confronted me. He told me that 'moongold' didn't exist and that I was lying. I didn't appreciate this and became angry. How did he dare questioning my dads hobby. (..) This fight ended our friendship.'*

Later on in life Jannes made friends that accepted him and didn't end their friendship because of his illness. They did sometimes question the actions and motives of Jannes, like when he changed his number a million times, because he thought his enemies were closing in.

Jannes' friends understood him better after he told them about his diagnosis. Recently, one of his friends told Jannes that he sometimes made comments about how they were being chased, after they went to a bar. He thought that this was strange but always put it off as 'too much to drink' and didn't think of it as a disease.

One friend, whom he calls 'the chubby one' is his best friend and someone who always has his back. His friend himself also doesn't have a great life and has some problems, which they can talk about. Jannes describes the first time they did as following:

*'It was years ago on Terschelling, which was our destination for vacation, when me and him have had a good talk. That conversation is something I still remember, because it was the first time I got a good look into the soul of my friend. When I'm having a hard time, I always think back to our conversation to remind myself that everyone is dealing with something.'*

#### *Means/helpers*



Jannes wasn't really a person who made and kept friends easily. Friendships didn't mean that much to him and because it was difficult to keep friends the friendships didn't make Jannes happier. This changed when he met people who stayed by his side, even though he sometimes acted different.

Jannes is really glad with the friends he has now, he says about them: *'They didn't let me down in the hardest period of my life. On the contrary, they often want to know how I am doing and if I am not doing so well, they ask what is wrong instead of walking away. That are true friendships.'*

### *Setting*

Jannes knows most friends from playing hockey and he talks about the hockey club and how they have fun with each other, even though they are not really good at playing hockey. He does mention another physical environment where he met other people with a handicap: the REA College in Groningen. There he felt respected even though he didn't always participate like the others. He mostly talks about how he is grateful that his friends never abandoned him and how he learned to feel safe enough with them to talk about what is on his mind.

### *Purpose*

The purpose of the storyline is for Jannes to learn how to express his emotions to his friends and accept their support when he isn't feeling well

### *Breach*

The breach in this storyline is between the purpose and the agent. Jannes finds it hard to express his feelings and often feels held back by this, even when his friends have shown time after time that they are there for Jannes. He is learning and getting better at it, but he doesn't always show when he isn't doing well.

### Narrative summary of storyline

'Friendships from my youth, can be counted on one hand and have been ended mostly because they broke it off. The friendships didn't mean that much to me. I found it difficult and they didn't make me happier. When I told my friends that I had mild depressive symptoms their reactions was really distressing and they walked away. They couldn't have my problems in their lives. And even earlier on, one friend broke of our friendship, because I shared a delusion with him, which I really believed in, and he called me a liar. I haven't had much friendships after that and having friends didn't make me happier because it was hard to remain friends with them. At the hockey I did meet some nice people, who I can call my friends now. They didn't let me down in the hardest period of my life. On the contrary, they often want to know how I am doing and if I am not doing so well, they ask what is wrong instead of walking away. That are true friendships.'

### Conclusion

In his friendships when Jannes was younger he did experience stigma. Friends just walked away when he mentioned he sometimes had some depressive episodes. This made that Jannes found friendships hard and that he was rather on his own than with friends. When he was with friends he wasn't honest about how he felt, which made him feel even more alone. His friends he still has know made him feel that he belonged with them and that he could speak freely. This took a while, but

eventually Jannes felt safe enough to share his problems. From that point on he did receive social support from his friends and he isn't afraid to tell when he isn't feeling well.

## **Interactional analysis**

### Positioning of storyline

The storyline of Jannes' parents is often present throughout the book. He describes their relationship in detail and a striking part is that Jannes always emphasizes that he admires his parents for how they handled him and his disease. He tells that he never blamed his parents for how he felt and that he is really glad that he is always accepted by his parents and that they have always supported this. He emphasizes this multiple times, which he does because he wants to honour his parents and because it isn't always common for people with mental illness to keep such a strong bond with their families. He places the most emphasis on the emotional support he has gotten and the sacrifices his parents made when they gave him practical as well as emotional support.

Jannes' siblings are mentioned less often than his parents and also were often side characters in a story Jannes wanted to tell than the main character that part of the story was about. In these short moments it was often mentioned how his siblings helped him make decisions. The short moments showed that Jannes has a lot of informational and emotional support from his siblings and that they made sure to stay connected with each other and be part of each other's life.

The two storylines of his family show that Jannes is grateful for his family that they always made sure that he knew he belonged with them, even when he couldn't really believe this himself.

Friends and friendships are an important part of the life story of Jannes. He describes the positive as well as the negative experiences he has. What is notable is that Jannes talks mostly about the fact that he understands why people don't want to be friends with him and that he has a hard time understanding why his friends would want to stay with him. With three of his best friends he can let this go at the end of the story and then he talks mostly about how grateful he is for their friendships and their acceptance of his disease. He values this since he doesn't think that everyone with a chronic mental illness has friends that are this supportive and can deal with the hard symptoms, just like his friends from his childhood couldn't.

### Positioning of storytellers/listeners

Jannes is the one that decides which storylines are most important and when the storyline gets attention in the book. However, because the book is based on the columns he wrote for the 'National Care Finder', the build-up of the story is different than if it was written for the purpose of writing a book. He did choose himself what subjects he writes about and how he portrays people in the stories. He started to tell these stories because he wanted to get more respect for people with a mental illness. He tried to accomplish this by being open about his disease and the struggles this brought on.

### Conclusion and discussion

Jannes wants to gain more respect for people with a chronic mental illness. Jannes focusses mostly on the social support he has got from his friends and family and the stigma that was around mental

illnesses with some of his former friends. He describes his recovery really well and the different kinds of support he needed at that time. Right now he has his life more under control and has people in his life that respect and love him even though he has a mental illness. Jannes wants to show that even if you still experience some symptoms you can have a great life with good friends.

### **Contextual analysis**

Jannes describes in the introduction that with his story he wants to show that if you are psychotic you are not always dangerous. This is a way that people with a mental illness are often portrayed in the media and this is that image that society holds of psychotic people. Jannes himself unconsciously took over some of those beliefs and mentions several times within the book that he finds it really special that his parents and friends stayed with him even though he is ill. This is partly because of the beliefs that the society has, and partially because Jannes experienced those feelings when he was younger and had friends who left him because he heard voices or felt depressed. So even though, Jannes wants to change those beliefs with the columns he writes, he is still experiencing them in his own mind. Another point that Jannes frequently brings up in the book is the fact that you have to be successful to be seen as a fully-fledged member of society. At first he sees himself as someone who is a failure, because he couldn't finish his study and didn't participate in society the way you would expect of a young man. This influences his life further and he becomes withdrawn and addicted to drugs. Once he has had a few years of therapy these thoughts change and he finds ways to feel useful and not like a failure because he doesn't have a paid job. Jannes is then happy with what he does and how he feels. This makes him connect more to the people around him and make himself happy about his life, despite what strangers might think of him.

### **3. Hoezo gek? - Phytia**

#### **Introduction**

## Case title

'I'm not crazy, rather I am seeing things very clear right now!'

## Introduction of the case

Phytia begins describing her life story from the moment she experienced her first psychosis. She describes the situation she was in at that time and how she felt. She believes that she has had some experiences in her childhood that could be the cause of the psychosis. She was the youngest in a family of six children and her parents were almost never home during her childhood. She was bullied at school and sometimes even at home.

During the first psychosis her mom and her sister Anne tried to keep in control of Phytia's recovery process, which Phytia cannot appreciate, since they won't let her make her own choices. After the admission to the psychiatric hospital Phytia goes home and stops taking her antipsychotics, because she feels that they stood in the way of her recovery and only confused her more. This went okay for a while, until her ex-husband and father of her children died, and Phytia admitted herself voluntarily to the psychiatric hospital again. She went through a manic episode where she had lots of energy and was very restless. After her discharge this changes to a depressive period, where she doesn't really know what to do. Her family helps her get through this, by creating order in the chaos that Phytia made during her manic episode. She get through this with their support and the support of her friends. At this moment in time she tells that she can cope with her sensitivity to psychoses right now and that for now there haven't been any further episodes.

## **Story analysis**

### Different storylines

1. Parents
2. Siblings
3. Mark
4. Friends
5. Romantic relationships

### **Storyline 1: Parents**

#### Storyline title

'I felt like an outsider within our family'

#### Elements and breach of storylines

#### *Agent*

The agent in the storyline is Phytia. In her childhood she didn't receive a lot of love and attention from her parents. She grew up as the youngest of six children. Her father has never paid attention to his children and her mother started working again when Phytia was 3 years old. A nanny, Riki, took care of Phytia from that time on. Her parents often fought and her dad abused her mom, which made Phytia feel powerless. The bond with her mother changed when her parents divorced, and Phytia described this as following:

*'The bond with my mother recovered in this period. Often we spent the mornings talking at our dinner table with a can of coffee. Sometimes we would forget the time and were too late for school. We laughed about this a lot. I really look back on this period happily.'*

She writes: *'I felt like an outsider within our family and I often wished that I was born in another family.'*

#### *Acts/events*

During the admission in the psychiatric hospital my mom stood by me and came to visit every visiting hour. She didn't really know how to act around me and my psychiatric nurse thought my family was too belittling. They wouldn't let Helma, a friend of Phytia, visit, since her mother and sister wanted to come every day and only two people per day could come.

Her father also tried to visit her when she was in the psychiatric hospital, but she refused to see him. The last thing she wanted was to have a visit from her dad.

During her childhood her parents did often not look out for Phytia and her siblings. They went away during the night to their orchestra and the children stayed home on their own, or sometimes got dragged to the concert. When the mother of Phytia got a serious accident, where she broke her spine Phytia experienced this as shown by the following quote:

*'I was really glad that she was home and I would love to help them. From that period the thing I remember most is that I was really glad that my mother was finally home for a longer period of time. And even though she couldn't do much, she was there.'*

When her first relationship got broken off, her parents didn't provide much support, not in a practical manner, but also not in an emotional manner. This changed when Phytia started to have psychotic symptoms. She stayed with her mother and kept her up the whole night because she was so energetic. They couldn't follow her train of thought. Eventually Phytia got admitted through the emergency service.

There her family was really involved, and sometimes too much. They didn't let Phytia make her own choices and also didn't trust the medical staff there. During the second psychosis, this didn't change. Phytia disappeared for a whole night and her family was really worried. They blamed her and made sure that she got admitted again.

#### *Means/helpers*

My family didn't take my psychiatric nurse, Joop, seriously and didn't listen to him. They told me: *'Joop doesn't know what he is talking about and he doesn't know what is good for you.'*

During her childhood Phytia herself was often not taken seriously and her mother didn't talk to her about serious subjects. When a teacher told her mother that she was being bullied and Phytia seemed sad about the bullying, she didn't act on this and didn't talk to Phytia about this at all. Phytia describes this as: *'my mom wasn't involved with her children and her family much.'* This made that Phytia didn't even dare to tell that she was sexually assaulted at home.

During her disease her family didn't trust Phytia to make her own decisions. The announcement that she wanted to stop with her antipsychotics they were really not happy and tried to talk this out of her mind. This was even true when Phytia wanted a friend to come over in the psychiatric hospital, and her mum decided that it was better if she didn't do this. When she went back home again, her family came over to check if she was taking her pills and tried to tell her that lighting candles wasn't a good idea and dangerous. They kept belittling Phytia.

She was really glad that her family was of help with her financial situation. She made a mess during her psychosis and couldn't figure this out on her own. Her family lend her the money she needed. After solving the problems, her stepdad managed her financial accounts for a longer period of time, to make sure no more problems would arise.

### *Setting*

The setting Phytia talks about is mostly an unsafe environment during her childhood, where she was bullied by her siblings and her parents didn't do anything about or didn't even notice. This is further complicated by her father abusing her mother which made the situation even more unsafe and made her feel worthless. This changed when her parents divorces and the home she got with her mom and two sisters felt safe, secure and at home

### *Purpose*

The purpose of the storyline is for Phytia to describe hat support she got and didn't get from her parents and to learn how to make her own choices despite her parents having another opinion.

### *Breach*

The breach is between the purpose and the means/helpers. Her parents weren't there when Phytia was little and didn't support her. When she got ill, they tried to make every decision for her and didn't even listen to her own opinion. They went from no support at all to completely running over Phytia and not looking at what she thinks and wants.

### Narrative summary of storyline

'I grew up in a family as the youngest of six children. My parents went out a lot, to their work and to their orchestra. During the day Riki, looked after us. She felt more like a mom than my own mother ever had. The relationship with my mother got better after she decided to divorce my dad. I moved in with my mother and for the first time I felt like I had a happy childhood. My parents did never provide much support during my childhood. When they got called to school because I was being bullied, they never spoke to me about it. And after I broke up with my first boyfriend, they didn't support my in an emotional or practical way. When I started to get my first psychosis this changed. Especially, my mother was more involved and took care of me when I wasn't admitted yet. During my admittance my mom visited every day and tried to make all my choices for me. Everything my psychiatric nurse said, they contradicted and she wouldn't even let one of my friends come by. When I told them I wanted to stop taking my antipsychotics, they freaked out and tried to convince me that I should absolutely not do that. It made me feel like I wasn't taken seriously by my family. I do, however, thank them for how they helped me financially. I couldn't have gotten my live back under control with their help and I am glad that my stepfather took control of this.'

## Conclusion

During her childhood, Phytia has never felt like she belonged in her family. Like she says herself, she felt like an outsider. This was due to the fact that her parents were never home when she was younger, and they never listened or looked after Phytia, in an emotional or practical way. She felt this became better when her parents divorced, but the feelings of belonging were already lacking and were hard to recover fully. The bond with her father never recovered and Phytia doesn't want to see him, which means that he didn't have a role in her recovery of her psychosis.

Phytia's mother did give a lot of support during the psychosis. In a practical and physical way, she made sure that Phytia's children were taken care of and she took Phytia in when she wasn't well. Her stepdad also provided practical support during and after the psychosis when he assisted Phytia with her financial situation. However, when it came to emotional, psychological and social support, Phytia didn't feel supported. She was made to feel like she didn't belong in the family all over again. She often felt belittled by her family, because they wouldn't let her make her own choices. This is a form of stigma, where Phytia was viewed as not capable of making her own decisions, because of her illness, when she was perfectly capable to make some decisions on her own. By taking over control of Phytia's life, her mother suppressed her recovery, since an important part of stage 3 'Preparation and stage 4 'Rebuilding' is rediscovering your own strengths and taking control over your own life. For Phytia it was hard to do this as every decision she made was contradicted by her family.

## **Storyline 2: Siblings**

### Storyline title

'It wasn't easy growing up, looking up to my siblings'

### Elements and breach of storylines

#### *Agent*

Phytia is the agent in this storyline. She grows during the story, from a small girl who was bullied in her family to someone who can stand up for herself. She has learned that her own opinion is worth just as much as the opinions of her siblings. She grew more confident and accepted the help of her siblings during her hard times.

#### *Acts/events*

My sister Anne went to see Phytia with her mother, when she was in the psychiatric hospital every day. She brought cigarettes and often they had a conflict. She could look at Phytia if she was an alien and didn't respect her opinion. Phytia describes it as: *'I have always known that she viewed things differently and even though I had lost it right then I knew, I myself am allowed to have an opinion.'*

During her childhood she has wet the bed for many years and got bullied in her own home for this. Her siblings told her if she cried, which was often, that every drop she cried would be a drop she wouldn't have to pee out. When it was clear that I could go to the 'Lyceum' I was belittled and instead of encouraging the made her feel smaller.

As Phytia grew older she got along with her siblings better. She moved into a home that was close to a baby shop one of her sisters owned. She often came by the shop for a bit of small talk and her sister sometimes came over for dinner.

Anne was the first one who noticed something weird about her sister. When Phytia told her the following: *'I told her the whole story and that God kept busy and tried to make a paradise out of this world. That is what he promised, according to the bible, so that couldn't be more correct.'*

When Phytia was home again and doing better mentally, her siblings helped her when her ex-husband died. The day of the funeral they decided that she could stay at her sisters place. There they decided to have a barbeque at her brother's house, just like Mark, her ex-husband, would have wanted. That night she felt taken care of by her family.

#### *Means/helpers*

Anne was the one who told me that Riki, my second mother, had passed away at a really young age. She let me stay with her, because she was worried about me. And I wasn't doing that well after this news.

When I could go home after my admission my siblings were notified of my emergency plan and what they could do if I started to act out again. For the time being, they also helped by making sure that Phytia took her medication.

#### *Setting*

The physical setting is not explicitly mentioned. The emotional setting during her childhood was one where she felt she didn't fit in and was bullied. When they were all grown up the setting changed and became more safe and secure.

#### *Purpose*

This storyline shows how Phytia has grown up over the years and what support she expected and get or didn't get from her siblings.

#### *Breach*

The breach of this story is between the purpose and the setting. The setting is unsafe for Phytia, which makes it hard to accept support and feel a sense of belonging with her siblings.

#### Narrative summary of storyline

'When I was young, I always felt like the odd one out with my siblings. I often got bullied by my siblings about all kinds of things. I wet the bed during most of my childhood, and they made comments about that almost daily. An example is: every drop you cry, will be a drop you won't have to pee out. When we were all grown-up this got a lot better. I didn't have contact with them too often, except for my sister who owned a baby shop close to my house. She came over to dinner almost every week, and I could walk by when I needed to talk to someone. One of my sisters, Anne, was the first person to notice that I was acting strange, when I had my first psychosis. She and my mom made sure that I got the help I needed. She was also the one who told me that Riki, my nanny



and mother figure, died and then took me in with her, because I had a hard time. I am really thankful for these things, but when I was admitted she could look at me like I was an alien and didn't respect my opinion. I have learned that I have a right to have an opinion myself, and to speak up about this. Eventually, when I got home from the psychiatric hospital, my siblings were informed about my crisis plan, and with other family members, checked regularly if I was taking my meds. They also helped me after my ex-husband, Mark died, I was invited for a small party to celebrate his life at my brother's house, and my sister let me stay with her for a few days. They tried their best to be there for me at that time'

### Conclusion

Phytia has never felt like she belonged with her family and her siblings. She was bullied and never felt like she was safe enough at home to really express herself. This changed a bit when she got older and her siblings tried harder to make Phytia feel like she fit in. This shows when they invited her to a small party in honour of Marks life, where they provided social support for Phytia. Her sister, Anne also provided practical support, by letting Phytia stay with her when Riki died, and later on when Mark died. The siblings never provided emotional or psychological support, which is something that Phytia needed to help her recovery. The missed sense of belonging also didn't help her recovery, but because the siblings are only sparsely mentioned in the part of the book that is about the period that Phytia had a psychosis, it is hard to tell whether they hindered the recovery and which stage that was. Phytia did feel stigmatized by her sister Anne, when she was in the hospital. She mentions it as: 'she looked at me like I was an alien'. It is clear that the siblings definitely didn't really help her recovery.

### **Storyline 3: Mark**

#### Storyline title

'I tried so hard to save our marriage'

#### Elements and breach of storylines

#### *Agent*

Phytia is the agent of the story. She is both positively and negatively influenced by her relationship with Mark. At first he really helped her to get through a depressive period, because he has been there himself and knows what to say and how to make Phytia feel better. Phytia describes it as: '*Mark got me out of my depression, because of his enormous life experiences he knew how to get me through.*' This good side of their relationship stayed until they got children. Mark pushed for Phytia to stop working after they got kids, which made her feel closed in at her home and made her feel like she didn't participate in society. He didn't like that Phytia wanted to have a career for herself. He didn't think it was necessary and not important at all. In a period of a few years both Mark and Phytia cheated on each other and their relationship was affected negatively by this, which is why they broke up. Phytia loved Mark like a really good friend, and that never went away. Therefore, she agreed to get back together. This ended up to be some hard years in her life, and this changed

Phytia. She did stay friendly with Mark and was glad that he was always there for the children when she herself couldn't.

#### *Acts/events*

Phytia first met Mark at a wedding of a friend, where he asked her if he could come to a party with her the next day. Phytia said no, since she barely knew him. She met him again at her friend's house, where they learned to know each other further and he told her about his past with addiction problems. They agreed to meet in a café in Tilburg where Phytia lived. Mark asked questions that no one had ever asked Phytia and he noticed that she seemed depressed. Before no one had ever told her that. Phytia tells it as follows:

*'I was fascinated and listened carefully to his analysis. I was perplexed, that someone could be so right after so little time. This was fascinating and hereby my fascination with Mark started.'*

He told her really soon after that he was in love with her and that he wanted to be in a relationship. Not long after they moved in together and moved to another apartment, since in the first apartment their neighbour was a drug dealer and Mark met people from his past, he didn't want to see again. They moved and after a few good years Phytia got pregnant: *'We were thrilled with the coming new family member. We even started thinking about marriage. And eventually we did get married.'*

A few years after their children were born Mark and Phytia got less close and Phytia didn't know what the cause was. Eventually, she fell in love with a co-worker and got the attention and love she didn't get at home there. She drew the conclusion that *'Mark and I grew apart'*. Eventually, she told Mark that she fell in love with someone else and he got really mad at her. It turns out that Mark had had an affair, which he didn't dare to tell Phytia. She describes it like this:

*'He told that he cheated on me two years ago and he was afraid to tell me. He thought I was very brave to tell that I fell in love with someone else and he felt like he wasn't being honest with me. We cried together, but something in me snapped.'*

Phytia decided to divorce Mark, because she didn't trust him anymore since she had asked him several times what was wrong within their relationship and he never trusted her enough to tell his mistake. They did stay friendly with each other and got along well, they asked each other to come to dinner with the kids.

One day Mark called, because he had a car accident and he had felt his life flash before his eyes. He only broke his clavicle but he was really worried and asked to stay at Phytia's house, They decided to try again. It turned out to be really hard. Mark had backpains and was on sick leave. Phytia worked full time and did everything at home alone. After a year Mark told her that he had an affair and wanted to leave Phytia. She was really upset after everything she did and tried for their marriage. This is illustrated by the following quote:

*'I had my suspicions, but was freaked out when I heard that he had an affair. I didn't expect that. I was so angry! I tried everything to keep our marriage apart and he just left with someone else!'*

Phytia threw Mark out of the house, because he tried to keep seeing his girlfriend while still staying at her house. The period after was hard. Mark came by to talk, because he missed Phytia and wanted to have sex again. Phytia didn't want this at first, but during the start of her first psychosis she thought different of this and she agreed to sleep with him again. She didn't love him again, but just wanted to stay friends and Mark felt that too.

#### *Means/helpers*

Mark has had some mental problems himself. When Phytia first met him he had just went to rehab for his drug addiction. Mark knew how it was to feel depressed and he helped Phytia to feel better. He knew really well how to cope with Phytia's feelings, because of his own experiences. He listened to her and was really happy with how their relationship turned out in the beginning.

During her psychosis, Mark took care of the kids. They stayed with him the whole time and when Phytia wasn't doing well he could always come get the children. He didn't do anything for Phytia on emotional level, but knowing that her children were save and taken care of helped a lot.

The news that Mark had died was devastating for Phytia and her children. The way this went down was even harder, as they had almost no say in how the funeral went down in the first place. The commotion surrounding Marks dead and the knowledge that he died, was enough for Phytia to experience her second psychosis.

#### *Setting*

The first physical setting that was important to Mark and Phytia was the apartment that Phytia first owned. This was not a great experience, because Mark just went through rehab and their neighbour was a drug dealer, he met some old friends there and they had to move to not fall back into his old habits. Their new apartment felt like a prison to Phytia. She stopped working and spent the whole time in the apartment with only a walk to the store to escape.

After this they bought another house, which was close to her sisters shop and Phytia felt a lot better. She could go out more easily and spoke to other adults more often. However, this home is also the place where everything in their relationship got harder and Phytia and Mark drifted apart.

#### *Purpose*

The purpose of the storyline is to show what support that Phytia got during her psychotic episodes and to show the affect the relationship and marriage with Mark had on her manic and depressive episodes and the other way around.

#### *Breach*

The breach is during the acts/events and the means/helpers. Mark tried to help Phytia when she experienced the psychosis, by providing good support for their children. However, a lot had already happened in their relationship and Phytia didn't trust him fully anymore, when it came down to their relationship. Therefore she didn't receive any emotional support and Mark didn't try to help her when she was acting weird.

#### Narrative summary of storyline

'I first met Mark at the wedding of a friend, where he was attracted to me immediately. I saw him again at another friend's house, where he asked me to go out with him. We met up in a café in Tilburg where he asked me questions no one had asked and told me I seemed depressed. I was fascinated and listened carefully to his analysis. I was perplexed, that someone could be so right after so little time. This was fascinating and hereby my fascination with Mark started. He pulled me out of my depression and knew really well how to cope with my feelings, as he has had mental problems, a drug addiction and depression, himself. Not long after we moved in together, and I got pregnant with my first child. After the birth of our children, we seemed to drift apart and I didn't really know what was happening. Eventually, I fell in love with a co-worker and I told Mark this. He was furious at me at first, but then he came clean that two years back he had slept with someone and that was why our relationship felt different. We decided to separate and get divorced, but stayed friendly with each other, and kept coming over to each other's house to eat dinner with our kids. After Mark had a car accident we decided to move in together again. It was a very hard year, because Mark was on sick leave and didn't do much around the house, I had to work and do everything around the house. After this year Mark told me that he had an affair and wanted to leave me again. I was furious, since I tried so hard to make our marriage work. I stayed alone for a longer period of time, and Mark kept telling me that he wanted to have sex with me and that he still loved me. I always said no, until I was a bit more reckless because of my mental state at that time and said yes to him. I did tell him that I just wanted to be friends and that this was the last time, and Mark respected that. When I got a psychosis, he always took care of the children without complaining, but as a friend he wasn't really there for me. Because of all we had been through together, the news of Mark's death was devastating for me and the children. It brought me out of balance enough to get admitted for a second time because I was getting a psychosis again. It was really hard for me that he would never be around anymore and that my children had to miss their dad.'

### Conclusion

During the first depressive episode that Phytia had, Mark was really supportive and tried everything in his power to make her feel better. He provided mostly emotional and social support at that time. Later, when she experienced psychotic episodes Mark and Phytia were already separated and he didn't provide any emotional and social support anymore. He did provide practical support then, by taking care of the children and doing so without complaining. This helped Phytia to take the time to recover, mostly in stage 1 and 2, when she had to rediscover how to live her life. Phytia did never feel stigmatized by Mark, since he accepted her even with her disease. Their relationship changed because of many things, but never because Phytia was sensitive for psychoses. She did feel like she belonged with him at first, but this changed when they both cheated on each other and she lost her romantic feelings for Mark.

### **Storyline 4: Friends**

#### Storyline title

'We could laugh, but also cry if we had to'

#### Elements and breach of storylines

*Agent*

Phytia is the agent in this storyline. She has always had good friends and looked for new friendships when old ones ended. She needed this to have people to go out with, but also to talk about her life with. She wants to feel accepted by her friends and she is keen to accept help and to share her story, when friends are willing to listen. After her psychosis she learned that she needed people to talk about her experiences, but also needed to talk about the normal things in life with them. *'We have talked a lot and it was great to talk about them about the daily things.'*

### *Acts/events*

During her childhood Phytia got bullied in her class but had some friends from her neighbourhood. They were sweet, but when she was sexually assaulted, they were too young to really be of assistance to Phytia. Those friendships ended and when she broke off her relationship with her first boyfriend, she lost all their mutual friends.

Her friendship with Elly started at that time, because Phytia herself reached out to her, since they were co-workers. Because of Elly she learned what it meant to grow up in a nice and loving family. Her friendship with Elly continued a long time, and she was there when Phytia found out she was pregnant with her first child: *'I came in with a big smile and told the good news. I immediately asked Elly to be the godmother of my child.'*

Two other good friends are Helma and Ron, which they called 'The Chubby One'. They could share everything with each other, the hard times but also the good times. They both stayed when Phytia got her psychosis and Phytia even went home with Ron.

*'After a conversation with a good friend (...) and my psychiatric nurse I could come to his house to rest further. He promised to keep an eye on me and to take care of me. I loved it, those couple of days!'*

Phytia could rest up there and it was everything she needed right then, she felt a lot more at ease after being away from home.

### *Means/helpers*

A couple of friends helped Phytia through the rough patch of her psychosis with different kinds of support. Helma visited her at the psychiatric admission, which helped Phytia a lot, talking to someone that wasn't family. When going home her emergency plan was also discussed with Helma and Ron, who could help when Phytia was starting to act strange again. Ron did support Phytia when she was wanting to stop with her antipsychotics and told her to listen to herself. Her neighbour and other friends helped her by talking about normal things and just drinking coffee. Her neighbour also sometimes watched the children when Phytia wasn't doing well.

### *Setting*

Phytia often mentions multiple friends at once, where she doesn't really talk about a specific setting. A setting that is mentioned is the place where Helma and Phytia went for a vacation at sea. There she felt good about herself for the first time in her life.

### *Purpose*

The purpose of this storyline is to show what her friends can do during and after a psychosis to support Phytia and how she experienced this.

### *Breach*

The breach is between the purpose and the agent. Phytia didn't really ask for help herself but did get in from her friends. In the future she should learn to ask for the help she needs.

### Narrative summary of storyline

'When I was younger I had several friends from my neighbourhood and later also some kids who were nice to me at school and didn't bully me. When I was sexually assaulted I told my friend, however she was as old as I was and didn't realise what an impact it had on me. Right now I don't have contact with them anymore as I lost all contact with my mutual friends when my first boyfriend and I broke up. My friendships with Helma and Elly started then and I went out with them a lot. When coming home with Ella I understood how it was to grow up in a loving family. She became the godmother of my child and supported me throughout the pregnancy. Through Helma I met Ron, with both of them I shared both the good and the bad times of my life. I was lucky to have friends like Ron who supported me when I wanted to stop with my antipsychotics. He took me into his home when I needed it, cooked for me and made me feel completely at ease. I received a lot of support and love from my family and friends. Right now I have friends and a neighbour whom I see daily and can talk about my daily life with.'

### Conclusion

Phytia received several kinds of support during her psychosis from her friends. She received practical support from Ron, when she could move into his home and he helped her by cooking for her. Her neighbour also gave practical support by watching her children sometimes. Social support was present as well and Phytia has a lot of friends who she can share the hard times with. She did feel like she belongs to the friends she has now and in that sense they have given her emotional support too. She was never stigmatized by her friends and their bonds only got closer because of her psychosis.

## **Storyline 5: Romantic relationships**

### Storyline title

'There was always some tension'

### Elements and breach of storylines

#### *Agent*

Phytia had several boyfriends and affairs over the years. She loves very intensely and often fell in love with someone else while in a relationship. Phytia did always tell this honestly that she fell in love with someone else, and that was the reason that a lot of her relationships ended. During her psychosis she felt confused about her feelings for her different partners and they all came back to her at that time. It made her manic feelings during the psychosis worse and she felt everything was about love and being loved. She did feel confused at that time what she should do with her feelings

and this didn't get better when all the men reached out to her and wanted to be in a relationship with Phytia. Her psychosis did learn her what she wanted to do and what exactly she wanted in a relationship.

#### *Acts/events*

Phytia's had her first boyfriend when he was thirteen years old, at that time she wasn't capable of distinguishing sex from love. *'Actually I didn't have that much in common with the boy; the only thing I can remember is that he had a care and that I was exhilarated to go with him.'* She got sexually active because the brother of a friend assaulted her and this made her experiment with sex, since she learned that it was a way to receive attention.

She met her first real boyfriend Dolf, where it was about love and not about sex, at her riding school. She had a lot of fun with him and his family. They moved in together, when she finished her education. She fell in love for the first time in her life with someone from her work, Richard, and she decided to leave Dolf. He was really sad about how it turned out and Phytia was sorry for him. Richard turned out to be in love with her as well, but after three months their relationship ended and Phytia was left with a broken heart for the first time.

After this Phytia met Mark (see storyline 3), during this relationship she met several other men she fell in love with. Pieter, a colleague, gave her the love and attention that she didn't get at home. She fell in love with him and told Mark this, however, Pieter didn't want a real relationship with her and she stayed alone for a period of time. She did keep in touch with her colleague, but Phytia was afraid to get to the next step with him. She describes their relationship as: *'There was always some tension and I enjoyed this a lot, however I never dared to take a step further.'*

After being alone for a year, Phytia met Sjef in the club. She recognised him from her children's school and they started talking. That same night she went home with him and slept with him. The quote below shows how Phytia describes Sjef:

*'Sjef was well toned and looked really good. However, what I found more important is that you could laugh with him. He was a bit eccentric, he did have a job in the government but was a bit of an outsider there I think.'*

It was not long before they met each other often in the weekends. He was divorced too and they had the same weekends with and without the kids. I fell in love head over heels with him, but he said he wasn't ready for a relationship yet. Sometimes I broke off contact because I couldn't handle this anymore, but when I met him somewhere we often ended up sleeping together. I loved being with him. He still wasn't ready to commit to a relationship and eventually Phytia decided that she had enough and that she wanted to find a way to be happy on her own.

In one week Pieter, Mark and Sjef contacted Phytia because they wanted to try again. She slept with all of them and talked about the future. She already didn't completely felt like herself and didn't really know what to do with them. She rejected them all, because she was starting to feel confused and felt like she needed time to think.

After her psychosis when Phytia started to work again, she met a man whom she felt in love with the first time she saw him. Alex was her manager, but they started to become friends and talked about

their lives with each other. The conversations started to get more intimate. The following quote describes Phytia's feelings in this situation really well:

*'The tension between us got bigger and bigger and one time he sat on my desk and looked at me like he was madly in love. I couldn't handle this and felt uncomfortable, I asked him later that day if we could talk. I asked him to not do this again. I told him that I felt the tension too and that I didn't want to lose my job. He didn't deny the tension, but affirmed that this wasn't a good idea, because he was married with someone else.'*

This turned out different than they both had thought and they did get a relationship. They broke up and got together again. Their affair took 2 years and after that period Phytia lost her job. She thought that Alex had something to do with that but he denied that with all his might. He did call her to tell her that he didn't want to see her again and that their relationship had to stop. Phytia felt broken by this, she had really loved him. A few weeks later he already reached out to her again. He even asked her to marry him when he got a divorce. Through an email she came into contact with Alex's wife and they came to the conclusion that Alex was playing them both and that they should both break off all contact. They did this, but Alex started to threaten Phytia and her children, since he felt she was the reason his marriage fell apart.

Right now Phytia has a stable relationship with her current boyfriend. The relationship is not as turbulent as the others were and this helps her to stay mentally sane and stabilized.

#### *Means/helpers*

When Phytia was admitted to the psychiatric hospital she called the man she was in love with at that time, Sjef. She told him that she was locked up and that she wanted him to come get her. She told the nurses: *'You all think that I am crazy, but that is a load of crap. I am not crazy, in fact: I am seeing things really clearly! My boyfriend, Sjef, will come get me just so you know. I am not staying here.'* Sjef tried to come get her, but the nurses wouldn't let him come in to see Phytia. He tried again, but to the nurses it was clear that Phytia was not doing well and she had to stay.

When Phytia was back at her own house Sjef did support her. He made her feel like her own choices were good enough and that if she wanted to stop taking her antipsychotics that she could just do that. This made Phytia feel loved and more secure about herself.

Pieter was a really important person in Phytia's life. He made her think about herself and think more philosophically. They have talked for hours and had some deep conversations. She found her confidence and respect for herself again because of these conversations.

At the beginning of her first psychosis Phytia was really confused about the relationships that she had with the different men. She felt like she was finally happy with herself, and in the same week, all three men wanted her back. She did feel flattered by this and felt in love with everything around her. This continued until she felt euphoric and lost her contact with reality.

During her second psychosis, Phytia was convinced that she needed to see Alex and that she was connected with him in a special way. She convinced him that he had to come and visit her at the psychiatric hospital. He came to see her, but only wanted to do that with her mother present. This made Phytia really angry, but she agreed because she really wanted to see him. They talked for a



long time, mostly about what the divorce had done to Alex and how he felt. They loved to have contact again and said they had feelings for each other again. They decided to not pursue this, as a lot had happened and it was better to leave it at this. It did really help Phytia to come back to her senses again, she felt safe with him and got closure from their conversation.

### *Setting*

In all her relationship no specific setting was mentioned. The relationships she had were mostly short lasting relationships, where they broke up and got together again several times. She doesn't describes the places where she has lived with Dolf and her current friend and the emotional setting are also not described in detail.

### *Purpose*

The purpose of the storyline is to show what affect her romantic relationships had on the development of her psychosis and her recovery.

### *Breach*

The breach was between the means and helpers and the purpose. During her psychosis, Phytia did not feel really supported by her boyfriends. This is probably due to the fact that she didn't really know herself what she wanted in those relationships and tried to choose between different men from her past. This didn't help the recovery from her psychosis, since she was confused and had delusions that involved the men in her life. This made it hard for Phytia to make sense of her surroundings and to see what was best for her. Her boyfriends did not really help this because they were not that involved with Phytia when she was in the hospital.

### Narrative summary of storyline

'I had my first boyfriend at the age of 13, he was a lot more grown up with him and I was exhilarated by the fact that he owned his own care. At that moment in time I was not really capable to distinguish being used for sex with falling in love with someone. As it turned out, we didn't really have that much in common. Dolf was the first person where I felt that it was about love. However, I truly fell in love with someone, while still being in a relationship with Dolf. The two men both decided that they didn't want to go any further with me and I was alone for a while. Then I met two other men during my time with Mark, Pieter and Sjef. All three of them I didn't see on a regular basis and I broke up with them to get back together after a few weeks. It was always hard to break up, because I often was head over heels in love and it was hard when they wanted to end the relationship. Especially Pieter was a really important person in my life. He made me think about myself and think more philosophically. We have talked for hours and had some deep conversations. I found my confidence and respect for myself again because of these conversations. However, I decided that I wanted to be alone for a period of time and didn't want a relationship with someone who was not willing to commit himself fully. However, in one week all three of the men contacted me because they wanted to get back together again. I slept with all of them and after I was really confused to what I should do. I felt euphoric to get so much attention and felt loved. This turned out to be the start of my first psychosis. Sjef, my boyfriend then, supported me in different ways. He came when I called that I wanted to go home, twice, even though they wouldn't let him see me. When I got home he supported my decisions and didn't think I was crazy to want to quit taking my

antipsychotics. After my psychosis I started working again and there I fell in love with my manager. For a long time there was tension between us, but nothing happened. However, after a while the tension got so thick that we ended up sleeping together and it was on and off for about two years. Alex was married and after two years we broke it off. I lost my job shortly after and I think that Alex had something to do with it. He came back to me and said that he wanted to marry me when his divorce was finalized. However, when I contacted his wife, we found out that Alex was playing us both and we both broke it off with him. He threatened me and my children since he felt that I was the reason his marriage fell apart. After this I only saw Alex one more time. In my second psychosis I felt like I needed to see him and after I called a thousand times and eventually he agreed to meet me. It was really nice to get some closure in our relationship. Right now I have a fantastic boyfriend which has helped me keep stable.'

### Conclusion

Phytia didn't really feel like she belonged with her boyfriends. This was mostly due to the fact that the relationships were not stable and with a lot of troubles. Phytia and her partners often cheated on each other, or were not ready to continue a relationship. This led to a lot of insecurity for Phytia and not a feeling like you could really depend on each other. She did learn things from all her relationships and learned how to trust herself more.

Sjef gave her social and emotional support during her recovery when she was back home. And tried to help her while she was admitted. This helped Phytia mostly in stage 4 'Rebuilding' when she needed to learn how to take control of her own life and Sjef helped her when he supported her decisions.

The relationship with Pieter helped her earlier on in her life to get more secure about herself and she was confident again. Their partners have never stigmatized Phytia and accepted her even when she got ill.

Her current boyfriend helps her to manage her illness and provides psychological support, which helps Phytia to keep stable.

### **Interactional analysis**

#### Positioning of storyline

The storyline of Phytia's parents and her siblings is present throughout the whole story. In the beginning of the story she tells that she thinks that her childhood experiences were the cause of her psychosis next to a genetic sensitivity. She mostly focusses on the negative experiences she had during her childhood and the support she did not get. During the psychosis she extensively explains how the ideas and the behaviour of her family hindered her recovery and her change on a normal life. This is not the behaviour she expected from her parents, because in her youth they often neglected her. Therefore, it was explicitly mentioned a few times.

The descriptions of the romantic relationships and the relationship with Mark are also quite extensive. This is probably due to the fact that the relationships were quite turbulent and a lot of events happened. Phytia described this in detail and also describes really well what this did to her. However, this I done in a way where she refrains from blaming anyone. She does come to the

conclusion that it is better for herself to have a more stable relationship and keep away from the different boyfriends all at once.

The storyline of Phytia's friends does get some attention during different parts of her life and her recovery of the psychosis. However, it is less extensive than the storylines about her family. This is probably due to the fact that the support she got from her friends was often the support she wanted and needed and therefore required a less extensive explanation about how Phytia felt during these events. She did show the support she got and how grateful she was that she had friends that were this supportive.

#### Positioning of storytellers/listeners

Phytia has had the idea to write a book for years before her psychosis but she could never figure out what the purpose should be. During a conversation with her friend, she met at the psychiatric hospital. She wrote the book to show people close to a patient, who has had a psychosis, how to deal with this situation. She is the one who chose which storylines got attention and what she wanted to emphasize. Therefore she showed the support that has helped her, but mostly focused on the things that her family did that hindered her recovery. These are the things she felt her audience could learn from.

#### Conclusion and discussion

Phytia describes that she wants to show close relatives of patients, who experienced a psychosis, how they could deal with the patient and the situation. This is mostly due to the fact that she herself did not get the response from her relatives that she needed. She wanted things to have been differently and now hopes that her experiences can show people what behaviour works well when someone is recovering.

#### **Contextual analysis**

Phytia is not really aware of the stigma that can surround a psychosis. She doesn't care and describes in her introduction that she has had a hard childhood and that while some people get heart problems under stress, she is sensitive to a psychosis. She doesn't see this as a big deal and feels like a blessed person to have had these experiences. She does experience some stigma surrounding the multiple romantic relationships she had at the same time and affairs that she and her partners had. It is something that is frowned upon and even though sometimes Phytia herself had an affair, she didn't really like when her romantic partner did this to her and then often she broke up. Her family didn't like all those boyfriends and were reluctant to meet them and go with Phytia in this.

## **4. Angst en onrust – Karin den Oudsten**

### **Introduction**

#### Case title

'They want to confuse me and play out this part'

## Introduction of the case

Suus got a psychosis right after the birth of her second son Job. She describes the experiences from the birth of Job to the admission in the psychiatric hospital to the first year of her recovery at home after the admission. She describes her thoughts really clearly about how she thought that she was God and experienced reality as a kind of play. She sees the Devil in the other patients on the ward and eventually even in her son Job. She comes out of this psychosis when her oldest son Bram reacts like any child would and she realises that it is no play and that doctors aren't whispering things that her family has to say to her.

She stays at the psychiatric hospital for a few weeks to recover, when she is back in reality. When she comes back at home she has a hard time adjusting and feels like her home has changed in the time she has been gone. She still has delusions and is scared easily and sometimes fears being alone with Job. Her husband helps her with everything and is making her feel less depressed and scared. With the help of her friends and her husband she recovers, even though this took some time.

## **Story analysis**

### Storylines

1. Roel
2. Children
3. Family
4. Friends

### **Storyline 1: Roel**

#### Storyline title

'In hard times you learn to know and appreciate each other'

#### Elements and breach of storylines

#### *Agent*

Suus is the agent in this storyline. Roel is her husband who supports her with everything, before, during and after the psychosis. This changed Suus for the better, since it made it easy for her to be herself during her recovery. Before her psychosis she already had a lot of support from Roel, for example with raising Bram and during the birth of Job. This never relented when Suus became ill. Suus tries to be a good wife for Roel and she wants nothing more than to get better and get back home again.

#### *Acts/events*

During her admission in the psychiatric hospital, Roel made sure to always visit Suus whenever this was possible and also make sure to bring all the supplies that Suus would ask for. This even though sometimes it were a lot of things that he thought she wouldn't need.

When she gets home again he is keeping Suus in check, to make sure that she is sleeping well and not doing too much around the house. He helps her take care of the children and reminds Suus that it is important that she cares for Job and helps her in every way he can. Suus really appreciates this and says: *'he is a born father'*. Roel is also there for her emotionally. He lets Suus talk to him when she needs it and gives love and cuddles her when she needs it.

*'I don't reject his arms around me. In contrary, I really love that he offers to cuddle with me. Only now I notice that Roel looks tired. I looks like he has gotten more grey hairs and lines in his face.'*

Roel is trying to make Suus comfortable at home. He is cooking her favourite meal and is making sure that she doesn't have to do too much in the house. He helps her by reminding her what is really important and what things can wait until later on. He calms her down at night when she is seeing things that aren't there. And knows how to change her negative thoughts in something positive, which makes Suus feel better.

During the birth of Job, Roel was a big support for Suus. She clamped on to him and this was the only thing that made it somewhat bearable. Even then, he made sure that Bram was taken care of and that he could go to school without too much trouble. Suus was squeezing his hand because it lessened the pain and she felt like Roel had to suffer with her.

When Suus' psychosis starts, she immediately tells Roel that she isn't feeling well and that he has to bring the children to their neighbours. He does what she says, because he understands that the situation is serious and he has never know Suus to be this direct. He is really direct to Bram and Bram listens to him immediately. When Roel comes back, Suus tells him that she thinks that she is God and that she will go look for another wife for him. She tells that there will be big tasks ahead of them in the following months. Suus thinks that Roel and she can communicate telepathically, while a GP and a psychiatrist are reviewing her state of mind, and she gets mad when Roel doesn't seem to listen to her. Suus is really mad at Roel for getting them into their home, because she is not thinking that she is crazy and the other people treat her like she is. She doesn't trust Roel anymore, which is shown by the following quote:

*'There is a complot being made here. It is not wise to let them know what I just found out, because I don't know what they are planning. But I'm sure of one thing: I don't trust anyone anymore. Not even the man I married four months ago. Is he the sweet and trustworthy guy or is he pretending to be someone that he is not?'*

Suus does agree to be brought to a psychiatric hospital, she trusted the psychiatrist and Roel that much and thought it was a better option than taking medication. Roel comes with her and makes sure that the gravity of the situation is made clear in the first conversations they have there. He also made sure that she had some things of her own in there and packed her a bag before she went in the ambulance.

Roel visits Suus every time in the psychiatric hospital when that is possible. He does whatever is necessary to help making her better. Including talking to the psychiatrists and nurses. Suus doesn't like this in the beginning and tells a nurse that it is actually her husband that isn't doing quite well. She tells them:

*'My husband is not doing well. He is saying crazy things all of a sudden. He can't speak the right words and is saying things that are not comprehensible. (..) I try to convince the nurse that Roel is the one who has to stay here. The question is if the nurses will buy my trick.'*

The nurses were not buying this and Suus had to stay. Roel, Bram and her dad came to visit and Roel was really tired because of all the things he had to take care of on top of the care that Bram and Job needed. Suus was also texting him non-stop during the night and in the hospital they eventually took away their phone. She sees it as a gift every time that she can get in contact with Roel again. When Suus is transferred to the academic hospital, where Job can stay too, Roel makes sure that all Job's things are available and that there are clear instructions about his feedings etcetera. Together they take care of Job and Roel makes sure that the bond between Bram and Suus stays intact during her weeks in the psychiatric hospital.

When they have a private room as a family with each other, Suus loves it at first. It is a comfortable way of being together and have some privacy. However, Suus suddenly starts not feeling well and gets ice cold from the inside out. Roel warns the nurses and takes over Job. Suus tells him that one of their children is the devil and that Job should die. Roel is really worried after those expressions from Suus. He tells the nurses and asks if they can stay during the rest of the visit. Suus is getting a lot warmer already and feels better. However, this action made that she can't see Job for a while after this.

During a later visit Suus thinks that Roel and Astrid, her sister-in-law, are being part of a play, where the doctors tell them what to say so that Suus stays in her psychosis. Roel is phased by this and when Suus tells him that she can't trust him right now he is really worried. This all changes because of the reaction that Bram has on the tension that he feels. It was the last push that Suus needed to get out of her psychosis. Roel is not completely convinced when Suus says: *'The psychosis is over, my children have their mother back.'* He is however, really touched and has tears in his eyes. When Suus says that she has to stay for a while to get better, Roel is more convinced. He cries and puts his arms around Suus and whispers that of course this is okay and that he loves her.

#### *Means/helpers*

A big helper is that Suus always keeps her end goal in mind, which is going home to her husband and children. She really wants to come back home to help with caring for the children and being a loving wife for her husband again.

Roel tries to make things as easy as possible for Suus. He bring her stuff to the psychiatric hospital without complaining and takes care of Bram and Job, when Suus is in the hospital. When they get back home again, Roel makes sure that Suus is involved in the care, but is always there to help her when necessary. The timing of Suus getting home was also a big helper. It was during Christmas break, when Roel would be home for 2 weeks and could help with everything and made sure that she wasn't alone with Job immediately.

He is never making fun of Suus which makes that she can always tell what is on her mind. An example of this is that when Suus was afraid that Job is changing in a monster with sharp teeth, Roel comes to help her put in his pacifier and doesn't tell her that she is strange, but just comes to help her.

When Suus tells Roel that she is thinking about taking all her sleeping pills at once, he comes home immediately and comforts her. He takes her pills and brings them back to the pharmacy. When after she doesn't sleep well, he keeps her calm and makes sure that she doesn't do chores in the middle of the night.

### *Setting*

Two settings are important in the storyline with her children. The first is the two psychiatric hospitals where Suus was admitted. Suus didn't really mind the environment there, even though she does want to leave as quickly as possible. During her psychosis she has delusions that involve the colours that the doors and walls have in the psychiatric hospital. However, she never really felt unsafe there. For her family this was different. They found it really hard to see Suus in the psychiatric hospital and realise that she was really that ill.

The second is their own home. Suus feels really glad to go back home again, but she also feels like something has changed, like it wasn't completely her house as she left it. She acknowledges that Roel has tried his best to clean up and make things comfortable, but still she felt like something was off. She does feel really safe with him and she can relax at home, even though she is really restless because of her illness. She herself describes it as

*'It is great to be back home again, it feels like a warm blanket. I am safe in my trusted environment with people around me whom I love.'*

### *Purpose*

The purpose of this storyline is for Suus to be a mother and a wife again and receiving the support she needs to fulfil these roles again.

### *Breach*

The breach is between the acts and events and the purpose. Suus wants so be a good wife and a good mother, but this is hard, since her psychosis makes her think things that are not in line with this purpose. A big part of her psychosis she doesn't trust Roel and sometimes doesn't want to tell him everything. This changes through the support Roel gives and in the end she trusts him a lot more and is a key support person in her recovery.

### Narrative summary of storyline

'I have finally reached my end goal, being at home with my husband and children again, even though it cost a lot of anger, sadness and misunderstandings. Not only for me but also for my husband Roel. At home I ask him if anything has changed in our house, since it doesn't feel like my home anymore, Roel says nothing has changed and I believe him. The first weeks back home again he keeps a close eye on me and helps to keep my life on track. I am very restless and he makes sure that I keep in mind what is most important, taking care of my children. He helps me take care of Job and makes it as easy as possible, by preparing his bottles and letting me know what Job needed. I can tell him everything and he gives me love and attention, when I need it. When I get scared that Job will turn into a monster and bite me, he helps me put in his pacifier, but never told me that I behaved strangely or to just get over myself. He helps me changes my negative thoughts in positive ones. I

thought about taking all my sleeping pills at once, because I felt so bad and Roel came home immediately. He took my pills on my request and brought them back to the pharmacy. Roel was already a big support for me when I wasn't ill yet. During Job's birth I clamped on to him and that made it somewhat bearable. Because of his support during our relationships I was not afraid to tell him that I wasn't feeling well, even though I didn't really know what was going on. He brought our children to the neighbours and called the general practitioner. I thought that I could communicate with him telepathically and was really upset when he didn't seem to listen or understand to her. When a psychiatrist comes to our house I was especially mad at Roel, because he doesn't believe me and thinks I am crazy. I couldn't trust anyone anymore, including Roel. I did agree to go to the psychiatric hospital, where Roel comes to visit every time he can. At his first visit I told the nurses that it was actually my husband who was acting strange and should be admitted, unfortunately they didn't buy this and I had to stay. He took care of the kids while I was admitted and I am grateful that he did everything what was necessary to get me back on track again. He made sure that I got all the stuff that I asked for and that when I moved to a place where Job could stay to, that his things and instructions for his feeding are brought over. Together we take care of Job and Roel makes sure that Bram gets to see me. When I tell him that I think Job is the devil and should die, Roel is shocked and tells the nurses immediately. However, he has never turned his back on me and stayed by my side because he understood that I was ill. At the moment that I came back into reality Roel was not completely convinced at first that I was doing better. This was sure due to the fact that moments before I told him that I was convinced that everyone was taking part in a play. However, when I tell him that I have to stay a while to get better, he understands that something has changed for the better, hugs me and whispers that he loves me.'

### Conclusion

Roel has always done everything to make Suus feel safe and belonging in her family. It was really hard for him to hear that during her psychosis Suus didn't trust him, but he understood and still kept doing the things that were best for Suus, even though sometimes she wouldn't want this to happen. He never stigmatized her and understood that she was ill and made her feel welcome all the time. His support stayed on during all the stages of recovery, where Suus needed the most help during the stages of Moratorium, Awareness and Preparation. At the first stage she needed mostly emotional and social support, since the physical support was completely fulfilled by the psychiatric hospital. She did need practical support, with Roel helping to take care of the children and assist her in getting all the things she needed. As she came further in the relationship she needed more psychological support and when she got home also more physical support. Roel provided this support during the right times, and left enough room for Suus to learn herself and doing more things on her own.

### **Storyline 2: Children**

#### Storyline title

'My children have their mother back'

#### Elements and breach of storylines

*Agent*



Suus is the agent in this story. She is influenced largely by her two children, Bram and Job. Suus got the psychosis just after Job's birth. This was really hard on Bram, since it is hard to understand for a child what was happening exactly. He had a hard time visiting his mother in the psychiatric hospital. He does like to help Suus, which is something that Suus and Roel make sure happens together. He is the one who helped Suus come out of her psychosis, which she is really grateful for. Being a mother and being there for her children are two things that kept Suus in reality at least partly.

#### *Acts/events*

When Suus' psychosis started she told Roel to take the children away, because she was not doing well. He grabbed Job from his crib and told Bram to take his shoes and jacket and to come with him. Bram knows that something was going on and went with them quietly. Suus felt really sad about this whole experience and made sure that Bram saw her one last time, to make sure that she was okay.

In the first psychiatric hospital where Suus was admitted, her children couldn't stay with her and she started crying when she realised how long she hadn't seen her children. She got mad when they asked her to answer other questions, while she had to miss her kids, which she had left at home with her neighbours and Roel. A few days later they transferred Suus to a bigger, academic hospital where they have a special room where babies can stay with their mothers. Suus loved the idea and wanted to go there as quickly as possible.

Bram came to visit multiple times in both of the hospitals. It was really hard for him, and the first time he came he cried while walking out of the hospital and got comforted by his grandpa. Suus found this hard, but didn't really know what was happening exactly. She did know that she didn't want to think about her children too much, because she wouldn't stop crying otherwise. The other visits, Bram was more used to the environment and he was glad to see his little brother again.

When she got transferred to the other hospital the care of Job was a part of Suus' daily routine. The first time that the nurse came to get her, Suus didn't want to go because she felt way too tired. She had a hard time recognizing Job and she didn't really know how to feel about this.

*'Now I don't really know what to feel. But that isn't Job's fault. I look at his cute ears with all his thousand little hairs and his sweet nose. I whisper: "How could I have forgotten you, sweetheart?" I bow down and touch his blanket. My heart is filled with love and my eyes fill with tears. I enjoy this moment so much and I am glad that we are together again.'*

This shows that in the end she was really glad to be reunited with Job again and that she could feel like his mother again. She does need the help of the nurses and Roel to do this correctly, and she sometimes has delusion where Job plays a part. One of these delusions is shown in the following quote:

*'I get away as fast as I can. Nobody has seen what happened with Job. He became really red in the face and scared me. Something this mean can only be done by the devil. He impersonated Job and almost made sure that I dropped him. And of course I would be the one that was blamed, while this wasn't right. The test of the devil was really smart and I need to be more careful.'*

When she tells Roel what has happened later on, and tells him that she thinks that Job should be killed, he is really scared and tries to protect Job by not letting Suus see him anymore. Suus feels really angry and sad about this and is feeling a lot of emotions at the same time, which confuses her. Eventually, she is placed in isolation, where the thoughts of not seeing her children is making her feel mad. She does feel that other people, like the nurses and Roel are capable of taking care of Job, but she feels like it is unfair that she is locked up and can't do this herself.

When at home again, Suus is still feeling restless and thinks that doing things around the house rather than taking care of Job. On the other hand she does really like the fact that she isn't bound by the times of the ward anymore and can see her children whenever she wants.

She also still has delusions, sometimes involving Job. She sometimes feels like another child is lying in his bed, which changes if she looks again. She is afraid that Job will change into a monster and that he will get sharp teeth and claws instead of hands. Even though she knows rationally that this can't happen.

#### *Means/helpers*

A big helper is that Suus always keeps her end goal in mind, which is going home to her husband and children. She also always keeps in mind that she has to be a good mother and be good for her children. Even when her psychosis starts, she makes sure that Bram sees her before he goes to their neighbours because she doesn't want to scare him too much.

In the psychiatric hospital Suus has two kinds of thoughts about Job. On the one hand she doesn't want to leave him alone in the hospital and wants him close because she has missed him so much and on the other hand, she feels like other things she has to do, like folding laundry and rearranging her room, are more important than being with her son. She does however feel like she can't say no to being with Job and caring for him, because then she would be seen as a bad mother. She does find excuses to leave as soon as possible, after she has done all her tasks.

Bram feels best when he can do something to help his mother. Roel and Suus take this into account and let him give Job his bottle, when they are together in the psychiatric hospital. And when Suus is not feeling well, they tell Bram that he should get some blankets for his mother at the nursing station. Even with little things, like running ahead to push the elevator button help Bram to feel useful. They also always compliment him for the tasks that he is doing. This was already the case before Suus had her psychosis. Bram liked helping and being a part of things. This is shown in the role he wanted to have in the engagement of Suus and Roel, he got that part and made the day even better.

Bram is the one who makes Suus get back in reality again, when she realizes that a child can't lie or be part of the play she thought she was in, because she senses that his feelings are sincere. The following quote is an illustration of that:

*'Bram can't handle the tension. He comes to me, puts his arms around me and starts crying uncontrollably. That was the last push I needed. It is clear now. At once I come out of my psychosis and turn back into reality. It isn't a play with people playing a role, it is a real hospital with competent doctors, caring nurses and sick patients. The reaction that Bram*

*had, is exactly how a child is. You can't fool a child and my theory that the doctors are whispering things that he has to say to me is ruined.'*

Suus is really relieved and for the first time she has the feeling of being completely back in reality. She thanks Bram for helping her with everything.

### *Setting*

Two settings are important in the storyline with her children. The first is the two psychiatric hospitals where Suus was admitted. Suus didn't really mind the environment there, even though she does want to leave as quickly as possible. During her psychosis she has delusions that involve the colours that the doors and walls have in the psychiatric hospital. However, she never really felt unsafe there. For her family this was different. They found it really hard to see Suus in the psychiatric hospital and realise that she was really that ill.

The second is their own home. Suus feels really glad to go back home again, but she also feels like something has changed, like it wasn't completely her house as she left it. She mostly focusses on the children's rooms. Bram was always changing his room, which Roel and Suus found really cute. Job's room is really clean and the first time Suus comes here, she is aware that because of here it has taken a long time to have Job back in his own room and own bed again.

### *Purpose*

The purpose of the storyline is for Suus to feel good enough again to be a good mother for Job and Bram.

### *Breach*

The breach in this story is between the purpose and the agent. Suus feels like she can't be a good mother to her children, especially when she gets back home again. She doesn't want to be alone with them and feels like she can't do this on her own. She does want to be a mother again, but when she sees and hears things that aren't there, and is not sleeping well, she doesn't think that she can do this.

### Narrative summary of storyline

'When I got back home again I felt really restless and felt like I had to do all kind of things except taking care of Job. I was really grateful that I could see him all the time, and wasn't bound to the times that the ward had. As I became further in my recovery, I started to become a better mother again and put the needs of my children first, which was not always possible for me while I was in the psychosis. When my psychosis started I did still think about my children, I made sure that they were safe by making Roel take them to their neighbours. I let Bram see me one last time, so he knew that it wasn't that dramatic. I was really sad, when I was settled in the psychiatric hospital, because I was separated from my children. I kept crying when I realised how long I hadn't seen him and got mad when the people asking me questions wanted me to stay with them and push away the feelings I had for my children. When they suggested that I could move to a academic hospital, where Job could stay with me I immediately loved the idea and I wanted to come there as quickly as possible. I was really glad to be reunited with Job, and feel like his mother again. I did however, had a hard time

recognizing Job the first time I saw him and I didn't really know what to feel. I enjoyed the moment of seeing him and am glad that we are together again. I do need help to care for Job and needed someone to tell me at what time I should go see him. Sometimes, I had delusions involving Job and thought he was the devil. Job went really red in the face and scared me, this was only something that the devil could do. I was convinced that he should die for this and because Roel told this to the nurses I couldn't see him anymore, which makes me really angry and sad and I am confused as to why this would be necessary. He is taken care of by other people, who can do this job well. In the time that I am admitted, Roel takes care of Bram and makes sure that he can come visit me often. At first this is really hard for him, and he cried while he was there. I found this really hard as I couldn't comfort him and also didn't quite know what was happening. Later on Bram was more used to the environment and was looking forward to seeing his little brother again. He also was always keen to help me, with giving Job his bottle and getting me a blanket when I wasn't feeling well. I made sure, together with Roel, that he could always help in a way that fit the situation and he was complimented accordingly. He really helped me get back in reality. When he was visiting I told his father and aunt that I thought that they were fooling me and everything was a play. Bram can't handle the tension that rises from my comments. He comes to me, puts his arms around me and starts crying uncontrollably. That was the last push I needed. It is clear now. At once I come out of my psychosis and turn back into reality. It isn't a play with people playing a role, it is a real hospital with competent doctors, caring nurses and sick patients. The reaction that Bram had, is exactly how a child is. You can't fool a child and my theory that the doctors are whispering things that he has to say to me is ruined.'

### Conclusion

Suus loves her children unconditionally and the other way around this is the same. This makes Suus feel like she really belongs with her children and feels connected to them. This aids her recovery since most of the domains of the CHIME model come back in their relationship, the connectedness with other people, hope and optimism about the future and meaning in life. It helped her to go through the different stages of recovery soon to rebuilding, because she has something to really recover for. The support she gets from her children is mostly social, they provide an involvement in relationships and family bonds, which make Suus feel useful and loved. Bram also gives some practical support, but not in a way that is harmful to him. Suus and Roel let him help, to make him feel useful, but don't exploit him or make him do things that he doesn't want to do. Since children don't really have an idea yet about the concepts around psychiatric illness and the stigma surrounding it, they never stigmatize Suus.

### **Storyline 3: Family**

#### Storyline title

'It comes right from his heart'

#### Elements and breach of storylines

#### *Agent*

Suus is the agent in this storyline. There is not much description about her involvement in this storyline. She does start thinking about taking medicine because her father has a very strong opinion

about that, even though he normally doesn't like doctors, hospitals and pills. She describes the situation as following:

*'He broaches a sensitive subject and tells me that he thinks it would be better if I started medication. He told me that he said this because he loved me and was worried and wouldn't bring it up otherwise. I have never seen my dad look so serious, but it came directly from his heart. He is a man who didn't like doctors and hospitals and therefore it is a statement that I take really seriously.'*

Her sister-in-law mostly affects her by the emotions she displays, when she is worried, Suus feels this and together with the actions of her son she comes out of her psychosis. Then the positive emotions dominated the room which is a enormous relief for Suus.

#### *Acts/events*

Suus' dad came to visit me in the psychiatric hospital together with Roel and Bram. He broached a sensitive subject and tells her that he thinks it would be better if she started medication. However, she thought that she was doing pretty fine. She did say that she understood to comfort him. The visitors then left and her dad was comforting Bram, who probably was crying. She had an anxious feeling about this but didn't really pay attention to this anymore, because her psychosis kept her busy doing things the whole day.

A few days later Astrid, Roel's sister came by to visit with Roel and Bram. Suus told them the following:

*'The doctors are whispering certain things to you that you have to say to me to keep my in the psychosis. (...)They don't want to make me confused and I have to play out this play I am in. (...) I am sorry, but I can't really trust you right now.'*

This explanations Suus gave for her behaviour made Astrid really worried, which she clearly showed on her face. Together with the reaction of Bram this convinced Suus that she was really sick and had to stay in the psychiatric hospital. Astrid cried because of this revelation and she felt relieved that Suus finally saw what was wrong with her.

#### *Means/helpers*

Both Suus' dad and her sister-in-law helped her during her admittance in the psychiatric hospital. Her dad helped her make the choice that it was maybe better to start taking antipsychotics, which Suus didn't really see something in at that time. Her sister-in-law helped her together with Bram, to come back to the reality, by the emotions she showed.

#### *Setting*

The only setting that Suus describes with her family is the psychiatric hospital where she is admitted. During the scenes where she meets her family she pays no attention to her surroundings. There is also not really a description of the emotional setting, since the scenes are quite short.

#### *Purpose*

The purpose of the storyline is to show the moments where Suus felt supported by her family during her psychosis.

### *Breach*

The breach in this storyline is between the agent and the purpose. Suus doesn't describe a lot about how her family has helped her, probably due to the fact that she takes this for granted and does not explicitly mention all the moments with her family.

### Narrative summary of storyline

'My dad came to visit me in the psychiatric hospital together with Roel and Bram. He broaches a sensitive subject and tells me that he thinks it would be better if I started medication. He told me that he said this because he loved me and was worried and wouldn't bring it up otherwise. I have never seen my dad look so serious, but it came directly from his heart. He is a man who didn't like doctors and hospitals and therefore it is a statement that I take really seriously. However, I do think that I am doing pretty fine. I do say that I understand to comfort him. They then left and my dad was comforting Bram, who probably had to cry. I had an anxious feeling about this but didn't really pay attention to this a lot. A few days later Astrid, my sister-in-law came by to visit with Roel and Bram. I told them how I felt about the play I was in and how I felt they kept me in the psychosis. Astrid, my sister-in-law looks really worried and there is tension in the room. When I was finally convinced that I was really sick and had to stay in the psychiatric hospital I saw Astrid cry and she felt relieved that I finally saw what was wrong with me.'

### Conclusion

Suus is not explicitly mentioning her youth and the support they gave during her psychosis. She mentions them twice, when her dad and her sister-in-law came to visit her in the psychiatric hospital. At that time she describes that she really values their opinion and how they responded to her. They took her seriously, gave her advice and were worried about her because they wanted her to get better. This helped her most during the first two stages of her psychosis 'Moratorium' and 'Awareness', where she felt like she could tell her family everything without being scared to be stigmatized or not belonging to her family anymore.

### **Storyline 4: Friends**

#### Storyline title

'We can talk about almost every subject'

#### Elements and breach of storylines

#### *Agent*

Suus is the agent of the storyline. During her recovery she needed to sometimes vent with her friends and in this storyline she mentions multiple friends that gave her what she needed. This made her recovery process easier, especially when she was back home again. The people whom she mentions are friends with whom she can share everything with.

### *Acts/events*

When Job was just born, friends came to visit Suus. She liked this and appreciated the fact that Marjan and Leonie also asked how she is was doing. They were really interested in her experiences and she could talk about all kind of subjects with them.

When her psychosis began, her neighbours helped out a lot with the children. Roel brought them there to get help for Suus. The comforted Suus and told her that everything would be okay and took the kids in without question.

During her psychosis some friends of her came to visit her. Saskia and her husband visited her and asked what exactly she was doing in the psychiatric hospital. Suus answered:

*'I do the laundry, unpacking and packing my bags, eating, tidy up my room and answering questionnaires. And of course giving Job his bottles, changing him and bathing him. (...) She is looking at me with a questioning look. "But you can just leave your back unpacked right?" "They are being really unclear here, one time I must stay and the other time I can go" "Are they telling you that you can go home?" "No but their body language and hinting speak for their own." "Isn't it the case that you are just making a fuss about nothing?"'*

Saskia is laughing about the descriptions Suus gave about her time in the hospital. And their conversation above gave a clearer understanding about what was going on in Suus' mind. Saskia tells her to stay in the psychiatric hospital and to let her mind quiet down for a while.

Her friend Karlijn was terrified of Suus the first time she went to visit. The following quote demonstrates that:

*'I can still vividly remember how it was when Karlijn visited me in the hospital for the first time. She was terrified of me and didn't dare to look at me. She mostly focussed her attention on Bram so she didn't have to be confronted with me. Roel told me that it was a hard time for her, and she cried and worried for a few nights, wondering how this could happen.'*

For Suus this was hard, but their relationship was good enough that they stayed friends and still had contact after her psychosis. Then Karlijn called her and she could say anything to her. Sometimes they talked about small things and the latest gossip and other times they had deep conversations.

### *Means/helpers*

Her friends helped Suus mostly by letting her talk about the things that were on her mind. She has a few friends with whom she could talk about her feelings and the situation surrounding her psychosis.

Karlijn and Suus often talked to her about how she felt and about the agitation she had in her body. It felt good for her that she was able to talk about this things with someone other than Roel.

### *Setting*

There are two physical settings which play a part in the story: Suus' house and the psychiatric hospital. Both are not described in detail in this story. Suus' house is described as an emotional quiet

and nice place, where Job is lying quietly and being admired, where her friends feel welcome to. The psychiatric hospital is described as a place where Karlijn felt really uncomfortable which reflected on the relationship between Suus and Karlijn

### *Purpose*

The purpose of this storyline is for Suus to share her problems with her friends and to receive different kinds of support during her recovery process.

### *Breach*

The breach in this storyline is between the setting and the purpose. The setting of the psychiatric hospital is not a setting where you can share all of your life details with your friends. When she was at home this was a bit better, but still then she had a lot of symptoms and this made keeping up friendships hard.

### Narrative summary of storyline

‘Karlijn, a good friend of mine, called me after I came home from the psychiatric hospital. We talk about all kinds of things, like the latest gossip and small things in life. But sometimes we have deep conversations about the important things in life. Just what we want and need at that time. She asks how I am doing and we talk about my life back at home and the symptoms I still experience. I can still vividly remember how it was when Karlijn visited me in the hospital for the first time. She was terrified of me and didn’t dare to look at me. She mostly focussed her attention on Bram so she didn’t have to be confronted with me. Roel told me that it was a hard time for her, and she cried and worried for a few nights, wondering how this could happen. During the phone call she acts worried again when I say that I would like to stop with my sleeping pills already, but I convince her that it is a good idea and if it doesn’t work I could always take them later at night. Before my psychosis when Job was born, friends often came by to see our little boy. Marjan and Leonie were special for me, since they were really interested in how I was doing and I could talk to them about everything. When I started to feel weird, our neighbour took in the kids and told me that everything would be okay. During my admission it didn’t really feel this way. Other friends of mine did come to visit. Saskia asked what I was doing the whole day and I just answered that I was busy packing and unpacking my bags because they were unclear if I could leave or not. She asked if I wasn’t too busy in my head and told me to just calm down. She laughed about my take on the whole admission and wished me well.

### Conclusion

The situations that Karin wrote down are mostly during the first three stages of recovery. Her friends helped her to stay connected to reality which helped her to get from stage 1 ‘Moratorium’ to stage 2 ‘Awareness’. Even though Karlijn found it hard to see Suus when she had a psychosis and therefore stigmatized her a bit, by not treating her the way they were used to, she picked up their relationship pretty soon and made Suus feel like she belonged with her friends. This helped her to grow in stage 3 ‘Preparation’. Saskia already helped her to feel connected and belonged in the psychiatric hospital, by acting and talking normally. Her friends provided mostly social and emotional support, which is what Suus needed at that moment.

### **Interactional analysis**



### Positioning of storyline

Roel is the most important support for Suus and therefore gets a lot of attention throughout the book. He is with her at the most important moments and takes care of her. He is a big part of her life, since they are together most of the time. She is really appreciative of the things he has done for her, but doesn't explain this in detail, since it is something that she would do for her partner and therefore doesn't need that much explanation.

For Suus, being a mother is the most important thing in life and therefore her children and her feelings for them play a big part in the book. She does talk about this in detail, but doesn't explain this too much, since she would think that the love of a mother is common knowledge. When she has delusions about her children, she does explain this in detail, because this is a lot different than expected.

The storyline about family is not getting a lot of attention throughout the book. Her most important support is Roel, but she does appreciate the opinions of her family. The relationship with her father is okay and that is probably why there was not much attention to this. Their relationship was normal with no big problems, but just how you expect your parents to behave.

Suus' friends play an important role in her story. The storyline is less present than that of Roel and her children, since that are the persons with whom she lives the whole day. She does point out that the storyline is important, because she sometimes doesn't want to discuss certain things with Roel and then she can talk to this about her friends.

### Positioning of storytellers/listeners

Karin is the one who decides which storylines become dominant. She wrote this book to take away a part of the stigma and show what her experiences were with the psychosis. She also wants to show that you can recover and that support of you family can help you through the bad times, and that it is important to see your children regularly when you have a postpartum psychosis, since they can really help you recover. She does write from a pseudonym and it is not entirely clear why she does this, because she has written it under her own name.

### Conclusion and discussion

Karin wants other people to have an idea about what it is like to have a psychosis postpartum. She says that she often felt like it was compared to a postpartum depression which is not the same and often is milder, with a different course. She thinks that it is important to show what family, friends and health care workers can do to help you get out of the psychosis and recover completely. Hereby, she had the most support from the people she could talk openly about her experiences and the feelings she had at that time. This helped her to not stay in her head all the time.

### **Contextual analysis**

Karin mostly talks about how she wants to be a good wife and a good mother, in the sense that we all know. The thing that she hates most is that because of her psychosis she can't be the mother that she wants to be and even thought about harming her child because in the delusion he seemed like the devil. There is a stigma to not being a good mother, because you should do anything for your

children. In 2011 when this book was written, there is not much talk about a psychosis after giving birth and there was still a taboo around this. Karin therefore compares herself to mothers who don't have these problems after giving birth, which means that she sets the bar really high for herself. The drive to be a good mother does still resonate within Karin, while having a psychosis, which is why she is willing to share her delusional thoughts and always wants the best for her children.

## 5. Uit de goot – Paul Roozendaal

### Introduction

#### Case title

‘I’m finally out of the gutter’

#### Introduction of the case

Paul Roozendaal describes his life in the book ‘Uit de Goot’. He used drugs for almost all his life and describes how this influenced the events in his life. At first his addictions were not that severe, and he could lead a normal life. A lot of his friends were also using drugs and he was mostly having a good time, even though his family was a bit worried. Later on, when he experienced more with different kind of drugs he lost his friends, since he was using a lot more than they did and was not able to lead a normal life. Because of the drugs he gets a few drug induced psychosis. His recovery takes a really long time, and for long he doesn’t want to get clean. He goes to Australia two times, and after each visit reaches rock bottom. After the second visit, his family has enough of him, since he is always lying, and they feel like he isn’t even trying to get better. It is too hard for them to keep dealing with this. Through his sister he gets the chance to try one last treatment, which involves making a documentary from ‘Spuiten en Slikken’ a Dutch tv-show. This finally gets him clean, with plans for the future and good contact with his family again.

During the book his own memories of events are alternated by conversations with his parents and siblings, who tell their recollections of this event or give comments on the parts that have just been written down. This adds an extra layer to the book, since some things Paul doesn’t really remember due to the drug abuse and his family fills in the gaps. It also shows how Paul looks at the past events right now and gives some reflection.

### Story analysis

#### Storylines

1. Father
2. Mother
3. Sisters
4. Friends with a negative influence
5. Real friends

#### Storyline 1: Father

##### Storyline title

‘I’m still afraid that things will turn out badly’

##### Elements and breach of storylines

##### *Agent*

Paul is the agent of this storyline. He was not an easy child for his parents. At his sixth he got the diagnosis ADHD and got Ritalin for it, the first drugs he ever tried. He was a hard child to live with,

and often fought with his parents. He made his childhood really hard for himself. His parents and their upbringing had a large influence on Paul. From an early age on he could already drink alcohol at home with his parents, and when he started to do drugs, they didn't even notice. He doesn't blame them for this and also states what were good parts about his upbringing. His father did facilitate his drug use and alcohol abuse sometimes, by giving Paul money even though he knew what he would spend it on. After the divorce, the often drank together, which was not a good influence on Paul. However, he also had a lot of support from his father, when he was young, they often went away together, and his father showed him how great it was to be outside. The first week that Paul got out of rehab, his father made sure that he stayed clean, and Paul is eternally grateful for that. This really changed his life and now his bond with his father is more like it was in his childhood, where the sometimes don't get along really well but overall do a lot of things together and are both happy with their relationship.

### *Acts/events*

As a child Paul's bond with his father was great. He was always in for some fun and a laugh. Paul loved going with him to his public allotment, where they went fishing, sailing a boat and sometimes burning some garbage which Paul loved. His dad even made boats himself for Paul, which cost him some time after work, and he did for his son. Paul describes it as following:

*'When we were on vacation, my dad was the one with whom all the children at the camping wanted to swim with. (...) To make such a boat he worked overtime and worked each day for an hour more. For me. Always. My dad gave me the love for being outside. I certainly have that from him.'*

When Paul was twelve years old, he got his first beer at home and during parties he could also drink what he wanted to and never was told off by his parents. They knew that this was wrong when they often had to get him because he was so drunk that he became sick. His parents made him go to his appointments the next day, no matter how drunk he had gotten the night before, because it was his own fault.

Paul's parents did know that he was experimenting with drugs and alcohol but didn't really know how or what. Paul felt guilty that his parents tried so hard to get the best for him and that they screwed everything up. His dad could look at him like he could look right through him and knew what he was up to.

Paul fought a lot with his parents and during one of these fights his dad holds him tight to stop him from breaking furniture until the police came. That was the fight that Paul finally admits to his parents that he had a drug addiction. His dad took this hard, and the pain was visible on his face for the rest of the day.

One day, Paul tried to breath out flames and got burned in his face really badly. His parents tried to get there as fast as possible, and they were really scared. They thought that Paul might die and were thrown off their game when they saw Paul, with his whole face packed. Paul didn't really understand their sadness and desperation at that time.

In their village other people looked at his parents like they done something wrong in their upbringing. They think that it is his parents' fault that Paul turned out this way and that it was

something that they could have prevented. Paul thinks about this differently, he says: *'I can't say that they were too soft on me. They couldn't stop me; I would have done it anyway.'*

His parents split up when Paul was in Australia, which he took really hard. His safe haven felt away, the thing that he could always come back to. When Paul came back, he fought even more with his parents. He felt that they were the reason that his life fell apart and was done with them. Actually, he was mad at himself that he screwed up his time in Australia.

His first psychosis was at his father's house and wanted to wake him up in the middle of the night, because he felt amazing. When his father left for a few days, Paul acted out because there was no control at all anymore.

During the psychoses he got arrested and when his father came to get him, he ran away. Jan then went home alone and left Paul alone. In the middle of the night, Paul was knocking at the window and eventually Jan let him inside. He said about this: *'I was way to good for him. But if I hadn't done that, then maybe he wouldn't be here right now.'* The next day his father let him go to rehab.

After Paul gotten to rehab and was seven months clean, he moved into my father's house again. He got him through the first weeks and made sure that Paul got out of the house by letting him get the groceries. He also gave Paul money to get cigarettes. He provided a safe environment, which helped him stay clean. He could come there at the weekends while in therapy and he had the best time of the week there.

Their bond changed, they have a good relationship, but sometimes have a hard time getting along. This because there are both stubborn, but eventually always get through this and they are both satisfied with how their relationship turned out. His dad is still sometimes afraid that something will go wrong. Mostly when Paul goes to parties where other people are drinking and thinks that it is better if he still avoids this situation. He doesn't think that two years is that long, even though for Paul it already feels like a really long time. Paul thinks he has shown that he can stay clean already but still has to be alert.

#### *Means/helpers*

His parents always worked hard, but they were never that ambitious. They didn't stimulate their children to be the best they could, because they believed: *'you could never become more than you were born into'*. Paul wanted to achieve things and was really mad that his parents didn't support this. He wanted his life to mean something big. His parents did this because he was already setting the bar so high for himself and wanted to protect him for delusions. They did support what he was doing, because he was always stopping with things. They also think that sport is really important and made him try football and gym lessons. He already started lying to them about going to the football, and they never suspected until his trainer called his parents.

His parents were saving up money for Paul, because he couldn't himself and they found it important that he had some money on the bank. His dad also often lent him money, even though he knew what Paul was going to do with it. His father felt guilty about this but could hardly say no to him. He felt like he facilitated the drug addiction but on the other hand knew that one way or another Paul would get this drug, no matter what he did.

Paul let his family see how bad he was doing sometimes, but only at home. His parents were the reason that he never tried to commit suicide when he was at home. He says: *'my parents didn't only put me onto this world, they were the reason that I stayed. All that time.'* He always had the feeling that he could talk to his parents about everything. However, often he didn't do this because he was terrified and really relied on himself.

The times that Paul lived at his father's home were really nice to him. He could hide his drug use more easily and felt more freely. Often, they even drank together and they got along really well. They became drinking buddies, but Paul would leave often to score drugs. His father often told him that he didn't mind, but Paul felt that he was using him. His father was not really telling him what to do, because he couldn't get through to him. They did still fight with each other.

His dad also started drinking more, because of the addiction of Paul. He felt like he was falling apart because of the illness of Paul. But his drinking couldn't make him forget all the problems surrounding Paul.

His parents brought clothes and toiletries to the psychiatric hospital where he was admitted. He tried to see how much they knew, because he knows that there is more going on in the world, which was a delusion from his psychosis. His parents tried to ask him how he was doing. When he went out of here, he convinced his dad to let him live with him again. When he was in financial trouble, his dad fixed this for him too, even though Paul tried to keep him out of his troubles.

After Paul came back from Australia the second time, he was admitted to the psychiatric hospital and when he came back his father agreed to take him in again. He could never let his son down.

His father couldn't participate in the tv show, since it was too hard for him. It was hard for Jan to believe in a good outcome and even looking at the footage was really hard. This was due to the fact that he felt like he failed his son and that it was his fault.

Paul writes down: *'It is really special that my parents and sisters still want to have contact with me and embraced me with my illness. Their confidence in me is really self-evident for them, even though it is something that has come in phases. I am really grateful for their help in writing this book. It was not only my project but our project. And you don't have to be an addict to suffer from the addiction.'*

### *Setting*

Paul described his childhood home as that of a warm family where they had it pretty great. When his parents divorced, he moved into his father's house, and he really felt home there. He was glad that his father let him free, but sometimes needed more direction. At once there was only a mattress because Paul broke everything else. He did feel home here and when he was there at the weekend, he felt like it were the best days of the week. He hated going back to his own home in Alkmaar, where he got therapy.

### *Purpose*

The purpose of the storyline is for Paul to accept help from his family and acknowledge that he needs their support and stay clean to get a good bond with them.

### *Breach*

The breach of the storyline is between the purpose and the agent. With his behaviour Paul often pushes people away and doesn't accept their support. He acts out when he doesn't agree with what someone is saying, and he can't find the motivation to get clean and stay that way. Later in the story, when he does find that motivation and accepts the support of his family life gets a lot easier for Paul.

### Narrative summary of storyline

'I wasn't an easy child for my parents to deal with. I often acted out at home, because that was the only place where I could show how bad I was actually doing. My father learned me to stay calm by going outdoors and performing all kinds of activities there with him. This were my favourite moments, and my dad passed his love for being outside to me. We would go fishing, sail boats and my dad even build a boat for me himself. When I started drinking, my parents approved of this as was normal then, even though I was only twelve years old. When I got so drunk that they had to pick me up because I was so sick, they still made me go to my appointments the next day and wouldn't let me get off easy. I think that they knew that I was drinking way too much and was doing drugs, sometimes I felt like my father looked right through me. I felt guilty that I screwed everything up, when they were trying so hard. My parents tried to help me in every possible way then, they made sure that I could stay at my own school and saved up money for me, because I would immediately spend everything I had. When I told them I had a drug addiction it was really hard for me to see it hurt my father so much that his face showed this the whole day, however this was not enough to stop. I don't think that my parents were too soft at me, I had no reason to stop and would have done it anyway. It is not my parents fault that I turned out like this. When I got back from Australia I moved back in with my father. At that time we got along really well and we often drank together, my dad became my drinking buddy. We fought a lot at that time, and my dad had the feeling that he didn't really get through to me. Afterward I saw that my dad was also using alcohol as a means to end his pain and drink away the sorrow he felt when he thought about all the problems I had and this made me feel even more guilty. It was at his place that I had my first psychosis, and thought that I understood everything. When my father left for a day I got all out of control and I even got arrested. My father never turned his back on me this whole time, and even when I turned him away by running away from him when he came to pick me up at the police station, he still let me in his house later that night when I was banging on his door. He also often paid for me when I had made a mess of my finances and owed money to shady people. After this bad episode I had to go to rehab again and after this I moved back into my father's house again. He helped me through that period by making me do easy things around the house, like getting groceries and his help made sure that I stayed clean. I was there all weekends, when I didn't have therapy and that were the best days of my week. I feel that it is really special that my dad still has this much confidence in me and wants to stay. Our bond has changed, even though we still sometimes have a hard time getting along with each other because we are both stubborn. I know that he is still afraid that I will relapse someday, but also has confidence in me that I have the ability to stay alert and avoid certain situations that will trigger me. It helps that I know that my father will help me through everything and won't turn his back on me.'

### Conclusion

Paul has a complicated relationship with his father. The feelings of support and belonging are sometimes stronger than other times, depending on the mood of Paul and his father. Sometimes he

feels like he completely belongs with his father, like when they go fishing together, and other times he feels misunderstood and like he didn't belong with his family, mostly due to the fights they often had. Paul's father did support him throughout the whole period of addiction and psychosis. He provided mostly practical and physical support, by letting Paul move into his house, and never letting him down. He also fixed a lot of financial problems for Paul. However, for emotional support Paul didn't rely that much on his father and went more to other family members. His father never stigmatized Paul but did say that he still wants to keep a close eye, because he is unsure that Paul won't go back to using again. When Paul got clean and got out of his psychosis, he mostly helped Paul in stage 3 'Preparation' by taking him in and giving him certain tasks, that Paul could complete easily, which made sure that he had something to do and that he developed the skills he would need later on. His father found the stage 1 of 'Moratorium' the hardest to cope with, because this one took really long in Paul's case, and he didn't really know how to help Paul and felt like it was his fault that his son had these problems.

## **Storyline 2: Mother**

### Storyline title

'I could always come to you, always'

### Elements and breach of storylines

#### *Agent*

Paul is the agent of this storyline. He was not an easy child for his parents. At his sixth he got the diagnosis ADHD and got Ritalin for it, the first drugs he ever tried. His mother was glad when he got this diagnosis because she now understood her child better. He was a hard child to live with, and often fought with his parents. He made his childhood really hard for himself. When he was younger his mother was really strict for him at home, and often gave him house arrest. Later on they learned to talk together more, which started with Paul admitting that he had a drug problem. He felt like he could say anything to her, but he couldn't stay clean for his mother. Only when Paul decided for himself that the program he was going to try, was his last change to get better he was able to fully commit. This changed his relationship with his mom for the better, since it was a lot easier to connect when Paul was not high.

#### *Acts/events*

His mother did think that he was a sweet and ideal baby but got hyperactive when he was a bit older. She worked late shifts and was always at home during the day for her children.

His mother thought that getting the diagnosis ADHD was a relief, because she could learn how to handle Paul and get him the help he needed. She structured his life and made sure that changes were discussed with him. He was a hard child to live with, and often fought with his parents. He made his childhood really hard for himself. His parents often had to come to his school, because they were out of options, and he was unruly. They always fought to get the best for Paul and not let him get kicked out of school. His mom described this time as following:



*'Paul became unmanageable and had bouts of anger continuously. (...) I thought it was important that Paul stayed on a normal school, because he often felt like he had a disadvantage. For example, he never got invited to children's parties because he was too hyperactive. We tried to protect him every time.'*

When Paul got a bit older, he started stealing money from his mother and stole her cigarettes. His mom often punished him for things that he did and was really fierce. She gave him house arrest and he couldn't get out of this. Paul thinks: *'It was good that my parents were this strict with me, I needed a different approach than my sisters.'* Paul then wanted to change, but this was never for long, it always got out of hand again.

When Paul was twelve years old, he got his first beer at home and during parties he could also drink what he wanted to and never was told off by his parents. They knew that this was wrong when they often had to get him because he was so drunk that he became sick. His parents made him go to his appointments the next day, no matter how drunk he had gotten the night before, because it was his own fault.

Paul's parents did know that he was experimenting with drugs and alcohol but didn't really know how or what. Paul felt guilty that his parents tried so hard to get the best for him and that he screwed everything up.

Paul and his mother often argued. Below you see an example of such a fight.

*"Be calm, Paul, Where are you going?" My mother. That woman is whining again. It is none of her f\*cking business. "Let me alone for once." But that night it is everything she doesn't do. (...) Always wanting to talk. I'm sick of it.'*

Fights like that often started with yelling to each other and ended with Paul making a mess and breaking furniture. Sometimes even the cops are called. After one of these fights, Karin, Paul's mother takes the time to talk to him and he tells her that he has a drug problem. He says: *'I can't go on anymore, and I also can't stop.'* His mother assures him that she will always be there for him and that they will see what they can do about this. She tries to keep his addiction from outsiders because she was afraid what they would say and that is something that she thinks they did wrong.

One day, Paul tried to breath out flames and got burned in his face really badly. His parents tried to get there as fast as possible, and they were really scared. They thought that Paul might die and were thrown of their game when they saw Paul, with his whole face packed. Paul didn't really understand their sadness and desperation at that time.

In their village other people looked at his parents like they done something wrong in their upbringing. They think that it is his parents' fault that Paul turned out this way and that it was something that they could have prevented. Paul thinks about this differently, he says: *'I can't say that they were too soft on me. They couldn't stop me; I would have done it anyway.'*

Karin supported that Paul wanted to go to Australia, because she was glad that he was finally doing something. She hoped that he could make a fresh start there and met the people with whom he was going and thought they were nice and believed in a great outcome. She was also glad that there was finally some peace and quiet in their family and that there was time to relax for them.

His parents split up when Paul was in Australia, which he took really hard. His safe haven felt away, the thing that he could always come back to. His mother told him by phone, and they cried together. She actually wanted to protect him by not telling me but felt like she should tell him. When Paul came back, he fought even more with his parents. He felt that they were the reason that his life fell apart and was done with them. Actually, he was mad at himself that he screwed up his time in Australia.

At his mother's home he did his first suicide attempt. He took pills and locked himself in his room after he told his mother: *'I'm completely done with everything'*. She took him to the hospital and didn't receive support of the rest of the family, since they felt like it was something that he did to himself.

His mother describes the psychosis as following:

*'When Paul was in a psychosis, we couldn't talk to him. He came with all different kind of stories and claimed that we didn't understand him, which of course was that way. (...) I always tried to get him back into reality, but that always turned out into a fight.'*

She was scared that he would come to her work, which was her safe place. She told him that she thought that he was crazy, when he asked her this and felt scared that she said the wrong thing when he walked away without saying something back.

When Paul went to Australia for the second time, he was scared to leave his family again and felt fear. He cried and hugged them, but he did eventually go. His mother was also having a hard time. Paul was doing so bad when he left that they were scared something was going to happen. She was also scared what the people who were traveling with him would think. When Paul took an overdose in Australia, she was distraught, Paul didn't want to come home and she didn't know what to do. Paul did tell her the truth, while he told other people that he was in the hospital for a respiratory infection.

After Paul got clean, he sometimes talks to his mother about certain events. This is really hard, especially for him to hear how his mother has experienced certain things. At one moment in time, she felt like Paul hated his family. Now their bond is better, and she is happy with her new boyfriend. Paul is glad that she got happy again.

### *Means/helpers*

His parents always worked hard, but they were never that ambitious. They didn't stimulate us to be the best we could, because they believed that you could never become more than you were born into. Paul wanted to achieve things and was really mad that his parents didn't support this. He wanted his life to mean something big. His parents did this because he was already setting the bar so high for himself and wanted to protect him from delusions. They did support what he was doing, because he was always stopping with things. They also think that sport is really important and made him try football and gym lessons. He already started lying to them about going to the football, and they never suspected until his trainer called his parents.

His parents were saving up money for Paul, because he couldn't himself and they found it important that he had some money on the bank. His mother helped him to save up the money he needed to go to Australia, which was something that Paul really wanted.

Paul let his family see how bad he was doing sometimes, but only at home. His parents were the reason that he never tried to commit suicide when he was at home. He says: *'my parents didn't only put me onto this world, they were the reason that I stayed. All that time.'* He always had the feeling that he could talk to his parents about everything. However, often he didn't do this because he was terrified and really relied on himself.

His mother decides that the only time that Paul can be with her is when he is clean. She decided to put herself first, because it was really hard for her. She sometimes thought that her life would never quiet down. She did still want to help him and went with him to his therapy. Paul himself says: *'I could always come to you, always. And I think I should tell you that; I have seen that often with other this is really different.'* It helped him when his mother broke off all contact, she was so mad that he was throwing away his life and got sick of all his lies.

His parents brought clothes and toiletries to the psychiatric hospital where he was admitted. He tried to see how much they knew, because he knows that there is more going on in the world, which was a delusion from his psychosis. His parents tried to ask him how he was doing.

My mother paid my final stay in the hostel in Australia but didn't give me any money directly. She still had some of Paul's money then and he demanded that she gave it back when he got out of the psychiatric hospital when he got back from Australia, because he wouldn't be living at his mom's house again. But she didn't give in and didn't know what to do with him and where he should stay. Eventually they decided that he should stay with his father.

Paul writes down: *'It is really special that my parents and sisters still want to have contact with me and embraced me with my illness. Their confidence in me is really self-evident for them, even though it is something that has come in phases. I am really grateful for their help in writing this book. It was not only my project but our project. And you don't have to be an addict to suffer from the addiction.'*

### *Setting*

Paul described his childhood home as that of a warm family where they had it pretty great. He felt like his mother was the spill of their family and also the one who often told him off for doing things that she didn't want to. When his parents separated, he mostly lived with his father and his mother's place was less important. He did still have a lot of emotional support from his mother and the emotional environment was really safe for him. He felt like he could say everything to his mother.

### *Purpose*

The purpose of the storyline is for Paul's mother to trust him enough and have contact with Paul that is within her own boundaries. For Paul the purpose is to accept the love and support his mother gives and learn how to love her back without fighting.

### *Breach*

In this storyline the breach is between the purpose and the acts. Paul never really accepted support from his parents but wanted to reach his own goals and do that himself. This means that he never learnt how to love his mother back and not fight her.

#### Narrative summary of storyline

'My mom thought that I was a sweet and ideal baby, but when I got older, I became harder to deal with. I was hyperactive and got the diagnosis ADHD at six years old. My mom thought that this was a relief because she understood better where my behaviour came from and it helped her and me deal with it. She tried to structure my life and made sure that changes were discussed beforehand. This also meant that she took a job where she could work late shifts and was always home for her children when we came home from school. Often my parents were asked to come to my school, because I was unruly and had anger fits. School felt like they were out of options and that I would be better off in a special education school. My mother fought for me to stay in the normal school I was already in, because I was often disadvantaged already and almost never got invited to children's parties and already felt 'different'. Soon I started stealing money from my parents and my mom's cigarettes. My mom was very strict about these things and would always punish me fiercely. It was good that she did this because I definitely needed another approach than my sisters. This was also the case when I started to drink alcohol at twelve years old, with the approval of my parents. She would make me go to my appointments the next day, and never let me stay home sick when I had a hangover. I would fight my mother on a lot of things when she started to punish me. I thought and said a lot of not so nice things about her like she was whining and that I could do whatever I wanted and that it was none of her business. Most of the time I got so mad that I would break pieces of furniture and sometimes even the cops were called. One time after such a fight, my mother came to talk with me and I tell her that I think it is the drugs and that I can't go on like this anymore, but also don't know how to stop. She tells me that she will always be there for me and that turns out to be true. My mom felt like my drug problem was her fault and tried to keep it within the walls of our house and not let the outside world know. She was afraid of what other people thought and she felt like a bad mother herself. I myself think that there was nothing she could have done to stop me and that I would have done it anyway. When I wanted to go to Australia, my mom was really supportive, she was glad that I was finally doing something with my life and that it was a good opportunity for a fresh start. She helped me save money for this trip like she has done since I was really young, as I was not responsible enough to save up. She was also a bit selfish and thought that it would be good for her to have some time away from me because there will be more peace in the house then and she could relax for once. My parents split up while I was in Australia, which felt like my safe haven felt away, the one thing I could always come back to. My mom doubted if she should tell me while I was in Australia, but she decided to do this because she felt I had the right to know. We cried together over the phone and it was good that she told me. When I came back and my life fell apart I blamed them and their separation, but actually I was more mad at myself for screwing up the experience in Australia and not getting out of it what I wanted. I was in a very bad place after these experiences and I tried to commit suicide after I told my mother that I'm completely done with everything. She took me to the hospital and was the only one that was there for me at that time. After that when I got a psychosis my mother described that she couldn't talk to me at all and never understood anything I was saying and when she tried to get me back into reality it always ended up in a fight. I have done her a lot of harm, and she was afraid that I would show up at her work and that they would know how crazy I had become. I went to Australia for the second time, while I was

still in the really dark place and felt afraid to leave everyone behind, because I wasn't sure that I would ever come back. I saw that my mother was also having a hard time and that she was afraid that something bad would happen and didn't know what my travel buddies would think of me. When I took an overdose and called my mom to tell I was in the hospital she was distraught. But I was honest to her and felt like I only could tell her this. When I got back, she didn't want me in my home, since it was too hard for her when I was doing drugs. It really helped me when she cut off all contact, and told me she was so mad I was throwing away my life because I finally felt the need to get clean. After I got clean me and my mother sometimes talked about the things we went through. It was really hard for me to hear how my mom experienced certain things, she told me that she felt like I hated my family. My mom has gotten a lot happier now, she has gotten a new boyfriend and our bond has improved a lot. I am really glad that she still wants to have contact with me and has confidence in me.'

### Conclusion

Paul received a lot of emotional and social support from his mother. She was the one that really raised him when he was younger and acted firm to him in his best interest. Later she was the one that he would go to if he was in trouble and needed to vent. For the practical and physical support, he relied more on his father. His mother did help him save money for his trips to Australia and started to save up for him, from the moment she realized that Paul wasn't that good with money on his own. For his mother it was easier to understand Paul when she knew what he was going through and when she figured that out she made Paul feel like he belonged in his family. This was the case when Paul was diagnosed with ADHD when he was six, but also when she knew about the drug use and could provide more specific care. This however, ended when she felt like she had to cut off all ties for her own sake as well as Paul's. When Paul was cut off by his whole family he hit rock bottom and the feeling of belonging that missed was something that helped him work on himself. It felt like a reward when he felt like he belonged again, when his family wanted to see him again and were proud that he was finally able to stay clean again.

His mother tried to help him constantly to go into the process of recovery and move on from stage 1 'Moratorium'. However, when this didn't work out, she broke off all contact and when Paul himself started to follow the stages of recovery she started to help him again when he was a bit further. Without really knowing beforehand, keeping distance was the thing that helped Paul most at that time and helped him to see that he needed to change if he still wanted a meaningful life, which brought him into stage 2 'Awareness'. With the help of rehab he got to stage 3 'Preparation', where his mother started helping again and was there for Paul emotionally.

The mother of Paul did really feel associative and affiliate stigma, where she felt stigmatized in society because of her son and also blamed herself for his addiction and psychoses. She never stigmatized her son, but did decide to keep some distance because she couldn't do it anymore and thought that it would be better to let him look after himself and get motivation from within.

### **Storyline 3: Sisters**

#### Storyline title

'We were really afraid to lose Paul sometimes'

## Elements and breach of storylines

### *Agent*

Paul is the agent in the story. Anouk, Paul's youngest sister describes the relationship they had, after Paul gets clean, which is a nice way of showing what influence Paul had on her:

*'There was always bullshit around you. Because of you. And I was always the one, whom they asked the questions. "You brother is acting out again, right?" From the moment that your behaviour became extreme, it happened for years. (...) It always was about you. And even now that is often the case, even though now it are mostly positive things.'*

The other way around, Paul was also influenced by Anouk. He called her when he wasn't doing well, and sometimes relied on her to save him from dealers when he got into a fight. But Paul was more influenced by his other sister, Mirella. She was the one that he bonded with best and she often knew how to talk with him. However, she too was getting sick of the lies and outburst that Paul had and cut off all contact at the same time Anouk and Paul's mother did this. Before she did that she helped him get into a last treatment that could help him and because of this, Paul finally got clean and he still is really grateful that she helped his recovery that much.

### *Acts/events*

In their childhood Paul often stole money from his sisters. Even when they changed their savings to a box with a lock on it, he still went looking for the keys. His parents always made him pay back the money, but for his sisters this was a terrible situation.

Both his sisters knew from his drug use, and when they went to the same parties, they couldn't quite get around it. Anouk even tells that when their parents went away, Paul just used drugs at the dinner table and left drugs lying all around. She didn't handle this great and sometimes rather stayed at home than go to a party she knew her brother would be at. She would get sick of the questions that everyone around her asked her about her brother. Often, when he would get in a fight, Anouk would protect him, because she felt like she had to. And when Anouk got into trouble sometimes, she always got back from her parents that *'they couldn't handle this too'* and that she should act normal.

When Paul gets burned because he tries to breath fire, Anouk is there for him, and she accompanies him to the hospital. She first felt like the one who was doing this was an idiot, but when she saw it was her brother, she immediately ran in to help him and put out the flames. Her only thought in the hospital was that she found it really sad for her parents that this has happened.

When Paul wasn't doing well, he was threatening to end his life and calling his sisters to say that he was at the train tracks and was quitting everything. After he had done this too many times his sister said that he couldn't call her anymore because she was getting angry and upset every time he called, and it always stayed with threatening and not taking action. However, she doesn't really remember that they have sat down and talked about how Paul felt.

During his childhood Paul didn't only fight with his parents but also with his sister Anouk. They even had special signals they gave to each other, which meant that they would go fight each other after

dinner. Anouk says: *'When we did something together, it often started out nice but ended in a fight. You always got under my skin'*.

Paul finds it hard to say anything about his upbringing in relation to his drug use. It could be that there were things at home, which made him use drugs but like his sisters always say is that they have had the same upbringing and have turned out pretty well.

Miranda was the one that suggested that Paul could maybe go to Australia when he went backpacking. She hoped that this would help him see all the pretty things in life and that this would help him feel better again. To get out of his life here and start over again somewhere new. Anouk was more sceptical about this, she couldn't keep an eye on him anymore. She thought that it wouldn't turn out alright but was also glad that at home things would quiet down when Paul wasn't there. And when it turned out that Anouk was right and Paul got back home in worse shape than he left, she thought: *'Here we go again'*.

At a moment when Paul was doing really badly, Mirella got called by someone who told her that he was in a bar and was not doing well and asked her if she could pick him up. She didn't want this, but told the person to put him in a taxi to her home address. She brought him inside really quickly, because she didn't want the neighbours to see how he was acting. He was completely out of control and yelled, sang and threw up in her home. She called a friend, who worked with addicts, who helped her with Paul that day. Mirella called crisis services and made sure that Paul got committed. Paul didn't want to and acted like a child who lied on the ground crying and yelling because he wouldn't get what he wanted. Eventually, with a lot of threatening he got admitted, because of Mirella. Her friend called that she was really shaken up about everything and that was when Mirella realised how intense it all was, which she describes in the following quote:

*'Then I broke myself. I still thought that I could fix everything. This was the worst that I had been through with Paul. When it happened I did everything that was necessary, but after I decided to close the door on him. I had reached my limit. It was over.'*

Anouk was the one who came pick him up when he was released. She told that it was the worst she has ever seen him. She thought he was really scary, pulling his hairs out and itching all over his body.

During the psychoses Paul experiences he tried to convince his family and sisters that they were being watched. He was really suspicious about everything. He was often totally lost in the house and searched for things that were not there. Anouk even put a cd rack in front of her door so she would know if he came into her room. She often knew when Paul was doing worse but when he started seeing things that weren't there, she felt hysterical and felt like it would never get back to normal again. Mirella wanted him gone as soon as possible when he was psychotic. She got really irritated from his explanations and the things they needed to do for him. Sometimes she asked to explain what Paul meant to get more grip on him, but that was often hard for him.

The second time Paul went to Australia it was even harder to let him go. Mirella said: *'He can't go. He really can't go away.'* She felt like he was not in reality and looked like he used drugs, with his eyes seeming weird. She would actually want to tie him down and kept him close. But you can't stop a grown man.

In the documentary his family worked with Paul and talked honestly about how they felt the years that he was an addict. Mirella said: *'We were really afraid to lose Paul sometimes, but that would give us some peace and quiet.'*

When they talked about the period of Paul's addiction when they wrote this book, Mirella tells: *'I am so proud of Paul. I truly believe in him right now. I admire him for picking up his life and filling in his time.'* She got a child after Paul had been clean for 6 months and she had faith in him that he would stay clean and could go babysit the child. Paul is glad that he could do something for her and really loves his niece and nephew.

Anouk is also really proud of him, but their bond is less strong than the bond Paul has with Mirella. She sometimes finds it hard to get along with Paul, they still argue as they did in their childhood. She does try to make him see the positive things in life and that is what she sees when she looks at Paul's future. Their family has gotten a lot better in opening up to each other because of what they went through.

#### *Means/helpers*

Paul let his family see how bad he was doing sometimes, but only at home. They saw the side that he tried to keep hidden from the outside. His sisters feel that even though Paul could show that he was not doing well, they never really talked about his that much. This made them feel like they could never really say how they truly felt. This was aided by the fact that within their family they agreed to keep some things indoors and not tell to people outside the family how bad it actually was.

His sister, Anouk, does tell him after he is clean that she finds it hard to think of a positive experience where Paul was a part of, because all the negative things he has done dominate her thoughts, while she does know that there are tons of memories that are positive.

Anouk often tried to help Paul to stop with the drugs. She got some dealers scared enough that they wouldn't give Paul drugs again. She did this because she was afraid to lose him to the drugs. Paul was moved by this, but it never stopped him from using. The cravings were too bad for that.

Mirella was the one with whom Paul could talk easiest. He could talk to her about everything and after he is clean Paul is seeing more and more how special their bond is. She was also the one who suggested his last treatment which finally helped him. She contacted Dick Trubendorffer, and explained Paul's case to him. When Paul at first didn't appear at his treatments it was done for his sisters and they broke off all contact with Paul. They were so mad that he was even blowing up this last change. Everyone that was left said goodbye. This was the last push he needed to finally work on himself. The moment his sister called with the offer from Trubendorffer was the moment his recovery started.

Paul writes down: *'It is really special that my parents and sisters still want to have contact with me and embraced me with my illness. Their confidence in me is really self-evident for them, even though it is something that has come in phases. I am really grateful for their help in writing this book. It was not only my project but our project. And you don't have to be an addict to suffer from the addiction.'*

#### *Setting*



The setting which Paul shared with his sisters is mostly his childhood home, which is not extensively described. His sister does remember that the environment sometimes didn't feel safe, since Paul was often smashing things up and doing drugs in the living room when their parents left. For Paul it felt like a safe haven where he could be himself and also show his bad sides. He was especially close with his sister Mirella which was the person he could talk to about everything. He felt like his sisters were always there for him and he often called them when he felt bad. His family and siblings therefore provided a good emotional setting for Paul, even though he often betrayed their trust.

### *Purpose*

The purpose of the storyline is to show the influence his sisters had on him and what the support they gave meant to Paul. On the other hand, the storyline also shows, how the sisters experienced this time themselves and it is a way for Paul to reflect on the things he did.

### *Breach*

The breach of the storyline is between the purpose and the agent. Even though Paul's sisters gave him a lot of support throughout the years, he fought with him and stole from the because of his addiction. He was not that invested in his family and tried to do everything himself. This clashed with his sisters trying to look out for him and being there for him when he needed it. Paul mostly contacted them when he was doing really bad, and most of the time this was kind of a blackmail and he needed them to say that they didn't want him to die. This changed after Paul got clean and he started to think and reflect back on his actions together with his sisters.

### Narrative summary of storyline

'I had a special bond with both my sisters during my life. During our childhood we often fought together and I stole money from them. However, when I got older and got more problems I also often needed them. It was clear for my sisters that I was using drugs, and with them I tried to hide it less that with my parents. Anouk often saw me using drugs at parties and when I got in a fight then she often would protect me. She even scared some drug dealers away by showing up at their doorsteps and threatening them. When my parents weren't home I also just left drugs on the dinner table, because I didn't feel like I had to hide my drug use from my sisters. Anouk was often there for me in that period of time even when I was stupid and tried to breath flames. She came running to me to put out the flames and rode with me in the ambulance. It was a really scary experience for her and my parents but at that time I didn't feel this due to the drugs I had used. Anouk told me that there was always a bad vide around me and that she felt like everything was always about me. I don't think that my upbringing is the reason I started to do drugs or acted out. My sisters often told me that we had the same upbringing and that they turned out to be fine, so it is probably something that is in me. At moment when I was doing really bad I would often call one of my sisters and talk to them. Often this would upset them, as I told them that I wanted to die and was threatening to end my life if they didn't listen. Mirella told me to stop calling her at that times, but we didn't ever talk about where these phone calls came from. That was a shame, because she was the one that I bonded with best and she know what she should say to me. She was the one that suggested that I could go to Australia, because she hoped that there I would learn to see the pretty things in life again and that this would help me feel better. Anouk felt that it was not good for me and rather wanted to keep me somewhere where she could keep an eye out for me. It turned out that she was

right and when I came home I was in a worse shape than before and started to have psychosis. I often tried to convince my sisters that they were being watched and often just wandered around the house looking for things that weren't there. Anouk was especially nerve racked by this, since I would just burst into her room without reason. She felt like it would never go back to normal again. One evening Mirella got called by someone that she should pick me up because I was not doing well at all. We ended up at her house, where she ushered me inside quickly because she was afraid what the neighbours would think. Because of this episode she convinced me to get admitted and when I was struggling with that she forced me to go. This moment was when Mirella reached her limit and held of contact for a period of time. Eventually, we did see each other again and she suggested a treatment that would be my last option. I first didn't have enough motivation to go through with this, and didn't show up to my treatment. As a consequence my sisters decided to cut off all contact and the fact that everyone left me was the push I needed to go work on myself. Mirella was the one that really aided my recovery. We worked together during the documentary and the process of writing the book and during that time we often talked. My sisters and I learned to open up to each other more and they trust me again. Mirella trusts me enough that I can babysit her children multiple times in the week. Anouk told me that when she looks at my future she only sees positive things.'

### Conclusion

Paul has felt his whole life that he belonged with his sisters. They always were there for him even at the moments they often fought with each other. He felt like he could tell them everything and would often call his sisters when he was in a bad place and they would talk him out of it. They gave him a lot of emotional and social support in that way. His sister Mirella also helped him to the right treatments multiple times, which provided psychological support. They both tried to keep an eye out on me and made sure that I felt welcome in the family, while trying to maintain their own boundaries. Because of the behaviour Paul exhibited during his psychosis and when he was under influence of drugs or alcohol, Mirella and Anouk felt affiliate stigma. They were afraid what other people would think of them if they saw Paul acting out. This sometimes made the reluctant to support Paul, which didn't aid his recovery. Paul was in stage 1 of recovery for a long time, and only started to go through other stages when his sisters started to pull away from him and cut off all contact. They helped him through the stages and the confidence Mirella had in him with her children really helped Paul to move from stage 4 'Rebuilding' to stage 5 'Growth'

### **Storyline 4: Friends with a negative influence**

#### Storyline title

'I didn't belong with them anymore'

#### Elements and breach of storylines

#### *Agent*

The agent of the storyline is Paul. He is influenced by his friends mostly in a negative way. When he was very young he started with smoking cigarettes with his friends which soon evolved to smoking weed, drinking alcohol and eventually using hard drugs. For Paul this quickly got out of hand and he started using drugs and drinking way too much. His friends also used drugs, but were better at

limiting their intake and gauging their own limits. When they feel like Paul doesn't fit in their group anymore because he acts out when he is wasted, they start to not invite him anymore when they are doing things with their group. This makes Paul even more isolated, which leads to him sinking deeper into his addiction.

### *Acts/events*

Paul and his friends started with smoking cigarettes at a really young age. They bought them themselves and made up excuses as to why they were buying them like: *'They are for my grandmother'*. They switched who bought them, but Paul was the one who was buying them most often, because he always had money at that time. They felt really big when they were smoking in the woods.

With his neighbour Rick he smoked weed for the first time, while he was still in middle school. They talked each other into a group of guys that were all older and were smoking weed often. Paul thought: *'Well, I'm still in middle school and I have already smoked weed. I thought I was amazing.'* This use of weed continued during high school where he had three buddies that got stoned with him each break. Each of them didn't get the money for this in a fair way and they got each other to steal money.

Outside of school he mostly hang out with Robyn, who had a bad influence on each other. They smoked weed together and tried to break things, which made people really mad. Together they started to sell their Ritalin or trade it for weed. They thought that this was really cool because they got a lot of weed for their pills. Paul was already doing everything he could to get his hands on drugs. Together with Robyn he first tried Speed and got high on it. They had meaningful conversations while they were high and felt connected to each other.

With older guys he hang around with, he tried cocaine. He felt tough and masculine when he was using this but it was quite expensive. All these drugs he combined with alcohol, which gave a good kick and you could party for hours. But soon the cocaine only worked for a short amount of time.

When Paul started doing hard drugs his friends turned him down. Paul was the one that was using the most drugs. He was often too far gone and his place in their group of friends changed. People didn't want to hang out with him anymore and didn't welcome them into their group. He didn't belong with them anymore. Rick and Robyn sometimes would hang out with me but that was only on parties when there were drugs and alcohol involved.

Paul understood that his 'friends' let him down. He was the one that always showed the 'wrong' side of himself. He said: *'I wasn't a nice guy when I was wasted'*. He was the only one that couldn't cope socially speaking. However, he does blame them for not talking to him and never speaking up for him. He was rejected and everyone was only thinking about themselves. He felt like he was abandoned by all his friends and no one except one friend came to him to talk about why he was acting out and if he was okay. They were never true friends to begin with.

At a Christmas party his friend had thrown, which was right near the fair, Paul started drinking and using speed. He asked that friend if he had some gasoline for him and he gave some to him. He used this to try and breath flames at the town square and got severely burned while doing this. Later on

when Paul talked to him about this he said that he didn't remember that he gave him that gasoline, but Paul knew that he would never just take that from someone's shed.

When Paul looks back on his friends from his childhood he realises that they didn't have any idea what he was going through and that they probably never seen him sober. He thinks it is a shame that he never heard anything from the people that he was friends with then. He does know that Robyn still used drugs and that his door is always open if he wants to talk about it. Before he thought that Robyn had a better life than he had, because even though he was using, he had a normal life with a job, friends and a romantic relationship. But now he knows that everyone has his own problems and what using drugs does in your mind and destroys you from the inside, even though you look like you have it all in order. He knows how this feels and also what getting clean does to your life and is open to help Robyn if he ever needs it.

### *Means/helpers*

Paul never let his friends see how he was really doing, he only showed that at home with his family.

When he was with friends he often didn't know his own boundaries and always drank to much. He could never stop in time and was always drunk.

Roby one time showed up at their house and was screaming outside. Wanting Paul to come to a party. Mirella, Paul's sister, hated this, she felt like he should leave Paul alone when he was finally sensible and stayed at home instead of getting wasted. This is not something that friends do.

When Paul went to Australia he knew that when he came back he would have no friends left in the Netherlands. He pushed everyone away. Even the friends that were also doing drugs.

### *Setting*

This storyline mostly takes place on different parties and homes of different friends where parties are thrown. The storyline focusses on the drugs that are used and the alcohol that is drunk rather than on the physical aspects of the environment. This shows what Paul thought was important at that time and that he mostly thought about getting wasted.

### *Purpose*

The purpose of the storyline is to show what bad influence your friends can have on your behaviour and what a lack of support and belonging during your youth can do when you have a serious mental illness.

### *Breach*

The breach in this storyline is between the agent and the acts and events and the purpose. Paul's friends do not help him at all when he is struggling with his life and is doing drugs to cope with this. It would have helped them if they asked how he was doing instead of ignoring his problems and eventually, leaving him out of their meetings and stop talking to him.

### Narrative summary of storyline

'Me and my friends started smoking cigarettes at a really young age. Even at that time I was the one that was mostly buying them, with some lame excuse. We all paid for those from stolen money and felt really grown up when we were smoking. Soon this wasn't enough and my neighbour Rick and I wanted to smoke weed, as we saw the older guys do. I felt that it was amazing that I wasn't even in high school and already had smoked weed. This continued all through high school, where I smoked weed in all my breaks with three of my buddies. Outside of school I mostly hang out with Robyn and we had a bad influence on each other. We often tried to break things or smoked weed together. We both used Ritalin and found out soon that if we traded these pills for weed that we got a lot of it. Robyn was the first one I tried hard drugs with and we did everything we could to get our hands on those drugs. We really felt connected when we were high. With some older guys I started to do cocaine, which made me feel tough and masculine, even when the high was only short. When I was really getting into the drug use, most of my friends turned me down, because they thought that I had changed and had gone too far. I was always going to far with them and didn't know my boundaries with drinking or using drugs, which made that I was always drunk and never stopped in time. I understood that because I wasn't a nice guy when I was wasted and therefore couldn't cope socially. However, even though I wasn't really sharing what was wrong, none of my friends really ever asked. Rick and Robyn were the only ones from the group that sometimes would hang out with me but that was only when there were drugs and alcohol involved. Robyn did even come to my house one night screaming that I was a pussy for sleeping at home and why I wasn't coming to party. My sister Mirella told me that she thought that he was a really bad friend for that, because when I was doing something sensible he was trying to bring me back down again. I was really upset when one friend lied to me about how events had gone, when I had burned myself, while trying to breath flames using gasoline. At that time I knew that when I went to Australia and came back there would be no friends left in the Netherlands. When I look back on those friendships, I realise that they probably had no idea what I was going through and didn't know what to do with me. I do know that right now Robyn is still doing drugs and even though I envied him because he was able to have a job, friends and a romantic relationship despite his drug use, I understand now that drugs destroy you from the inside even though you look like you have it all in order. If he would ever need my help I want to be there for him.'

### Conclusion

This storyline shows how badly Paul wanted to belong somewhere during his youth. He thought that he had found that in this group of friends, but in the end he found out that he never belonged and that they were not there for him when he really needed this. He does bring up that this might be his own fault due to him always showing his bad side and only ever showing himself drunk or wasted and never opening up. He didn't really receive any support from this group of people, except a little bit of social support in the occasions where he was still accepted in the group.

The stages of recovery are not applicable at this storyline, because this took place at the time when Paul was not at all trying to recover but actually started to spiral down even more. Maybe if he had the right support at this time, he wouldn't have spiralled down as much as he did now, but had been aided in his recovery. Because of his bond with his friends he lost all factors of the CHIME model, which made that there was no room left for recovery, since all domains necessary for this were not present.

He was stigmatized by his friend, because they eventually didn't want to hang out with him anymore because of his behaviour due to his illness. They didn't really understand his illness and didn't try to understand Paul. This is a form of experienced stigma.

### **Storyline 5: Real friends**

#### Storyline title

'My social life looks a lot different when I am sober'

#### Elements and breach of storylines

##### *Agent*

In the story, Paul evolves from someone that was always trying to experiment with something and always wanted a higher kick and was kind of closed off to his environment, to someone who was open to the people surrounding him about what he was dealing with and was content with the life he had now. Along the way he met some amazing people who all helped him in some way with this road to recovery, and even though most of them aren't in his life anymore, because Paul screwed up their relationship with lying to them because of his addiction, he got something out of all of their relationships. Right now Paul doesn't have a lot of friends but the friends he has are loyal and he can open up to him about anything. He sometimes feels a bit less attractive socially speaking, because he doesn't drink. However, he is aware that this actually makes him a better friend than when he was still drinking.

##### *Acts/events*

Simon was a friend that Paul already had been friends with since kindergarten. They both loved being outdoors and often worked on their boats together. They became part of the same group of friends in high school, where the consistency of the group constantly switched. We often hang out on different places outdoors. Sometimes we did drugs together with this group. At that time Paul wasn't that negatively effected by the drugs that he was drowning and he was still nice enough to hang out with. When this changed. Simon was the one that often did things with him and was the only reason Paul still connected to the group. He was the only one that Paul would also hang out with when he was sober. Over time this friendship got less and less, because they could have heated discussions when Paul was drunk. It became worse when Paul was using every day and became a whole different person. He didn't have his life under control and Simon left him because of that.

Another person that really helped Paul was Bram, his co-worker. They were close at work and often spoke about bigger things in life and their future. He knew that Paul was doing drugs and how he was struggling with this. He was one of the few friends that got a glimpse of Paul's feelings. He always asked each Monday how Paul was doing and what he had done that weekend. When they grew even closer he didn't have to ask anymore, but just could read it off his face. When Paul didn't show up for work because he was sleeping off his hangover, Bram came to his house and dragged him out of bed. He helped Paul as best as he could.

Paul went to Australia with an organisation that provided backpackers with a group that they went with. Here he met Eddy, who was a lot calmer than Paul. He was the one that kept Paul on the sane

side and somewhat calm. Paul did however drink a lot in Australia, even with the calming influence of Eddy. Paul needed some excitement in his life and started gambling in the casino, which Eddy didn't approve of. This did keep the urge to use hard drugs away. Together with Eddy, Paul met Darren and Belinda, who were real Australians. They often went to barbecue at their house and went swinging together. They were very hospitable.

Steve was another friend he met during the first time Paul was in Australia. They went drinking together after working hours and borrowed a car from him. Eddy was the only one there without an alcohol problem. Steve was a real friend, who was also nice when we hadn't drunk alcohol. He was older and had gone through a lot in his life. He took Paul and Eddy on adventures in the bush and to places where you wouldn't normally go as a backpacker.

The bond with Steve changed when Paul lied about hitting someone with a car next to the casino. Steve didn't care about him being drunk or the actual accident, but he felt betrayed by the lying. He was still welcome as a friend in Steve's shop, but stopped working for him after this incident. Because of a co-worker Paul was sent away for good, he had gotten so drunk at his job that he made a mess of everything, and Steve succumbed under the pressure and let Paul know that he didn't want to have contact anymore.

Then the only friends Paul had left were Darren and Belinda. They took Paul in with them when his landlord kicked him out because he wasn't paying rent. Paul even lied to them, about why he didn't have contact with Steve anymore and why he was fired from his job. He did this because he was ashamed. One of the few rules they had was that Paul couldn't go to the casino anymore and had to pay them some rent, but Paul couldn't even comply to this. His lies came out really soon, because he was seen in the casino. He got another change and Darren and Belinda were there for him when his mother told him that she was divorcing his dad. Belinda's father even got Paul another job, but this fell through because Paul wasn't motivated enough and didn't show up. Darren told him: *'Paul, I want you to leave. Make sure you'll be gone before twelve o'clock.'* Even those good friends got tired of his lies and Paul ended up with no one again, without any money or a place to sleep.

When Paul went back to Australia for the second time he met Ellis and Juultje and they got along really well. He told them that he has had a drug problem, but made his problems look less severe. At first he didn't drink that much when he was around them, because he wanted to do differently. He was still a bit psychotic when he met them, but he had it in control because he stopped using too much drugs and alcohol. However, soon they left too, because they travelled further and Paul wanted to earn more money first. He started working at Australian Backpackers and made some friends among his co-workers.

Lara, one of his co-workers and good friends loaned him money when Paul told her that he lost his credit cards. And when Paul attempted suicide because he didn't know how to get on with his life anymore, Lara and Mario sat next to his bed day and night. They talked to him and hoped that he would come around, while they were terrified of the outcome of his attempt. When Paul had to tell them that he did it himself they felt upset. He describes the situation as following:

*'Shortly after I came to, Lara and Mario came into my room. I told them what had happened. They were even more upset than I was. For me it was unreal. I was deeply ashamed. I told*

*them that I was really sorry. But I didn't mean any of it. I was just feeling a slight bit of regret at best. I never expected this. I didn't want to live with this.'*

His colleagues at Australian Backpackers were constantly there for him. They suggested that he should go home and didn't want anyone there to know what he had done. They often accompanied him outside and talked to him about how he truly felt. Paul was honest with them and told that his attempt wasn't impulsive, but something that I had thought of for a very long time. Lara told him that he couldn't stay at the motel any longer, because he was now the 'boy who tried to commit suicide'. They pushed Paul to go back to the Netherlands and seek professional help. They were afraid that Paul would try to attempt suicide again. Paul was in denial and even thought that Lara and Mario made up that he had been in a coma. He knew that they were speaking the truth, but it was hard for him to see what he had done wrong.

When Paul gets discharged from the psychiatric ward he is picked up by his co-worker Charlotte. He really likes her and is glad that she is there with him. She even asks him when she drops him off in his room if it is okay to leave and tells Paul: *'If you need anything, you must call me.'* He knows that he never does that when it is urgent but appreciates the offer and tells Charlotte that it is okay and that he will just go to bed. He decides that he will not attempt suicide that night because of how sweet and helpful Charlotte has been and that he can't do that to her. It turned out to be a good decision because a little while later Charlotte checks in on him again.

When Paul is finally ready to go home, Lara helps him to arrange everything for his trip back home. All three of his friends refuse to give him money at that point, because they know that this can only go wrong. Paul regrets everything that has happened with them, because they were the ones that helped him when he was on the brink of death and in his addiction he held them accountable for his miserable life back in the Netherlands, but now he knows that that is not fair. He wonders how they experienced this period and is really grateful that they never left his side.

Dick Trubendorffer is his therapist and the one who has finally helped Paul get rid of his addiction. They stayed friends after the treatments and Paul describes him as: *'One of the nicest guys I have ever met in my life'*. It is someone who shares his sense of humour and he can always turn to Dick when he needs help. They celebrate holidays together, go on vacation and go mountain biking.

Emiel, one of the crew members of the documentary, is also a friend of him. He followed Paul for the documentary and knows almost everything about him. Their bond developed when he started getting clean and showed a whole other side from him that the one that could only think about getting drunk or getting high. It isn't like Paul sees them every day, but he knows that everything is right when they see each other. He still has some trouble with maintaining contact, but is actively working on this and tries to engage in society.

#### *Means/helpers*

Paul never let his friends see how he was really doing, he only showed that at home with his family. This didn't always work out as sometimes there was no hiding how he was doing:

*'At the fair on of my friends saw that I wasn't doing well and she acted concerned. "If you ever want to talk about it, you can always come to me" she said. I never made use of that*



*offer. Others didn't come further than making suggestions that I should just quit. But I couldn't.'*

When Paul went to Australia he knew that when he came back he would have no friends left in the Netherlands. He pushed everyone away.

In Australia Eddy often loaned Paul money, because he was caught short at the end of the month almost every month. He was the friend that Paul needed at that time and Paul describes their friendship as following:

*'Until that time Eddy was always there for me. (...) I have so much to thank that dude for. Actually I met him at the wrong moment in my life. He was always there for me, but I couldn't offer him the same in return.'*

Bas is an entrepreneur that Paul met through Zeger, his brother-in-law. He helped Paul to get back in the labour market and learned him to run his own small business. Today Paul still is a successful entrepreneur and he has a lot of that to thank to Bas.

### *Setting*

An important setting in the storyline with Paul's friends, is the motel in Australia. He has done his suicide attempt there and because there was a lot of alcohol and drug abuse he felt at home there. It was a place where he felt safe, and when he couldn't go back there it was devastating for him.

Another setting that is important is when he goes to Australia and it feels like he will have a dream life there, and that it will make everything better. Even when his life is falling apart there he still feels that he would be worse off in the Netherlands, since he idealized Australia.

### *Purpose*

The purpose of this storyline is for Paul to realise that without drugs and psychoses it is possible to lead a meaningful and fulfilling life if he chooses the right people to have in his life and receives the right kinds of support

### *Breach*

The breach of the storyline is between the purpose and the agent. Often Paul sabotages the friendships that he has throughout his life, due to his lies. He is the one that is not accepting any support, even though a lot is offered to him. In his addiction and during his psychosis he can only think about himself and doing what he can to keep using, which means that he gets estranged from the people around him.

### Narrative summary of storyline

'My first real friend was Simon, we have known each other since kindergarten. We often would play outside together or work on our boats and we both loved being outdoors. I have been friends with Simon for a long time and we were in the same group of friends in high school. With this group we often hang out together and sometimes we would do drugs. When I started to spiral down and use too much drugs, the group wouldn't let me hang out with them anymore, but Simon kept doing things

with me and made sure I stayed connected to the group. He was the only friend right then, who I could be around when I was sober. When I was drunk we often had heated discussions and Simon eventually left because I really didn't have my life under control and kept fighting with him. Another close friend of mine, who knew I had a drug problem, was Bram a co-worker. He was one of the few friends I discussed my feelings with, and after a while he could even read off my face how I was doing. He tried to help me as much as he could and would often drag me out of bed when I wasn't showing up for work because of a hangover. When I went to Australia for the first time I met Eddy, who kept me on a straight path while I was with him. He was a lot calmer than I was and made sure that I knew that he didn't approve of my drinking and gambling, which both kept away the urge to use drugs. Despite his disapproval he did loan me money every month, which I paid back as soon as my salary came through. Together we met Darren and Belinda, which we befriended and Steve. Steve was an older guy, who took us on day trips and we could work for him. We did also get along when I hadn't drunk anything, despite the fact that often we would drink together. However, soon I started to blow things up with Steve too. I lied to him about hitting someone with his car, while I was drunk and therefore he felt betrayed. When I made a mess of my work Steve couldn't do anything other than lay me off and stop being my friend, since I couldn't stop lying to him and his other employees were complaining about me. The only friends I had left then were Darren and Belinda who took me in when my landlord kicked me out. Even with them I screwed things up, when I didn't follow the only rules they had, I went to the casino when they asked me not to, didn't show up for the job Belinda's father got for me and I never paid them. They made me leave and I never saw them again. When I went to Australia I met a lot of friendly people, Ellis and Juultje were my travel buddies, who helped me drink less in the beginning, however, they travelled further really soon. When I started to work at Australian Backpackers I made a lot of friends there. Lara loaned me money, when she just met me because I threw my cards away. And even though I didn't know them that well, when I was in a coma because of a suicide attempt they were at my bad round the clock and were really upset when they found out I had done this to myself. They were the first ones that really tried to talk about how I truly felt and I could be honest to them. They tried to get me back to the Netherlands for psychiatric help, but I didn't really want to. Because they were so pushy, I started to think that they made up the story of me being in a coma, despite knowing that this couldn't be true. When I was discharged another colleague, Charlotte came to pick me up. She tells me that I should call her when I need her and because of all her care I decide to not attempt suicide that evening. She even comes to check on me again that evening to see if I am still doing okay. My friend really knew me at that point and when I was ready they helped me arrange a trip back home. They refuse to give me any money, because they know that this would be wrong for me. I regret that this was the last time that I have seen them. When I got clean and sober I made some new friends in the Netherlands. Dick was my therapist, but we also became friends and he is one of the nicest guys I have ever met in my life. He shares my sense of humour and I can always turn to him when I need help. We also do a lot of fun stuff together like mountain biking, celebrate Christmas and go on a vacation. I also became friends with Emiel during the shooting of my documentary. Our bond developed when I was getting clean and I was starting to show a whole different side of myself than when I was still using. We don't see each other that often but when we see each other I know that it is okay. Bas is a friend from Zeger, my brother-in-law, who has helped me get back in the labour market. He learned me everything about entrepreneurship and he is the reason why I have my small business at this moment. Right now I don't have a lot of friends, but the friendships I do have are worth a lot to me. I can open up to them about anything. It is still hard for me to maintain

friendships but I am actively working on my existing friendships and try to start new ones. Sometimes I feel a bit less attractive socially speaking, because I quit drinking completely, but actually I am a way better friend than I was when I was still using.'

### Conclusion

Throughout his illness and recovery process, Paul met all different kind of people who tried to support him. In the beginning of his illness when he just started drinking, Simon kept by his side and made him feel like he belonged somewhere, even if their group of friends were not that into this idea. He provided a lot of social support for Paul.

All the other friends also provided mostly social support and for a short while Paul felt like he was normal, could have friends and belonged somewhere. Some friends tried to provide emotional support, but since Paul didn't want to open up this was hard.

The first people he accepted emotional support from were Lara, Charlotte and Mario. They helped him get back on his feet after his suicide attempt and he talked to them about how he truly felt. They also provided informational support, by discussing with Paul what would be best for him and providing him with practical support to make this happen and get him back to the Netherlands. In Australia his friends also provided practical support in the form of loaning money, providing Paul with a home and even helping him get a job. This was something that Paul really needed at that time. But with his lies he often pushed people away again.

The friends Paul has now mostly give him social and emotional support and a sense of belonging. For Paul it is really important that he feels connected, hopeful and like he belongs somewhere to keep from doing drugs or drinking alcohol. This involves sharing how he is doing with the people around him, which he is starting to learn. The friends he has now also helped him through the process of recovery. They stayed with him throughout all the phases and already knew him while he was still in stage 1 'Moratorium'. They have kept their support up throughout the whole recovery process and their support never wavered. For Paul the support he wanted from them stayed the same during his recovery process.

Another important part is that he needs to feel like he can empower himself and have a meaning in his life. Bas helped him with that, which helps him stay sober and clean and makes it easier to have something to do every day.

In this storyline there is not really any stigma. The people surrounding Paul often only left after a long time because he lied so much. They didn't mind that he had a drinking problem or psychosis, but they couldn't deal with the behaviour that accompanied his disease and felt like Paul kept pushing them away instead of letting them help

### **Interactional analysis**

#### Positioning of storyline

All three storylines of his family are extensively present throughout the whole book. He considers them the most important people in his life and they were there for him through the whole process of his illness. He pays a lot of attention to the contribution they could possible have to the addiction

and psychosis, but on the other hand also describes extensively how they have helped them. Hereby, Paul tries to provide a true account of the events, with as much explanation for the reader to draw their own conclusions. His parents and sisters also provided some quotes that were placed in the book, which made sure that some situations could be viewed from multiple viewpoints.

Paul describes the friends that have helped them and the ways that they have helped them extensively throughout the book. Less emphasis is placed on the influence that the friends had that didn't really help him. Paul himself explains that he thinks that it is his fault that he drove all those friends away that actually weren't good for him, but he doesn't really describe what the abandonment of his friends did with him and his addiction. This shows that when something bad happens to him he is prone to blame himself for this, but when he gets support he gives credit to the other person and doesn't think that this is something he deserved.

#### Positioning of storytellers/listeners

Paul talked to his sister Anouk, about how she felt about him writing a book and she told him that she thought it was '*A ridiculous idea*'. She didn't like the attention that she will get because of this book. But eventually, she did think that he should do it, because she truly believes that it can help other people. That is why she decided to cooperate. She hopes that the book will lead to a more open discussion of drug abuse. Therefore, she thinks that he should tell everything and be honest about how bad it has been.

This is something that Paul tried to do, but the paragraph above shows that he was influenced by other people in his surroundings as to what the book should entail and why exactly Paul was doing this. This was further highlighted by the fact that his parents and sisters helped him write the book and provided their opinions which can be read throughout the book.

#### Conclusion and discussion

Paul and his family want to provide a true account of the events that have happened with his drug use. He described the events as they happened and was honest about how bad the situation would sometimes get for him. He describes extensively what support helped him through his illness, and what things didn't really help. With the things that didn't help he often blames himself, because he felt like the addiction made him a lousy person. He wants to show how you can get from rock bottom to a happy and meaningful life.

#### **Contextual analysis**

Paul's book is mostly about his addiction, how this started, what went wrong and how he finally got into a place where he could work toward recovery. He wants to show what an addiction feels like in someone's head, because often people would say to him 'why don't you just quit'. He wants to show that this isn't as easy as people make it out to be.

A few forms of stigma that are still present in our society are touched upon by this book. Paul's mother and sisters were afraid that when Paul was acting out because of his psychosis they would be looked at differently for this. This is affiliate stigma, where they are afraid that views of people on them are different because of a mental illness of a loved one. Another form of stigma is that when

you were addicted and had psychosis that you can't really have a fulfilling life and Paul shows that this is still possible.

He himself also touches onto a subject that is still a bit sensitive in our society and that is that people think that they need alcohol to have a good time a party and that often when you don't drink you have to explain yourself extensively or you will be seen as lame. Paul views himself as less attractive socially speaking, because he doesn't drink.