

**The Perceived Impact of Trauma on the Development of Psychosis: Narrative analysis  
of autobiographies**

Master thesis

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## Abstract

**Introduction:** Various studies have implicated trauma in the development of psychosis. This study explores how individuals who have experienced both trauma and psychosis attribute meaning to their experiences by analysing three autobiographies. It addresses understanding of a more individual level to gain a more holistic understanding of the experiences of trauma and psychosis. **Method:** Three autobiographical books authored by individuals who have encountered diverse traumatic experiences and subsequently developed psychosis were selected. A narrative analysis was conducted to understand their experiences and meaning making process. **Results:** The analysis reveals that in all three autobiographies, the authors establish an experienced connection between trauma and psychosis. The traumatic experiences recounted in these autobiographies have a profound and enduring impact on their entire lives. The autobiographies frequently reference feelings of being unable to manage their own emotions, experiencing identity crises, feelings of worthlessness, anxiety, loneliness, powerlessness, and a sense of being misunderstood. Moreover, the overwhelming emotions described in the autobiographies are portrayed as leading to psychosis, prompting the authors to seek help. The writers of these autobiographies report that therapy was instrumental in addressing their life experiences and regaining the ability to deal with life and illness. **Conclusion:** This study underscores the need for personalized and empathetic treatment approaches, recognizing the intricate experienced interplay between trauma and psychosis. Furthermore, our research advocates for a holistic perspective, integrating the subjective experiences of individuals who have faced trauma and psychosis, thereby contributing to a more comprehensive understanding of these complex phenomena. Beyond its contribution to the field, this study's insights have practical implications, offering valuable perspectives for improving the care and treatment of individuals navigating trauma and psychosis in clinical settings.

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## 1. Introduction

Psychosis, a profoundly distressing experience, involves persistent negative struggles such as emotional blunting, impaired speech, social withdrawal, and loss of motivation (Kane, 1999; Remington et al., 2016). Research indicates that trauma is a significant contributing factor to the development of psychosis (Coverdale & Grunebaum, 1998; Dean & Murray, 2022; Sullivan et al., 2003; Jones et al., 2016; Winkel et al., 2013). Despite the awareness that trauma significantly contributes to the development of psychosis, therapy predominantly focuses on positive symptoms such as hallucinations and delusions. Clinicians frequently grapple with the challenge of tailoring treatment to meet individual needs, with an emphasis on addressing these positive symptoms (Kane, 1999; Remington et al., 2016; Vos et al., 2015). Given the intricate nature of both psychosis and trauma, this research aims to comprehend the perspectives from individuals who have experienced both the role of trauma and psychosis. It seeks to understand how these individuals ascribe meaning to their experiences, while also exploring the role of trauma in the development, progression, and recovery from the disease. A narrative analysis will be conducted on three autobiographical books written by individuals who have experienced both trauma and psychosis.

In the realm of psychosis research, there exists a perplexing array of perspectives concerning the origins and complexities of this profound psychological condition. Various paradigms have been proposed to decipher the multifaceted nature of psychosis. One paradigm focuses on genetic and biological underpinnings, recognizing their potential contributions to the genesis of psychosis, while another paradigm delves into the pivotal role of environmental factors (Sullivan et al., 2003; Jones et al., 2016). Accumulating empirical evidence lends credence to the notion that both genetic predisposition and environmental factors are risk factors for psychosis (Dean & Murray, 2022; Winkel et al., 2013; Coverdale & Grunebaum, 1998). Individuals with a familial history of psychosis bear an augmented vulnerability to its onset. Additionally, environmental elements such as stress, trauma, and substance use stand out as significant risk factors (Dean & Murray, 2022).

It is well-documented that individuals who have experienced traumatic events often face an increased risk of developing psychotic symptoms, with prevalence rates ranging from 51 to 98 percent among those with mental health disorders (Goodman et al., 1997; Mueser et al., 2002; Cusack, 2004; Mueser, 1998, as cited in Frueh et al., 2005). Trauma takes on various forms, including physical and psychological abuse, sexual assault, as well as physical

and emotional neglect, leaving enduring imprints on mental and psychological development and frequently leading to persistent challenges, such as psychiatric and addiction disorders (van der Kolk, as cited in Cook, 2005; Kalat, 2019). Trauma can alter brain function and stress responses, potentially contributing to psychotic symptoms (Kalat, 2019). Post-traumatic stress disorder (PTSD) can also impact coping strategies, self-confidence, and increase the likelihood of re-victimization and substance abuse (Mueser et al., 2002). Within this intricate experiences, one can discern the relationship between various forms of abuse and specific manifestations of psychotic experiences. For example, physical abuse appears linked to visual hallucinations, while other forms of abuse seem associated with delusions (Abajobir et al., 2017; Hardy & Mueser, 2017). Furthermore, the context in which sexual or physical abuse unfolds can influence the content of psychotic experiences, shaping the unique contours of delusions (Coverdale & Grunebaum, 1998). Trauma not only poses immediate challenges during the traumatic event but also affects victims' functioning, raising the risk of revictimization, and influencing the occurrence of psychotic experiences, such as hallucinations and delusions, in the long term.

The experience of childhood trauma results in long-lasting consequences. The risk of psychosis appears to heighten with recurring or more severe encounters with trauma (Dvir et al., 2013). Numerous studies highlighting the impact of childhood traumatic life events on the journey of developing a psychosis disorder (Varese et al., 2012; Abajobir et al., 2017; Dantchev et al., 2018; Bebbington et al., 2004). Commonly reported childhood traumatic events include sexual abuse, physical abuse, emotional abuse, physical neglect, emotional neglect, and overall childhood trauma (Bailey et al., 2018; Bendall et al., 2008; Dvir et al., 2013). Abused children often display cognitive disparities in comparison to their non-abused counterparts, including potential difficulties in flexibility, problem-solving skills, attention, reasoning, and executive functioning (Beers, 2002; Egeland et al., 1983). Various forms of trauma that occur in childhood have a major and long-lasting impact throughout life.

Within the realm of mental health, various perspectives emphasize the pivotal role of personal experiences. The DSM-5 provides a clinical framework for categorizing mental disorders and is based on a biomedical explanation. However, some critics have argued that the biomedical model and the DSM occasionally fall short in fully comprehending the deeper causes and contexts of mental disorders, possibly underestimating psychosocial and environmental factors (Allardyce et al., 2017; Braet et al., 2014). Other perspectives place greater emphasis on a holistic approach, cantering on the interaction between emotion and

reality, the complexity of experiences, and their role in mental well-being (Cromby, 2022; Johnstone et al., 2018; Van Os, 2015). Van Os (2015) aptly characterizes psychosis as a profound response to life's burdens, making them overwhelmingly heavy for the individual. This alternative framework offers a broader perspective for understanding and addressing clinical stress, going beyond narrow biomedical explanations by delving into individuals' experiences and meaning they give to these experiences (Johnstone et al., 2018). These varied viewpoints suggest that beneath the psychosis experience, deeper layers are shaped by individual experiences and emotions.

This research employs a broad definition of trauma, going beyond the confines of life-threatening situations. In addition to the DSM-5 definition, which requires actual or threatened death, serious injury, or sexual violence, an alternative concept called "sanctuary harm" is considered (Frueh et al., 2000; DSM-5, 2013). Sanctuary harm encompasses events that may not meet the DSM criteria for trauma but evoke feelings of helplessness, distress, fear, humiliation, or loss of trust, including harmful behaviors like bullying within these safe environments, which can undermine the victim's sense of safety, connectedness, and self-worth (Frueh et al., 2000; Wolke & Lereya, 2015). By adopting this comprehensive definition, this research aims to explore the diverse ways in which harm can impact the experience of psychosis.

Previous qualitative research has focused on examining how textbooks depict individuals presenting with psychotic symptoms, employing content analysis (Fredwall & Larsen, 2018). The study of Fredwall & Larsen (2018) took a unique approach by emphasizing the identification of themes and codes, shedding light on perspectives from both external sources (the professional viewpoint) and internal sources (the perspective of individuals with lived experience). Among the 12 textbooks analyzed, only two integrated the professional perspective alongside diagnostic criteria, in contrast to the viewpoints of those who have experienced psychosis. Consequently, there is a notable absence of information from the perspective of those who have actually lived through these experiences, creating a gap between the clinical depiction and the actual lived experience. The Fredwall & Larsen (2018) study underscores the potential disconnect between professionals and individuals who have experienced psychosis, indicating the need for a shift towards narrative-based healthcare to foster an understanding of patients' illness narratives.

In another qualitative study open-ended interviews were conducted with 13 family members of patients who had recently experienced psychosis (Corcoran et al., 2007). The study aimed to unravel the trajectory of symptoms leading up to the first episode of psychosis, as well as family explanations for behavioural shifts and the coping strategies they employed. Interestingly, family describe consistently depicted a pattern of a normal yet vulnerable childhood, followed by the gradual onset of non-specific symptoms in adolescence such as social withdrawal, diminishing functionality, and mood alterations. These changes were attributed to typical teenage behaviour, stress, and mood fluctuations. Seeking help typically occurred when individuals experiencing psychosis began hearing voices or became violent. Families frequently faced challenges in finding suitable assistance for their afflicted family members. The findings underscore the significance of early interventions, recognizing prodromal symptoms, and enhancing access to specialized mental health services. Although this study emphasizes the importance of early and tailored interventions, it falls short in exploring the life experiences of individuals before the onset of psychosis and the way they make sense of these experiences.

In a recent study, Campodonic et al. (2022) explored the perspectives of individuals who have experienced both psychosis and trauma. This study sought to probe how their combined experiences might influence symptoms and overall quality of life. The research comprised 11 participants who had undergone both trauma and psychosis experiences, with the study taking place post-onset of psychosis. These participants were drawn from a community mental health service in the UK. The research offers insights into the significance of addressing trauma during treatment. However, the primary focus of the study revolves around communication about trauma during treatment, rather than delving into participants internal meaning-making process of their traumatic experiences and their perception of the linkage between trauma and psychosis.

Lastly, a study delves into the experiences of individuals who have encountered various forms of trauma (Gallagher et al, 2023). This research was conducted in an Irish prison, focusing on the personal experiences of trauma among prisoners through the lens of the Power Threat Meaning Framework (PTMF). Some of them have also eventually experienced consequences such as psychosis, revealing the intricate interplay between personal experiences, emotions, and the emergence of clinical distress. Semi-structured interviews were conducted and analyzed using thematic analysis based on the elements of the PTMF model (Johnstone et al., 2018). These themes illustrate the complexity of participants

experiences, which significantly influence their lives. Notably, there is a lack of research on how individuals with a psychotic disorder perceive the connection between their experienced psychosis and trauma (Bloomfield et al., 2021).

Conducting narrative research on trauma and psychosis holds significant scientific relevance for several reasons. Existing qualitative research has primarily focused on examining various aspects such as medication, psychotherapy, and forms of support, relying heavily on population-level approaches rather than individual-level analysis (Bleakley, 2005; Silverman, 2010). As a result, valuable information related to individuals is lacking, which can be of great importance, especially in medical education, to create a holistic understanding of their experiences (Bleakley, 2005). This study distinguishes itself by delving into autobiographies as a rich source of people's experiences. It examines how individuals attribute meaning to these experiences, with illness narratives offering insights into emotions and psychosocial aspects, such as trauma (Bleakley, 2005). To genuinely assist individuals, professionals must first seek to understand them (Baarda et al., 2012; Bleakley, 2005; Jongedijk, 2014). The major advantage of existing material is that its collection does not disrupt the natural context, allowing for the analysis of information from the past (Baarda et al., 2021). A deeper understanding of the experiences of trauma and psychosis can provide practical insights for clinical practice. Moreover, this study addresses the existing gap in research, as there is limited exploration of the experiences of individuals who have encountered both trauma and psychosis. By shifting the focus from interview-based methods to the analysis of autobiographies, this study provides an opportunity to gain a deeper understanding of these complex experiences, inform clinical practice, and promote greater societal awareness for individuals facing trauma-related psychosis.

The aim of this study is to delve into the personal experiences of individuals who have encountered trauma and subsequently developed psychosis. This research will unfold through a narrative analysis of three autobiographical books authored by individuals who have experienced both psychosis and trauma. By understanding the experiences of these individuals, a more holistic understanding will emerge, allowing for a deeper comprehension of those who have undergone both trauma and psychosis. Additionally, it provides a deeper understanding of how individuals attribute meaning to their traumatic experiences and how this, according to their perspective, influences the occurrence of psychological illness symptoms and can be informative for clinical purpose. Drawing from the aforementioned information and acknowledging the existing gaps, the following research question is posed:



*How do Dutch individuals who self-identify as having experienced trauma and psychosis, narrate in their autobiographies their traumatic experience to their experience of psychosis?*

## **2. Method**

### **2.1 Design**

A qualitative approach has been chosen to explore the experiences of the participants. This research employs qualitative methods that focus on non-numerical data. The process involves systematically collecting, describing, and interpreting textual data (Kitto et al., 2008). The qualitative data collection process includes various techniques such as observations, interviews, and analysis of spoken and written narratives. These methods aim to gain a deeper understanding of social phenomena (Pathak et al., 2013).

Autobiographical books have been selected as a primary source of data for this study due to their ability to offer a comprehensive perspective on the experiences of individuals (Baarda et al., 2021). The method of data collection and analysis for this study is based on a narrative approach. Specifically, the Dutch autobiographical books will be analysed using the introduction, storyline analysis and comparative analysis. By applying a narrative methodology and conducting qualitative analysis, this study aims to uncover the rich narratives within the autobiographical books. The analysis will be conducted using the narrative research steps outlined by Murray and Sools (2014).

### **2.2 Data collection**

The study was conducted in 2023 and focuses on individuals who have direct personal experience with both trauma and psychosis and have documented their experiences in the form of a autobiography. Autobiographies are highly suitable for case studies (Baarda et al., 2021), making them an excellent tool to get a better understand of the experiences of individuals who have experienced trauma and psychosis. These autobiographies were obtained from the database of Erasmus University. The autobiographies were selected by the Coleta's Chronische Circus (CCC) Foundation and are part of the Erasmus School of Health Policy & Management (ESHPM). The information available in this library can serve various purposes, including research (Erasmus University Library, n.d.). The dataset comprises a total of 30 autobiographical books on psychosis. Out of the 30 autobiographical books, a total of

ten autobiographies were included. These ten autobiographical books provide a context with experiences of trauma and psychosis. The selection of these autobiographical books was made by Dr Marjolijn Heering, a researcher familiar with the data and affiliated with Erasmus University. Dr Heering indicated that one of the ten autobiographical books was not focusing on the experience of trauma and psychosis, and therefore, it was excluded from the selection.

Inclusion and exclusion criteria were set to ensure the validity of the data collected, to effectively analyse and interpret. Autobiographies were included in the study when: 1) Individuals aged 18 years or older; 2) Had experienced at least one psychotic episode or had a psychosis-related disorder; 3) The individual describe that they have experienced a traumatic experience; 4) They wrote their own autobiography; 5) The autobiographical books are written in Dutch. Autobiographies were excluded when: 1) Unclear or multiple diagnoses. 2) The autobiographical books were characterized by unclear and hard-to-follow descriptions, making it difficult to interpret the story. The three selected autobiographies meet specific inclusion criteria designed to provide a comprehensive and varied perspective on the experiences of trauma and psychosis.

The autobiographies were selected using a purposive sampling method, which involves intentionally selecting autobiographies who are relevant to the research question (Marshall, 1996, Baarda et al, 2021). Purposive sampling was chosen to select autobiographies who have characteristics that are important for the research question. The sample size in qualitative research depends on the complexity of the topic (Baarda et al., 2021). Given the complexity of trauma as a subject, the decision was made to analyse three complete autobiographies. To ensure a broad spectrum of experiences, we selected complete autobiographies that featured different traumatic events and individual characteristics. Our sample includes autobiographies authored by one man and two women to capture diverse gender perspectives. All three autobiographies showcase both shared and unique experiences of trauma, enabling an analysis of whether differing experiences yield similar outcomes for the authors. One of the chosen autobiographies is longer, offering a more detailed life story and potential for additional insights. Two other autobiographies briefly mentioned trauma but did not delve into it extensively, making it challenging to gain a comprehensive understanding. Additionally, two autobiographies primarily focused on trauma occurring after or during psychosis, which did not align with the main focus of this study. Lastly, one

autobiography had a trauma story that closely resembled that of another selected autobiography, leading to its non-inclusion.

To gain a clear understanding of the characteristics of the writers of the autobiographical books, Table 1. presents the different characteristics of the writers of the autobiographies. The first selected book is "Ayla," chosen because her trauma is characterized by a cold upbringing devoid of emotional space, as well as experiencing rape. Ayla's book provides a more extensive description, enabling a detailed description of her experiences. The second book is written by Marijke, who faced bullying and the traumatic experience of her father's prolonged disappearance. Prior to that, Marijke's life was stable, and she describes her family as warm and pleasant. The final book is authored by Carlos, who lacked a consistent and supportive caregiver. He had to live at multiple locations and with various individuals. Additionally, he experienced physical and emotional abuse and spent a significant period in an unsafe environment. This autobiographical book holds significance as it offers a unique perspective characterized by the absence of stable parental presence and an unstable living environment.

**Table 1**

*Characteristics Writers' Autobiographies*

Author	Pages	Characteristics			
		Age	Diagnose	Gender	Personal
Ayla: "Psychose? Doe normaal!"	215	28 year	Bipolar disorder, manic psychosis	Woman	Art and poetry, teacher education and social pedagogical worker.
Marijke: Prettig gestoord is zo gek nog niet ...	142	Early 40	Bipolar disorder, bordeline psychosis	Woman	Poetry, social work education, religion
Carlos: Een psychose door	134	Unknown	Psychosis, no other diagnosis	Male	Frequent moving, general knowledge and

therapeutische training	theory, psycho- social work education, photos, religion
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### 2.3 Narrative research

Narrative analysis is an inductive method where the data itself got prioritized and where it is the aim to capture the content and meaning expressed by the participant (Byrne, 2022). The objective of narrative research, commonly applied in fields such as psychology, sociology, and anthropology, is to develop a comprehensive understanding of individuals behaviours, attitudes, and experiences (Hancock et al., 2001). Narrative is described as the way people give meaning and make sense of the world. It is about the structure, content and the function of stories. In this way people can interpret, bring order and make sense of our actions and the world, which is called the process of meaning-making (Murray & Sools, 2014). The interpretive approach centres on comprehending the meanings embedded within the lived experiences and thought narratives of individuals. Narrative analysis is an interpretive approach that involves interpreting stories written by individuals themselves. From a narrative perspective, the emphasis is not on discussing objective reality, but rather on how a person experiences it (Baarda et al., 2021).

In this study, we employed narrative analysis using the step-by-step guide developed by Murray & Sools (2014). The step-by-step guide outlines five narrative analysis phases, which are detailed in Table 2. Specifically, this research applies the introduction, storyline analysis, and comparative analysis phases. The introduction phase was chosen to provide a comprehensive overview of the analyzed autobiographies, enabling a concise summary in the researcher's own words. The selection of the storyline analysis phase stems from its systematic approach, facilitating the thorough examination of the abundant autobiographical data. Additionally, the comparative analysis phase was instrumental in uncovering patterns, differences, and similarities across the storylines identified in the three autobiographies.

**Table 2**

*Step-by-step Guide to Narrative Analysis*

Part	Step
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I. Introduction	1) Formulate case title 2) Introduction case
II. storyline analysis	3) Formulate storyline title 4) Identify and describe storyline elements and breach 5) Write narrative summary of storyline 6) Draw conclusions regarding your research question based on steps 3-5 and discuss your findings
III. Interactional narrative analysis	7) Positioning of storylines 8) Positioning of storytellers/listeners 9) Conclusion and discussion of what is at stake
IV. Contextual analysis	10) Positioning of storylines in the wider social, societal and political context 11) Positioning of storytellers/listeners and interactional patterns in wider context
V. Comparative analysis of storyline, interactional patterns and/or contexts	12) Make comparison of similarities and differences between cases

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The analysis process commenced with an initial scan of the book contents to establish a comprehensive understanding of their subject matter. Following the selection of suitable autobiographies for the study, a complete reading of each autobiographical book was undertaken. Subsequently, Microsoft Word was utilized as word processing software to capture pertinent sentences and incorporate annotations for constructing the storyline. To ensure objectivity, a word web was constructed, encompassing all acquired knowledge and the researcher's viewpoints. Furthermore, consistent reflection was maintained on potential biases and the researcher's emotions, ensuring the utmost accuracy in conducting the analysis.

The first step applied in this analysis is Step I: Introduction. The introduction involves formulating the case title and providing an introduction to the case. Through the introduction, a clear description is given of the writers of the autobiographies and their life story. The summary is written in a way that reflects how the participant has narrated their story, utilizing their own descriptions as much as possible. Based on the narrative summary, a broad overview of the life story is provided.

The second step applied in this analysis is step II: Storyline analysis. Storyline analysis involves formulating a storyline title, identifying and describing storyline elements and breaches, writing a narrative summary of the storyline and drawing conclusions based on the research question. It is a combination of content and structural analysis. First, the storyline title was formulated to capture the essence of the storylines in the narratives. Next, the five elements of the storyline are identified. The goal of the study was kept in mind for each element, in order to collect data that is relevant to the research. These elements include the setting, agent, acts/events, means/helpers, and the purpose. The elements are then analysed and categorized into Word. To conduct the actual analysis, each story was thoroughly examined to identify all the elements and assign each element to its respective category. The agent element focuses on understanding the protagonist of the story and their role. Acts and events involved identifying the specific events that occurred in the story and how the characters acted and responded to these events, whether they were proactive, in control, or subjected to circumstances. Means and helpers were examined to assess the people or things that either aided or hindered the protagonist in achieving their goal. The following element is the setting and scene, which encompassed the physical, psychological, and emotional environment of the story, including any internal dialogues that took place within the character. The purpose element focused on the intentions, desired goals, or feared outcomes of the story, giving insight into the underlying motivations of the characters. Throughout the analysis, breaches could occur, indicating a lack of balance or inconsistency between two elements of the storyline analysis. These breaches could provide valuable insights into potential conflicts or contradictions within the narrative. After analysing and categorizing these elements, a narrative summary of the storyline was provided, capturing the key aspects and progression of the story. The process of interpretation posed challenges at times, particularly due to the unfamiliarity of one of the stories with the researcher's personal experiences, hindering my ability to fully grasp the writer's perspective. However, to remain mindful as a researcher and engaged in conscious reflection, ultimately achieving a

meaningful interpretation. Furthermore, it is acknowledged that the writers' interpretation may not completely align with the researcher's perspective, which prompts the incorporation of supplementary viewpoints into the writers' interpretation within the conclusion. Finally, a conclusion was drawn regarding the findings of the story analysis per book, specifically addressing the experienced trauma and its perceived impact according to the authors.

The final step in this analysis is Step V: comparative analysis. By conducting a comparative analysis of the plots, overarching conclusions could be drawn regarding interactional patterns, the local moral context within the narratives, as well as insights into the self and identity of the individuals involved. This analysis allowed for a deeper understanding of the narrative dynamics and the broader implications of the stories. This comparative analysis allows for an exploration of how the storylines align or diverge from one another in terms of their beginnings, middles, and ends. Finally, comparing all three breaches from the different stories provides insight into potential similarities or inconsistencies among the authors' experiences.

The entire process required repeated scrutiny of the experiences to enhance comprehension, achieved by constantly moving back and forth within the books used in this study. During the storyline analysis, an experiential perspective was employed to focus on the writers' experiences (Byrne, 2022). In the conclusion, a critical perspective was utilized to further interpret the writers' experiences and uncover their underlying meanings (Byrne, 2022). At the end of the analysis, the data was translated into English and thoroughly checked to ensure the interpretation remained consistent. Although prior knowledge was required for writing the introduction. To clearly indicate the source of interpretation, quotation marks were used to enclose sentences referring to meaning. The analysis was conducted by one researcher, without the involvement of other researchers.

In this study, the unit of analysis was the individual autobiographical books. Each book was treated as a separate unit for analysis. To determine whether there was one storyline or multiple storylines within each book, the structure of the books and the changes that occurred within it were examined. Based on this, it was determined that all three books had a logical structure, indicating the presence of one storyline in all three autobiographical books. All three stories are consistent and can be followed logically. They are cohesive narratives, and the events in the story are clearly interconnected. Additionally, the books follow the experiences through life of the same character. In some cases, it was relatively clear that there

was a single overarching storyline that unfolded throughout the book. However, in other instances, there were multiple storylines or subplots that coexisted within the books. To make the decision, I relied on careful reading and interpretation of the text, identifying unique structures in the books and corresponding elements such as setting, characters, events and purposes. In all three books, there is a clear structure with a beginning, middle and end phase, in which the actions are interconnected. Therefore, there is a presence of a storyline.

### **3. Results**

In this results section, the three narrative analyses are sequentially described in the same order as presented in table 1. It commences with the case titles and introductions. Following this, concise narrative summaries of each autobiography are provided and described in the words of the authors of the autobiographies. Next, the key storyline elements. Lastly, the narratives reveal the authors diverse and nuanced perspectives on the experiences of trauma and psychosis and how they perceive the connection.

#### **1. Narrative analysis of Ayla's story**

##### ***1.1 Case title***

Climbing back up from the bottom of the ladder.

##### ***1.2 Introduction of the case***

Ayla writes her story to reduce the stigma surrounding psychosis and to inform people about psychosis. Ayla is 28 years old and lives in the Netherlands. The book is based on her life story and her experiences (Ayla, 2015; Uitgeverij Boekscout, n.d.). The story is written chronologically, with connections made to the different experiences in her life. The book is described in a comprehensive and detailed manner.

The relationship with her parents plays a significant role throughout the book. In Ayla's childhood, she describes feeling rejected by her parents, with no room for her creativity and the expectation to behave perfectly from her mother. After a traumatic situation where Ayla is raped, she is unable to share her emotions and carries this burden for a long period of time. To overcome her emotions, Ayla delves deep within herself and ultimately grows into the person she wants to be. Throughout the story, Ayla reflects on her own



perspectives in certain situations and demonstrates that she has gained insights into her own thoughts on how to act in certain circumstances.

### **1.3 Narrative summary**

“As a child, my creative and imaginative nature led me to use toys unconventionally in the garden, finding joy in building forts and playing in the sandbox. However, I faced criticism for not using toys as intended, feeling my insecurities with the constant reminder of others' opinions. As the oldest child, I felt the pressure to set an example, but no matter how hard I tried, it was never enough, gradually eroding my spontaneity. During my challenging childhood, I lacked a safe space to express my emotions, which became overwhelming after experiencing a traumatic event. Engaging in judo and immersing myself in books and work provided some outlets. Seeking solace, I found tranquillity under the shower, a place where I could gather myself and process the aftermath of trauma, including rape. The flowing water made me feel clean, washing away my worries. Even during periods of psychosis, I spent time under the shower, delving into my thoughts to confront my deepest struggles. Realizing the need to protect myself from further pain, I extended my metaphorical antennas, embarking on a journey to find my true path. Trusting my emotions and instincts, I navigated through life. The occupational therapy helped me find activities that made me calm, and in addition, I continued with the conversations with Hans. Although I have accepted the diminished contact with my parents, it conflicts with my desires and needs. Their refusal to acknowledge conditions like bipolar disorder leaves me feeling marginalized and dismissed. Gradually, I'm letting go and finding happiness on my own, while still hoping they will choose to be part of my life again. I will protect myself but keep the door open, should they choose to support me.”

### **1.4 Storyline elements**

Life stories of people who have experienced psychosis: A narrative analysis

Case title "Climbing back up from the bottom of the ladder."

**1.4.1 Setting.** Throughout almost the entire story, Ayla occasionally retreats into a cognitive setting. This cognitive setting becomes less prevalent after Ayla's psychosis, as a way for her to reconnect with herself, her own fantasy world, and process her emotions on her own. "After school, I would often sit in the backyard behind the shed. There, I would be alone, in my own little world. I could sing where no one would hear, and I could tell my

stories. Sometimes, I would even dance. It wasn't any specific dance style; it was something I improvised on the spot. This gave me breathing space and a sense of freedom. It made me feel joyful for a while because even at school, I didn't always feel comfortable (p.12)".

In Ayla's story, there are another three settings. The first setting is her childhood, where insecurity played a major role, particularly within her family. Characteristic of Ayla's childhood setting are the stifling of creativity, lack of room for self-development, fear, threat, emotional rejection, and insecurity caused by her parents' remarks. This can be seen in the statement, "When visitors were around, I would sit at the table but remain silent. If I said something, my parents would always find it stupid, further undermining my self-confidence, and I would receive a kick under the table (p.12)". Additionally, school was an unsafe environment for her due to bullying.

The setting changes when Ayla starts living on her own. Ayla finds a sense of safety at her workplace, where she can share her trauma. Additionally, she meets Hans, who provides her with a feeling of home and a place of tranquillity. This setting predominantly takes place in Hans' house. During this period, there are still traces of the intertwined childhood setting, where she longs for emotional support from her parents, but the relationship is based on materialistic aspects. The final setting is the moment when Ayla makes choices to work on herself and prioritize her own well-being. During her psychosis, it appears that the various settings and experiences from her childhood come into play. Afterwards, she finds herself in the setting where she is admitted in relation to her psychosis. However, ultimately, she views the entire process as a healing and turning point in her life. At the end of the story, it is evident that Ayla, from an insecure foundation, learns to create a safe base for herself.

**1.4.2 Agent.** The agent of the story is Ayla. This is evident as she primarily writes in the first person and indicates that the book is about herself. The protagonist can be characterized as a creative individual who enjoys retreating into her own creative world and has introvert characteristics. "Even here, I was still quite quiet and withdrawn" (p.16). Additionally, at the beginning of the story, she is primarily characterized by working hard to avoid feeling and seeking validation from others. Being the daughter of her parents and the inability to express her emotions play a significant role in the story. Ayla is the agent because the entire story is described from her perspective. Ayla is an agent who, for a long time, feels unsupported, leading her to keep her emotions and the traumatic rape to herself. "I had

nowhere to go with my feelings, and when you experience a trauma yourself, one that leaves lifelong scars, it becomes too much after a long time (Ayla, 2015, p. 11)". Ayla's emotions are often characterized as deeply unhappy, and she yearns for emotional support.

In Ayla's psychosis, her focus is on dealing with her trauma and emotions, as she wants to dig deep to find her own happiness again. The relationship with her parents influences the agent throughout the entire story. However, Ayla changes her own way of dealing with the situation to facilitate her own well-being. Additionally, Ayla learns to take more frequent moments of rest and realizes that there is nothing wrong with it. Throughout the story, she also demonstrates that she has developed new insights and reflects on her own negative thinking patterns she shows that she no longer solely blames herself for the negative situations in her life, but acknowledges that there is also a limited influence from within herself.

**1.4.3. Acts and events.** From a young age, Ayla experiences various events of insecurity within her family. "Therefore, everything had to be perfect, especially when visitors came. There couldn't be a speck of dirt, and that's when the pent-up emotions would burst out. In those moments, I would huddle up and hope it would be over soon. When the visitors were present, I would sit at the table but not say a word. If I did say something, my mother always thought it was stupid, which further undermined my self-confidence, and then I would get kicked under the table (Ayla, 2015, p. 12)". At this young age this happens to her, and as the daughter of her parents, she is not able to change this, which leads her to emotionally shut down because of the unsafety and making her insecure. The emotional rejection from her parents plays a significant role throughout the story and has a profound impact. At the age of 15, Ayla experiences a traumatic event. "I will spare you the details of the rape (p. 17)". Ayla subsequently exhibits characteristics of traumatic shame. "When I came home and felt incredibly dirty, filthy, etc., etc. (p. 17)". Ayla perceives her parents' response to the situation as follows: "My parents knew that something was wrong but didn't ask what was going on. I immediately received a lecture about the consequences of being infatuated with non-Western men (p. 17)". The psychological burden of the trauma and the lack of emotional support manifest early on in psychological consequences such as "I became quieter and quieter"(p.11), "I withdrew further and further"(p.11), "I no longer dared to stand up for myself"(p.11),, resulting in even more negative experiences as "people started walking all over me"(p.11), and "I no longer dared to make my own decisions"(p.11), "I always needed the approval of others and felt deeply unhappy and alone"(p.11),. The impact of the

trauma is significant, as stated: "When you experience a trauma yourself, one that leaves lifelong scars, it becomes too much after a long time (p. 11)". The emotional impact becomes evident in statements such as "Many times, I struggled to load the dishwasher, drive along the railroad tracks, and many other things because I no longer saw any meaning in life, I had suicidal thoughts. As a punishment from my parents, I was not allowed to work for two weeks (p. 17)".

The protagonist then moves into a phase of independence. To maintain emotional balance, Ayla uses hard work as an avoidance strategy and self-protection. "It also indicates how I dove into work to keep myself together (p. 22)". It will become apparent in the story that the avoidance strategy is effective in the short term but causes problems in the long term. Ayla subsequently encounters her unresolved trauma in multiple situations, which clearly depict the traumatic reactions that follow. "I encountered a student for the first time who had experienced the same thing as me (p.22)", "It was such a huge shock that I realized I hadn't processed everything. I was completely overwhelmed (p. 22)". Due to Ayla's high emotional burden, she becomes overwhelmed when faced with other people's problems. The underlying trauma continues to affect her, and the impact of this trauma is so significant that it has somatic consequences. "I kept being confronted with my past. This resulted in a year of periods when things were going well and periods when I completely shut down. I couldn't speak anymore; my muscles were so tense everywhere that I seemed to have hernia symptoms. I had nerve pain down to my ankles, couldn't get out of bed anymore, and crawled on the floor. That's when I decided to continue on my own. I really needed rest (p.29)". The protagonist describes a traumatic reaction that occurs while salsa dancing due to the proximity of men. It reflects the impact of the trauma. "During dancing, I also struggled with men. Some wanted to get too close, and it didn't feel pleasant. At that time, it created a suffocating and anxious feeling instead of being able to assert my boundaries (p. 29)". As a result of these events, Ayla takes steps to seek help.

The final phase primarily consists of the internal journey to oneself, processing the trauma, and striving to move forward. In the psychosis, there are traumatic responses observed as coping mechanisms for dealing with emotions, such as, "Taking a shower was a moment of peace for me. Just like behind the shed, I could find solace there, especially after that rape, I spent many long moments under the water. As long as I stood under the shower, I would become clean and could wash away all the worries. Even during my psychosis, I spent at least half an hour in the shower. To delve deeper into myself, I had to sink and go down

deep. I had to pass through the drain in my thoughts to process the deepest shit (p. 35).". Another response represents a new form of awareness to prevent another traumatic experience. "I used this antenna as a sensory tool. I had to make good use of my sensory tools from now on. It would spare me a lot of new unpleasant things (p. 47).". "At one point in the garden shed, I started feeling extremely suffocated because the two officers stayed with me for support and care until the ambulance arrived (I didn't know that). These two officers were of a different race. I was alone with one of the officers in the cottage and the other was on guard outside. This was a feeling very familiar to me.... Yes, indeed, namely my rape (p. 48).". In the recovery phase of the psychosis, Ayla continues to seek recognition from her parents, but eventually realises this is not possible. To protect herself, she decides to stop seeking recognition from her parents. "All these years, I tried to improve contact. Before, I still looked for a lot of recognition, love and security (p.135).". Ayla then takes back her own control by not expecting things to change. "The result was another emotional setback. But I got over it and I felt stronger. I felt myself growing. After all, for the first time I had really clearly expressed what I wanted and what my desires were, and I showed that I had drawn my own plan and gone in my own direction. I stood up for myself, no longer felt like that little girl, but a woman. I stood on equal ground. That they didn't want to see it that way, who cares (p. 135).".

**1.4.4 Means and helpers** Ayla uses various techniques to overcome her trauma and emotional rejection. These techniques are mainly based on avoidance behaviour and only help her in the short term. "Two studies, teaching, picking strawberries, sports, housework, et cetera. This was also quite a lot. It also shows how I had dived into work just to keep myself going (p. 22).". When Ayla realises that her coping strategy is no longer effective, this changes and she starts asking for help. "So, there I was on the pavement with my knees buckling. I wanted to get rid of my problems, to be happy, to be free. I wanted to move on (p.30).". After her admission, Ayla experiences a change in her coping strategies, starting with setting boundaries to protect her emotional well-being. "By now, I am fine with the fact that contact is less. This also gives me room to resume my life, but my desires and needs say otherwise. In one of the most difficult periods of my life, I cannot count on and support you (p. 208).". In addition, she develops the ability to take rest for herself. "Happiness comes from little things. It does not come from continuing to rush for work, among other things. It comes by taking rest for yourself in all the rushing, by dropping everything at times and leaving things for half an hour or an hour (p.153)."

To learn to deal with her emotions, Ayla seeks help from Hans. With Hans, she experiences a connection, based on being allowed to be who you are and sharing thoughts and emotions. "The conversations I had stirred up a lot within me, but for the first time, I felt listened to and felt like someone was giving time to listen (p.30)". From her family, Ayla gets support, but this is mainly practical and does not meet her emotional needs. "My parents and brothers have helped painting a few times. My father really put in super much time to find out if I could continue to live in this house (p.25)".

The story reveals a positive perception of psychosis by Ayla, where she believes it has brought her many positive aspects. "For me, my psychosis was a very special experience, which ended up bringing a lot of good. During that psychosis I had the time of my life, but the rest of the book will also show, that it has been quite a climb and struggle to recover from it (89.p).”.

**1.4.5 Purpose.** Ayla describes through her story that she is searching for a way to process her traumas "I had to go through the drainpipe in my thoughts myself to process the deepest shit (p.35).”, to be happy, to experience peace, simply to be able to live her life and have her emotions heard. "I was constantly searching for peace (p.48).”

**1.4.6 Breach.** The breach exists between the purpose and the means and helpers. This breach represents the disconnect between her intended goals, the resources available to her, and the support she receives. Ayla's deep longing for emotional support and acceptance from her parents emphasizes the divide. "I missed the emotional support and had a lot to process (p.32).”

The breach is resolved as she demonstrates resilience and resourcefulness by finding alternative ways to deal with her emotions. Ayla discovers her own methods for managing her emotions, fostering personal growth and inner strength. "Gradually, I'm letting go and finding happiness on my own, while still hoping they will choose to be part of my life again. I will protect myself but keep the door open, should they choose to support me(p.141).”

## ***1.5 conclusion***

Ayla explicitly describes that her experienced traumas are connected to the development of her psychosis, as it all becomes too much for her at some point and that they have a lifelong impact. Additionally, she felt like she could not process her traumas and learn a strategy to deal with the traumas. Based on the analysis, it can be concluded that Ayla has

endured traumatic events that she carries with her throughout her life. The rape she endured meets the criteria for trauma according to the Diagnostic and Statistical Manual of Mental Disorders (DSM). Ayla perceives this trauma as the reason she developed a psychosis because it became too overwhelming for her to carry this burden. The lack of emotional support from her parents and the bullying on school falls under sanctuary harm, resulting in Ayla feeling lonely, misunderstood, experiencing anxiety reactions when confronting situations linked on her trauma, struggling with regulating emotions and insecurity which further intensifies her condition.

Furthermore, Ayla's withdrawn and introverted behaviour, which partly seems to align with her personality, can also be seen as a response to an unsafe environment and the experienced traumas. This is due to the lack of acceptance for who Ayla truly is as a person and not getting the opportunity to share and show how she is as a person. Consequently, there is no room for external feedback, and she resorts to internal emotional processing. Immersing herself in a creative world is also in line with Ayla's personality and reflects her search for safety. This results in feelings of loneliness and insecurity, driving her search for recognition from others. These symptoms indicate that Ayla feels unheard, and they are reinforced by her traumatic experience and parental rejection. The ongoing trauma response consumes a significant amount of her energy, slowly wearing her down and eventually manifesting in physical and psychological symptoms years later. Ayla's overactive survival mechanism is evident in her fear of men and constant vigilance to avoid further traumas.

The effects of the trauma affect Ayla emotionally and physically. She tends to avoid her emotions, which may provide temporary relief but proves unhelpful in the long run. By suppressing her emotions and failing to process her traumas, Ayla eventually develops psychological and physical symptoms. The unchanged behaviour of her parents over an extended period perpetuates a lifelong exacerbating process. Although there are improving aspects in Ayla's life where she can share emotions and is looking for help just before the onset of psychosis, unfortunately, they come too late. During her psychosis, her traumatic experiences and their contexts become apparent, highlighting the importance of identifying strategies to prevent further traumas. She also learns to prioritize self-care and understand that there is nothing wrong with taking time for herself next to that she chooses herself and not to have expectations of others, in order to prevent her well-being from being negatively influenced.

## **2. Narrative analysis of Marijke's story**

### **2.1 Case title:**

No endless stretch "Geen eindeloze rek"

### **Introduction of the case**

Marijke Groenwoudt has written a book about her own life experiences and her psychosis (Groenwoudt, 2013). When she writes the book, she is in her early 40s and living in the Netherlands. Her book takes you through what her life has been like and how she looks at developed psychosis and the recovery process. Unlike the other books, Marijke initially grows up in a warm family and describes her childhood as positive. Marijke then describes events in her life that have a major impact on her. She then links this to the later development of psychosis. In addition, it also gives a clear picture of how she experienced her psychosis. In the story, Marijke regularly makes links to why she thinks certain things went the way they did in her life and what she had to do to get over it. After 20 years of fighting for her mental health, Marijke is experiencing stability in her life.

### **2.2 Narrative summary**

"During the Therapeutic Community group psychotherapy meeting, I was in the habit of always starting my life story for someone I just met with: "I had a nice childhood". Somehow, it always seemed like you were not allowed to say something so positive. You were encouraged in therapy to dig for unprocessed problems. Well, the misery only started after I was 12. The time before that was magnificent. All this time I had been holding myself, from the time I moved with my parents when I was 12. In bullying, I held myself in check with the help of Jesus, the mysticism I experienced in watching the birds, the trees and the wind, through my diary and my Scout friends + my family who were on my inner island. When my father went missing, I held on through the close bond we formed as a family, my diary and new friendships at school. Then came the courtship and the piano that kept me going, with which I fled to music land, making my own songs. And with the abortion, I held on to my own perseverance, my boyfriend and my mother. But a person doesn't have an endless stretch. I then describe how I gradually descend into an unbearable hell, but also how I would come out of it and discover a source within myself, thereby finding Love and Light again. However, I still have a handicap. I often find myself mentally struggling, although the periods between these struggles are becoming longer. I am learning to cope with it, going



with the flow when I'm unwell, and learning to accept it. Everything comes to a halt: I no longer do my household chores or walk the dog. My husband takes over everything. But everything always turns out fine, and I am welcomed back with the words, "I missed you.""

## **Life stories of people who have experienced psychosis: A narrative analysis**

### ***2.3 Storyline elements***

#### **2.3.1 Case title**

No endless stretch "Geen eindeloze rek"

**2.3.2 Setting** At various times throughout the story, Marijke retreats to her cognitive setting. Which is characterised by her own island. Marijke appears to find a sense of security and stability in having her own island where the people involved are still present. It resembles a form of cognitive solitude, where she processes life on her own.

The first setting from Marijke's childhood is mainly characterised by stability and safety. After the move, this setting changes for Marijke and is mainly perceived as unsafe. This is because she is not around members of her family and old friends. In this period she is ignored and bullied at school and feels unsafe. The second setting is Marijke's study period, which she experiences as pleasant and where she continues to develop herself. But where she also faces feelings of loneliness. The last setting is characterised by going in and out of psychiatric hospitals. In many ways, this setting offers her safety and the opportunity to develop herself further and get better. In addition, that same setting is unsafe, as she is abused several times by persons who are supposed to offer her safety. Ultimately, she creates her own sense of safety and tranquility through having her own home, living with her partner, and listening to her own needs.

#### **2.3.3 Agent**

The agent of the story is Marijke Groenwoudt, this can be seen because she writes in the first person in most parts of the story. In addition, it is clearly indicated that the first part is written by someone else to introduce the book. Marijke is 40 years old at the time of writing. The protagonist can be characterised as introverted in that she regularly withdraws into her own safe world. She also likes to help other people, which reflects a piece of empathy. At a young age, she lives with her family, which she describes as a pleasant family. "I was born in 1967 in a warm home. I have a brother and two sisters; I am the youngest. Our

family lived on the Veluwe, where I was very attached to my safe little life (Groenwoudt, 2013. p17).". In Marijke's story, her trauma plays an important role for her, causing years of problems. Marijke additionally gives attention to spirituality to find an explanation for her problems. Besides finding an explanation, she seems to reflect little on her own input and the influence of environmental factors such as family. Throughout the story, Marijke describes few moments where she expresses or is able to express her emotions.

The protagonist undergoes a noticeable transformation throughout the narrative. Initially, she portrays herself as being on her own island, preferring solitude. However, after her father's disappearance, she starts to reveal herself more at school, indicating a shift in her behaviour. Overall, Marijke demonstrates introverted traits. However, during her psychosis, there appears to be a shift as she seeks validation and connection with men. As stated in the text, she expresses the desire for more than just unburdening her inner turmoil, but also yearns for humanity, friendship, and reassurance from others (p.112).

**2.3.4. Acts and events** The first high-impact experience Marijke describes was the move to another city. "Whoop - my safe world finally collapsed (p.19)". Here Marijke is taken out of her safe environment, where there seems to be particular difficulty with the social aspect and the stability Marijke experiences as a result. "At a later stage, I tried to make contact and walked towards a group of girls. They saw me coming and walked away from me. Deep wounds that hurts (p.19-20)". The impact plays a major role in the story. Internalizing emotions and negative perception and seeking answers within oneself, rather than seeking help from those around. "The damage was already seemingly done for life: inferiority complex (p.20)", in which Marijke shows a form of coping in which she relates it to herself. "Because of this shocking move, the new school and the bullying, a crater was struck in my perception at that moment. A crater between me and the outside world. My parents and other relatives + Girl Scout friends were on my island, but the rest of the world was like another, scary continent with a huge deep and nasty ravine in between. This was the starting point of my adult experience. This is also where I broke down. But it is more than a deeply painful confluence for me. For this crater experience, I was finally forced to seek answers for pain, answers that I sought internally on that island, and not outside me, with people in that scary outside world (p.20)". Marijke makes an attempt to actively act and seek contact on school, but this soon stops after rejection. To manage her emotions, Marijke turns to religion as a way to deal with her emotions. "Marijke, when you feel bad because of school, because you can't get in touch, or they are being not nice to you [...] then go and pray,

really, it helps (p.20)!" Marijke turns to her religion, which she was given from home and which she continues to apply all her life.

The disappearance of Marijke's father has consisted of 58 days of uncertainty and fear. The impact can be seen in hearing the police report "Eventually we brought in the TV: a broadcast of that 'scary' police report after the news. (About in 1997 the tune of this news report was changed, they did me an extremely big favour with that; it went through my mind all these years whenever I heard it again (p.26-27)).". The disappearance of Marijke's father becomes mainly problematic during her psychosis. At that point, she begins to seek recognition in men, because she wants a father figure. After it became known that her father had committed suicide, much remains unclear about the actual reason. "The cause of the suicide has been pondered, spoken and philosophised about on and on. A month later, two farewell letters were found in his dried-up wallet. This was profound. Everyone had to find their own response to this reality and these words (p.31)". The impact will later reveal that problems arise mainly in the relational sphere, such as missing a father figure and seeking this in other men. In addition, Marijke is left out of the search trips by the family a lot and nothing is described about the emotional aspect in which this situation is discussed. In addition, as a 16-year-old, Marijke only reads an autopsy report, with no emotional support present. "I read it, as a 16-year-old, alone, in the conservatory, while the others were in the living room. It was a detailed description of my father's seven-week-deceased body. [...] I suffered from this alone for 20 years. Apart from the grief, pain and separation anxiety it left me with. All in all, a good reason to be quite pleasantly disturbed as a 16-year-old, but no, the piano was the solution, my diary and a relationship.(p.32)". The ways of coping seem fine, only there is no description of emotions that are discussed and where a young person gets some form of feedback and the opportunity to share emotions. The impact can be seen in all the years she suffered from reading the rapport about her father. The death of father has such an impact that emotions sometimes get to overwhelming. "At that moment, I understood why some people want to commit suicide because of physical pain. This event: the pregnancy, the abortion and the pain occupied me from then on to the obsessive (p. 32).".

The accumulation of traumatic events negatively affects mental well-being and lead to the development of depressive symptoms. "All the misery that had accumulated over seven years finally took its toll: I lost my 'sanity', I went crazy... (p.34).". Marijke explained her symptoms using two options: "God's Will that I would go through this school of learning to become an associate of His (p.50)." and "human reason for my 'illness' history (p.50)."

Traumatic things happened in my past, too traumatic for me to process (p.50)". Marijke does not take active steps to deal with the emotions and traumas. "At the time, I managed to walk around the issue for a few years by simply REPRESSING these profound feelings, thoughts and experiences.(p,50)". "So, in effect I ended up just ignoring myself.(p.50)". When Marijke notices that her way of coping with the situation has negative consequences for her own well-being, she takes active steps to process everything. However, this is an internal solution. "If I ever want to have a happy existence again then I MUST start working on these facts and feelings and try to find a healing answer to the hell inside me.(p.56)". How deep the feeling of despair runs is represented by Marijke's suicide attempts. Also at play is a large form of seeking recognition in men, by missing a father figure. This gave her a form of safety and recognition in the short term, but in the long term created other traumatic experiences. "On the first sexual experience with him, something happened in my subconscious. I noticed, subconsciously, that sexuality can also have the function of binding a father figure to you. Then you offer your body to the other person without realising it, as it were, while you actually want to ask for a caress. Without knowing it about yourself, you actually ask for fatherly love while making love and the father figure takes advantage of that (p.74).". During the admissions, Marijke actively tries to solve her problems and participates in the therapies. Despite the abuse and the feeling of hopelessness portrayed through the suicide attempt, Marijke continues to fight and confronts the person who abused her. When Marijke looks back on her psychosis, she explains it as a journey she had to go through in order to find the light again. "The moment when a person first becomes aware of their immense Power, Love, and Light is also the moment, the beginning of the journey of discovery towards it (p.133)."

**2.3.5 Means and helpers** Marijke mainly uses techniques to explore her own emotions and thoughts. In addition, religion plays an important role in accepting life lessons. Later, she comes to recognise that it is mainly short-term help full of closure and she misses emotional expression in the longer term. She sees developing depression and later experiencing psychosis as helping her overcome her inner suffering. "Indeed, I argue that experiencing a deep crisis can be a true blessing because it can be a starting point of a whole new life and can mean a deepening of one's emotional and faith life(p.183)", she says. "In this case, having mental illness as a burden, to having mental illness as a challenge; 'illness' as a given in your life from which you can extract something positive to enrich your existence on this globe (p.13)."

Marijke draws positivity from her own experiences. Among other things, she chooses to study social work, and during her treatments, she draws positivity from thoughts of helping others. "Now, having gone through this learning process, I am going to help other persons who are still in it, because of that I was able to endure. I was able to learn from this experience and it enabled me to grow, to persevere and finally achieve victory (p. 120).”.

Marijke experiences support from her family, husband and friends. It is notable, however, that little is said about the actual support from family beyond the presence and stability they provide. Thus, there is no mention of the emotional aspect, which later also seems to be problematic.

Friendships primarily revolve around the experience of stability and security. Despite the abuse of therapists, Marijke still values other therapists who have helped her. In addition, the other patients.

**2.3.6 Purpose.** Marijke's main purpose is to create her own space where she can confront and process the traumas that have haunted her. As she candidly expresses, "There have been traumatic events in my past that are too overwhelming for me to process" (p.50).

**2.3.7 Breach.** The breach is caused by a combination of purpose and means and helpers, in which she primarily seeks a way to deal with her emotions but seems unable to find the appropriate support or personal emotional strategies. "At that time, I was able to tiptoe around these intense feelings, thoughts, and experiences by simply REPRESSING them. The human mind is a remarkable instrument, believe me, I know it first-hand from daily practice!" (p.50). After years, this is resolved through various hospitalizations and therapies, where she learns ways to effectively manage her emotions. "And now? Now, as I mentioned earlier, I've just completed an 'internal move.' It went smoothly, with lots of help from friends, no chaos, all the furniture is back in its-new-place inside, and I am gradually unpacking the boxes, for myself, my husband, and on this paper (p.126)”. "The above lines testify to my healing. However, I still have a disability. Regularly, I find myself mentally down and out, although the intervals between these episodes are becoming longer. I am learning to cope with it, going with the flow when I'm unwell and learning to accept it (p.132).”

## **2.4 conclusion**

Marijke explicitly links her psychosis to the traumas she has experienced and the inability to process them. Marijke suffered damage within her safe environment, which

threatened her sense of safety and caused several traumatic experiences in her perception. The loss of her father does not meet the criteria for trauma according to the Diagnostic and Statistical Manual of Mental Disorders (DSM). However, the impact has resulted in psychological damage, which can be described as sanctuary harm. Marijke also exhibits trauma responses, indicating the impact of threats within her safe environment and a trauma response when hearing the sound of the police program. The loss of her father plays a significant role in the overall story and, along with other negative experiences such as bullying, is associated with the development of psychosis. Also, the bullying can be placed under sanctuary harm.

The longing for a father figure is an important aspect in Marijke's story and influences her identity formation. This is clearly reflected in her psychosis. Additionally, she experiences loneliness from a young age as a result of leaving her safe environment. Suppressing her own needs and feelings is a survival mechanism she has developed. A characteristic of Marijke's behaviour is withdrawing and seeking explanations internally as a way to deal with emotions. She also seeks explanations based on religion. Besides the impact of external aspects, there also seems to be biological sensitivity, as evidenced by her father's story. Although this aspect is not denied, the psychosis is mainly explained by the overwhelming negative experiences in Marijke's life. As a researcher, I observe a noticeable lack of support in Marijke's life. She mentions never really knowing her father, which adds another layer of emotional complexity. Furthermore, she seems reluctant to openly discuss her emotions and struggles, suggesting that she may not be receiving the comprehensive support she needs at her age. For instance, she mentions only having access to her father's report, which highlights a limited source of guidance and understanding. The impact is evident through her various suicide attempts, separation anxiety, feeling of loneliness and the development of depressive symptoms.

The narrative places little emphasis on emotional relationships, which, from a researcher's perspective, could indicate a difficulty in discussing emotions. Researchers can conclude that there seems to be an inability to discuss emotions, limiting her ability to learn how to discuss emotions. Marijke has aspects that can be described as introverted, but there also seems to be a way in which she can handle her emotions. Combined with an intense grieving process, this leads to feelings of hopelessness, uncertainty, and loneliness. In response to these threats, Marijke avoids confrontations with her thoughts and feelings by

ignoring herself. Her response to threat eventually manifests itself in suicide attempts and complete silence, which undermines her position in interaction with herself and others.

### **3 Narrative analysis of Carlos story**

#### ***3.1 Introduction***

##### **Case title**

Curious what would come to light. “Benieuwd wat er aan het licht zal komen.”

##### **Introduction of the case**

Carlos writes his story about his experiences to inform people who want to pursue social studies. At a young age, Carlos moves to different places and countries, where he is cared for by different people. His mother is not in his life during his childhood and his father is absent most of the time due to his work. When Carlos writes the book, he is living in the Netherlands. The book is based on Carlos' experiences and life story (Monteiro, 2014; Brave New Books, n.d.). Carlos's book is written chronologically.

The mistreatment by Carlos' uncle plays an important role in the book. He links the experience of his psychosis mainly to participating in a compulsory training course. The training puts a lot of pressure on experiencing emotions, which subsequently leaves Carlos with no inhibition on his emotions. Subsequently, Carlos is hospitalised several times for his psychosis.

#### ***3.2 Narrative summary***

"When I was born, on xx-xx-1968, there was a relationship breakdown between my mother and my father. My mother was almost 18 years old and single. At some point, a few months after my birth, my mother brought me to live with her parents on Santo Antao. Then I attended a boarding school in Portugal, and when it became too expensive, I went to live with my uncle and aunt. When my uncle and his wife came to Portugal, they went to live on Rua de Esperanca, the street of hope; for me, however, it was the street where misery began. From the moment I was placed with my uncle, I began to experience trauma. In this street, I was introduced to my uncle's belt. I can still remember the first time I was beaten with the belt by him there. This would happen many more times during my stay with this man. At the age of 12, I was picked up by my father and moved to the Netherlands to build my life there. When I was old enough to study, I chose a social education program. Person-centred training sessions

are therapeutic training sessions in which first- and second-year students of the PsychoSocial Work (PSW) college are required to participate. The aim of this kind of training is mainly for students to express the aforementioned feelings. In my case, however, things turned out differently. During this process, it seemed as if I easily reacted aggressively after the training, and I made a commitment to be mindful of this. I started feeling increasingly unsafe. Lower Astral spirits are entities that seek to exert influence on people's lives; they want individuals to do what they desire. If one does not comply with their instructions, they are punished. In my case, they frightened me by making me think and experience, for example, that the Third World War had broken out. After different treatments, I decided to enroll in a course. Thanks to this course, I was able to organize and evaluate various events and issues in my life. This course allowed me to gain clarity on the problems I was facing. I adjusted my behaviour in many situations, which resulted in my negative emotions becoming less negative; sometimes, they even turned positive”.

### ***3.3 Life stories of people who have experienced psychosis: A narrative analysis***

**3.3.1 Case title** Curious what would come to light. “Benieuwd wat er aan het licht zal komen.”

**3.3.2 Setting.** The description of Carlos's early years of life is characterised by instability, in which he regularly moved to different places and lived with different people who cared for him. The first setting that Carlos experienced most consciously is characterised by physical and emotional unsafety and instability. In which no mistakes are allowed and both physical and emotional abuse takes place. The setting changes for short periods when his father and uncle visit.

The second setting is in the Netherlands, where Carlos begins to build his life. Here, he initially lived with his family, spent some time residing in the barracks and later moved in with his girlfriend. Stability and security seem to play a role in feeling at home. "It was a good time, I got to know more and more Dutch customs and habits through my girlfriend and in the army, and I felt at home in the Netherlands(p.30)", he says. “Yet it was also precisely during this good period in my life that I experienced my first identity crisis (p.30).”. Carlos already experiences internal imbalance and finds answers through Christian Rationalism.

The final setting is attending therapeutic session related to his training. This is a setting in which Carlos has to share emotions with persons unknown to him. There is also a



mandatory side to the training and forms of pressure within the training. Cognitively, this creates mental pressure.

**3.3.3 Agent.** The agent of the story is Carlos Monteiro. This is clearly shown by the fact that the entire book is written in the first person, and it is mentioned that the book is based on his experiences. Carlos can be characterised as a person with a wait-and-see nature "I did not dare to be at the centre of the students' attention (p.38)", which is also how he describes himself in the book. "In the beginning, I mainly wanted to see how it turned out with the other students who sat on the chair (p.36).". But others also experience a wait-and-see character. "Carlos comes across to me as a quiet, shy man who takes a pre-cautious, wait-and-see approach to the group. Carlos is a fine fellow student and does not force himself on people. Once Carlos feels safe, he comes to you of his own accord. He doesn't like it when you profile yourself, in other words: when you impose, Carlos closes in (p.44).". At a young age, Carlos has already lived in different places and is cared for by different people. During the most difficult period of his life, he draws energy from the hope that his father will visit him. "One day I was walking alone in the centre of Lisbon and in the distance, I saw someone who looked like my father. I ran very fast towards him, but lost sight of him. I still don't know whether I imagined I saw my father, or whether I had really seen someone who looked like him. In any case, I missed my father (p.23).".

Throughout the story, the protagonist seems to use techniques to ignore his own emotions and traumas. Carlos is a person who avoids confrontation due to the fear of becoming emotional. The avoidance behaviour seems to be mainly caused by Carlos' trauma. Negative emotions are explained from a spiritual view, in which it is put outside oneself. "I always felt I was possessed by Evil (bad spirits). I sometimes felt I was controlled by external forces. (p.32)". Carlos draws inspiration and balance from Christian Rationalism. This also made him want to study social work, to help others. Characteristically, therapeutic training is seen as the factor that made him develop psychosis. Later comes recognition that he ignores his emotion "Through self-discovery techniques, I understood that anger was an unaccepted part of myself and that not expressing my anger was my weakness. This insight later made me understand why I almost never wanted to get angry (p.48).".

**3.3.4 Acts and events.** Carlos' childhood is characterised by emotional neglect. Carlos is at an age where he cannot influence the situation. At a young age, he is taken to different places and cared for by different people. "At one point, a few months after I was

born, my mother brought me to live with her parents on Santo Antao Ribeira Grande. Later, when I was recognised as a son by my father, I also often went to my father's parents, who lived nearby (p.17-18)". "My father and his brother lodged us in a Roman Catholic boarding school, Colégio Manuel Bernardes in Lisbon (p.19)", "he first lodged me in a boarding house run by Ana Banana in Lisbon, and then with my mother's brother who had moved to Portugal (p.20)". Despite the pleasant experience in boarding school, it reflects a form of emotional distance. "The staff at the boarding school were friendly, they treated me well and I had a good time there. The children at the boarding school all had a number; my number was 152 (p19)."

From the moment Carlos went to live with his aunt and uncle, he found himself in a lonely and unsafe environment. "From the moment I was placed with my uncle, I started experiencing trauma. In this street, I was introduced to my uncle's belt. I can still remember the first time I was beaten with the belt by him there. This would happen many more times during my stay with this man (p.20)". "I was always very scared of my uncle. As soon as he came home, I did not feel comfortable and especially not when he was in a bad mood. On weekends and holidays, I was most afraid of him. Often, he had to have me; he would hit me with the belt, not once but several times at intervals. During the breaks, he always explained why he hit me with the belt (p.21)". This situation is characterised by physical child abuse and emotional abuse. In response to the abuse, as a child Carlos tries to come up with ways to prevent it, which is mainly characterized by withdrawing and not showing himself. To reduce the abuse, Carlos started avoiding situations that could cause further abuse. To maintain hope as a young child, Carlos focuses on reuniting with his father. "If I saw a plane in the sky, I thought my father was coming to get me (p.23)". "To avoid the occasional belt, I imitated my uncle's signature at one point to sign a bad report signing (p,21)". The impact of this can be seen in Carlos' anxiety and later in life by ignoring anger within himself, anticipatory nature and fear of encountering leading people. "Later, I was often afraid of leading people who showed certain traits of my uncle, such as excessive strictness. From the fact that I was afraid of these kinds of people, I can infer that I suffered obvious trauma from my uncle's behaviour (p.21)". Carlos experiences later in life that he cannot confront his uncle because of the fear of an emotional reaction from himself. "I didn't confront Uncle Theo at the time because I was afraid, I would get emotional. Since then, I have had occasional contact with him and his family, but it has always been initiated by me. However, we have never talked

about the past. At the time, I thought I had closed this period of my past, but later it came back into view.(p.23)".

When Carlos is 12, he is picked up by his father, which is the beginning of a recovery process. The impact of this moment is reflected in the training Carlos has undergone, in which he chooses this moment as his happiest moment. "This time the train took us to a period in our lives where we felt very happy. This was the moment for me when I was allowed to leave my uncle in Portugal (p.42)." Carlos then begins to build his life in the Netherlands. As Carlos starts to participate more and more in society, he goes through an identity crisis, in which he himself experiences depressive feelings. "Yet it was also precisely during this good period in my life that I experienced my first identity crisis. I became increasingly troubled by the way my biological mother had renounced me; I blamed her for growing up without her and wrote her an angry letter about it. I got no response to my letter (p.30)". He accepts the help he receives from friends, but mainly feels that they don't understand him. To feel stable, he seeks balance through Christian Rationalism.

When he starts his social studies, he has to attend group therapy sessions twice over. These are intensive days and are attended with people he does not know. In both training sessions, there is a form of pressure for confronting emotions and psychological growth. Carlos is eager to confront his unaccepted emotion. The impact of this is that he loses control or his emotional regulation. "Meanwhile, I noticed that I was under great psychological pressure because I had experienced how angry the other students had reacted to my experiment. It was nothing for me to let loose like that. After the tantrum session, I apparently had no more trouble expressing my emotions. It seemed like the handbrake on my feelings was off (p.52)". The experience is then refuted to the presence of negative energy. "During the training week, the students were also manipulated by the spirits of the Lower Astral. The bad vibes of the students during the trainings matched the bad vibes of the bad spirits. There, the students' rationality (reasoning ability) was blocked and because of this, the irrational came out and the students' negative feelings, such as hatred, revenge, aggression, anger, jealousy, were given free rein. At such a moment, spirits of the Lower Astral immediately came into action. The students were manipulated in such a way that they did exactly what the Lower Astral wanted to see. People who are gentle in character and very sensitive are at very high risk of falling victim to the said spirits during this kind of training (p.90)". After the intense training, Carlos wanted to have a conversation about what had happened but does not take any steps in this himself. "Strangely, the teachers of my training

were never consulted about the training, even though it became increasingly clear that that week had been an important moment, (p.63)" he says. "By now, I myself had gained more insight into the cause of my psychoses. The training sessions at Orvelte were directly related to this. Looking back at the moment of the training, which involved fighting to be seated in the chairs based on the impressions the students made on me, I subconsciously gave some students a role during my psychosis. I was firmly convinced it was true. During my psychosis, it was all about the struggle for power; in my perception, World War III had broken out. I cannot conclude anything other than that one of the aims of therapeutic training is to grab power and extend your power in a manipulative and tactical way through the skills taught. These trainings have different names, but they have the same objective: expressing feelings (p.55)". Despite being hospitalised several times and seeing his psychosis as a long ordeal, Carlos acknowledges having become more aware of himself. "The aftermath, after the therapeutic trainings, I did not experience as pleasant in retrospect. It was the beginning of a very long agony. The other side of the coin is that this aftermath made me more aware of myself. By going through difficult moments, I find that I have become mentally stronger (grown internally). I now feel strong enough to cope well with problems and challenges that may arise in the future (p.88)."

**3.3.5 Means and helpers.** At the beginning of the story, there is a remarkable lack of human factors that provide basic needs of support and safety for Carlos. Carlos seems to seek safety in himself, by isolating himself and hoping that his father will come to get him. His actions are mainly determined by a survival strategy, which are helpful for a child to survive in difficult situations. At a later stage, these strategies are unhelpful in the longer term. Christian rationalism provides Carlos with a form of explanations for life and mainly for negative experiences. This makes Carlos feel more stable and able to regain his balance in difficult moments.

Carlos' girlfriend, friends and his family provide support. For Carlos this is helpful to get steady again, but it makes him sometime feel like they don't understand him. Initially, Carlos sees the therapy training as something that is going to be helpful and is motivated to learn more about himself. Eventually, he no longer sees the training as helpful. Carlos loses confidence in treatment during the admission. When he receives cognitive behavioural therapy, he finds the answers he has been waiting for. In a later state, sport offers help to stay steady. Thanks to this course, I was able to organize various events and problems. Through this course, I clarified the problems that arose for myself. I adjusted my behaviour in many

situations, which made my negative feelings less negative; sometimes the feelings even became positive. Through this course, some major problems became small problems and, moreover, some problems even disappeared. (p.82).

**3.3.6 Purpose.** In the storyline analysis about purpose, Carlos's purpose is to grow as a person and discover what will emerge through therapy or in the form of explanations through faith. “The day before departure to the training center in Orvelte, I looked forward to the opportunity to reflect on myself. I was excited, but also felt a sense of anticipation. The training aligned well with my belief that humans are imperfect and the conviction that every person can strive to become a better individual. I was incredibly curious about what would be revealed within me, what I needed to work on.” (p.35)

**3.3.7 Breach.** The breach lies between the elements of purpose and means and helpers. In his story, Carlos is searching for himself and is excited when I can participate in a training program. Carlos lacks the skills to express his emotions, leading to unwanted outcomes during the high-pressure training. The breach is between purpose and means and helpers, as he struggles to regulate his emotions and feels inadequate in doing so because he is scared to lose control. “I didn't confront Uncle Theo with the past at that time because I was afraid that it would trigger strong emotions in me(p.23)”. “It was unlike me to unleash in such a way. After the anger session, I seemed to have no difficulty expressing my emotions anymore (p.52). This is resolved later in the story when he undergoes cognitive behavioural therapy (CBT).

### **3.4 Conclusion**

## **4. Comparative analysis**

In the comparison of the storylines from three distinct autobiographies, seven themes have emerged, highlighting both differences and similarities. Each of these themes corresponds to the distinct phases of the storylines: the beginning, middle, and end. The themes discussed include the connection individuals perceive between their traumatic experiences and their psychosis, childhood insecurity and a lack of safety, the absence of emotional support, strategies for dealing with emotions, the theme of independence and autonomy in the middle phase, the experienced role of therapy in the end phase, and finally, the presence of a breach between purpose and means and helpers will be scrutinized.

First, each character associates the development of psychosis with their traumatic experiences, despite variations in the nature of the traumas. Ayla and Marijke explicitly attribute their traumas to the onset of psychosis, while Carlos indirectly links it to the psychological training he undergoes which seems to trigger traumatic emotions and eventually leads to psychosis. Carlos displays fewer insights into the traumatic experiences he has gone through and their consequences. While Ayla and Marijke explicitly articulate them, in Carlos's story, they surface more implicitly, requiring further interpretation. Despite displaying fewer insights, the negative consequences of the trauma clearly emerge throughout the autobiographies.

The beginning of each of the autobiographic is characterized by a profound sense of insecurity and unsafety that envelops them during their formative years as children. In these early stages of life, their limited agency and power rendered them unable to alter the circumstances they found themselves in. While the specific triggers for this feeling of insecurity and unsafety vary among the characters, what remains consistent is the enduring impact of the traumas they endured during their youth. Ayla has experienced a life-threatening trauma and was bullied. Marijke suddenly lost her father and was bullied at school, while Carlos suffered abuse and grew up in an unstable environment. These traumas all have different origins but manifest in all three stories as difficulties in regulating emotions and a tendency to internalize and suppress their feelings. One notable distinction arises when Marijke fondly describes her childhood as pleasant, whereas Carlos and Ayla recount theirs as less so, attributing their negative perceptions to specific situations and individuals that played pivotal roles in shaping their experiences. Another difference, Marijke experiences a more prominent role of bullying in her story compared to Ayla, and Carlos faces school-related issues, which were performance-oriented and can be attributed to the circumstances in which he lived.

Furthermore, a recurring theme is the perceived absence of emotional support. Ayla, in particular, articulates a pressing need for more emotional support from her parents, recognizing the profound influence such support can have. Carlos, on the other hand, faces additional hurdles due to frequent relocations, which deprive him of both emotional and physical safety, in an environment where there is no room for support and the sharing of emotions. In Marijke's case, while she may not explicitly delve into the topic of emotional support, her recounting of experiences hints at a lack of opportunities to openly discuss her emotions and establish emotional connections during her childhood. For instance, Marijke

reads her deceased father's report alone as a child and struggles with it for a long time, without anyone discussing it with her. Additionally, Marijke experiences difficulties in forming an emotional connection after the move and later on in establishing relationships.

In their attempts to handle with their emotions wrought by their traumas, Marijke, Carlos, and Ayla each adopt unique strategies. Carlos clings to the hope of his father's eventual return, holding onto this imagined scenario as a source of solace. Marijke, in contrast, crafts an imaginative sanctuary on her own island, a world unto itself where she can retreat from the harsh realities of life. Ayla, similarly, constructs an imaginative realm, a world of her own making where she can find refuge from the storms of her inner world. Despite the differences, the strategy in all three is characterized by the prevention of further trauma and the internalization of emotions, where external feedback appears to be lacking.

The middle of the stories is primarily characterized by the characters pursuit of independence and the development of personal autonomy. Challenges, depressive symptoms, uncertainty, and identity crises are prevalent during this phase. The consequences of employing strategies to safeguard themselves during childhood traumas become apparent during this period, and in all three instances, these strategies are revealed to be ineffective for managing their emotions. All three of them employ a form of suppressing their emotions. Carlos does not express his emotions, fearing that he will lose control over them. Marijke suppresses her emotions and mainly tries to ignore them. Ayla wants to discuss her emotions but feels she does not get the opportunity to do so, and therefore tries to resolve them internally. All three characters experience psychosis and undergo multiple therapeutic treatments. During the psychosis, all three stories reveal characteristics from the different contexts of the trauma that they experienced. For example, Marijke seeks a father figure by engaging in sexual relationships with men. Ayla displays various trauma responses, such as the belief that police officers are her rapists. Carlos experiences difficulties with power and authority.

By the end of their stories, all three characters find ways to deal with their emotions and disorders. Through therapy, they acquire self-knowledge, enabling them to better support themselves when needed and establish personal boundaries. For Ayla, this means setting boundaries in energy distribution and letting go of the desire to control her parents' behaviour. Marijke highlights the benefits of trauma processing through therapy and learning what she needs as an individual during challenging times. Carlos acquires valuable insights

through cognitive behavioural therapy, enabling him to effectively navigate his emotions and thoughts, and develop a sense of capability in handling challenging situations in the future. In contrast, Marijke and Ayla view their psychosis as a transformative process that has been beneficial to them. While Carlos acknowledges some positive aspects, he primarily perceives it as a difficult and lengthy journey.

All three stories share a breach between purpose and means and helpers. The characters are willing to experience happiness in life, all with their own reasons. They have experienced a lack of opportunities during their youth to effectively manage their emotions and seek support. The characters struggle to regulate their emotions effectively is a recurring theme. Carlos, Ayla, and Marijke undergo personal growth and find resolution through therapy, learning to process their emotions and adjust their expectations. The breach between purpose and means and helpers serves as a driving force in their stories, leading them to overcome their emotional challenges and find resolution.

#### 4. Discussion

This qualitative study aimed to enhance a better understanding of the experiences of trauma and psychosis. Three autobiographical books authored by individuals who have undergone experiences of trauma and psychosis were subjected to a narrative analysis. The results from the analysis have been utilized to answer the following research question: *“How do Dutch individuals who self-identify as having experienced trauma and psychosis, narrate in their autobiographies their traumatic experience to their experience of psychosis?”*. The main findings in this research are as follows. The writers experience a direct or indirect connection between their encountered trauma and the subsequent development of psychosis. The traumas have a lasting experienced effect on the writers' lives. In all three stories, the authors view therapy in their autobiographies as the pivotal factor contributing to their recovery. Expanding the definition of 'trauma' by including Sanctuary Harm has undoubtedly enhanced a deeper understanding of the experience.

In answering the research question, we unearth a multifaceted view of the experience of trauma and the experienced influence on the experience of psychosis, as outlined by the three authors. In all three autobiographies, a direct or indirect link is described between the experienced trauma and the psychosis encountered. Two of the writers explicitly depict trauma's influence on the development of psychosis according to their experiences, while one



story shows an indirect connection. The two writers that experienced a direct link both encountered situations during their youth that they found overwhelming and traumatic. These two authors describe themselves as traumatized. The author who experienced an indirect link does not consider himself as traumatized later in life. Traumatic experiences in childhood are described, but not attributed as a traumatic consequence later in life. This person attributes the onset of their psychosis to an excessively demanding therapeutic training. The autobiographies present a shared picture in which traumatic experiences are described by the authors to play a pivotal role in the development of psychoses, purely from the perspective of individual experiences. This aligns with earlier research, such as the study by Gallagher et al. (2023), examining the experiences of individuals who faced trauma in prison, some of whom also suffered from mental health problems, including psychosis. Like our study, Gallagher's research found that these individuals linked their problems in mental health and psychosis to their experienced trauma. The description of these experiences corresponds to previous research in which trauma is identified as a contributing factor in the development of psychosis (Goodman et al., 1997; Mueser et al., 2002; Cusack, 2004; Mueser, 1998, as cited in Frueh et al., 2005). This aligns with the insights provided by Dean and Murray (2022), who underscored the significant role of trauma in the development of psychosis.

Certainly, the research findings underscore the profound and lasting experienced impact of trauma on the individuals who authored the autobiographies. It is worth noting that the authors in our study did not merely recount the traumatic events they endured; they also shed light on the long-term repercussions these events had on their emotional and psychological well-being. The impact of their experiences on the development and perpetuation of psychosis becomes evident throughout the entire autobiographies. This observation aligns seamlessly with the framework proposed by Johnstone et al. (2018), known as the Power Threat Meaning Framework (PTMF), which places emphasis on how traumatic experiences contribute to psychological stress and can play a detrimental role in the development of psychological disorders. Prior research has also established a link between traumatic experiences and the emergence of psychotic symptoms. These described experiences aligns with the experienced lifelong consequences of trauma and the experienced connection elucidated by the authors (Coverdale & Grunebaum, 1998; Jones et al., 2016; Kane, 1999; Remington et al., 2016; Sullivan et al., 2003; Winkel et al., 2013; Dean & Murray, 2022). It is not surprising that childhood trauma is experienced as a major influence throughout life, because it leaves a scar and influences experiences in young years. Especially

when there are limited experiences in emotional help and safety, which are missed in all three stories.

In all three autobiographies, the treatment is described as the key factor that has helped them recover. In all three stories, some form of safety and emotional support is missed in youth. Based on the experiences depicted in these autobiographies, early support is seen as vital to potentially reduce the long-term entanglement of traumas throughout life. Tailoring the therapeutic approach to the specific needs and the intensity of treatment becomes critical, acknowledging the significant differences in what is experienced as effective for different individuals. While one individual found cognitive-behavioral techniques, primarily focused on restructuring thoughts, beneficial, the other two narratives leaned more towards creative and trauma-focused methods. They presented therapy as a form of assistance, yet one account illustrates it as a prolonged quest for the right therapeutic approach. Additionally, one story recounts a belief that the initial therapeutic training was poorly executed, contributing from their perspective to the development of psychosis. This illustrates an ongoing debate where some advocate for more attention to trauma in treatment while others are cautious due to potential adverse consequences (Dvir et al, 2013; Ingenhoven, 2021; Moskowitz et al, 2019). Campodonic et al. (2022) emphasize the importance of addressing trauma during treatment. This perspective is not surprising in terms of experiences as each experience and perspective is unique. This suggests a possible need for more flexibility in available options that could suit various needs, especially for trauma-related care.

While the experience of treatment is not always described as pleasant, it is seen as a pivotal moment where individuals learn to confront their traumas and manage the experienced mental health symptoms. In which different forms of therapy and interventions are experienced as helpful in the three stories. This perspective aligns with the research of McAdams et al. (n.d.), which suggests that discovering positive meaning amidst adversity can lead to enhanced long-term adaptation and improved overall health. Through therapy and other means, individuals reframe their life narratives, finding renewed purpose and value in life (Frank, 2013). Lastly, it is crucial to acknowledge that the process of recovery is highly individualized, as emphasized by Wilken (2006). Each person's journey unfolds uniquely, shaped by their specific needs and circumstances. This individuality is evident in the autobiographies, where different forms of therapy and extended treatment periods are required to achieve the desired outcomes. In conclusion, while these autobiographies share common themes, such as the experience that therapy is important for achieving their life

goals, the breach between life purpose and the means to achieve it, and the perception of psychosis as a solution, they also underscore the distinctiveness of each person's experience. These variations underscore the necessity of personalized and experience-oriented approaches to treatment and support, recognizing that individuals may have diverse ways of comprehending and expressing the relationship between their traumatic experiences and psychosis.

Lastly, expanding the definition of 'trauma' by also using Sanctuary Harm has undeniably contributed to a deeper understanding of the experience. Without this expanded definition, certain situations would have been overlooked despite their significant experienced impact. Broadening the definition has been particularly helpful during the selection phase, otherwise these books might not have been included in this study. It enables us to utilize works by authors who do not necessarily define themselves as traumatized but where the experience of trauma is evident in the text. It is not about how someone defines their trauma, but how it is experienced. The extended definition increases the inclusion of books that ultimately prove to be relevant. It allows us to better understand and take seriously harmful past experiences from the perspective of the individuals involved. It is not just about rigid classifications based on DSM criteria but rather about taking the personal perspective seriously. This 'experiential perspective' is crucial. When a researcher labels an experience as traumatic while the individual does not define it as such, it is done from a critical perspective. It means going beyond what the person themselves has indicated. The definition provides space to view situations from both an experiential and critical perspective. The critical perspective offers the opportunity to better understand stories in which trauma is not immediately recognized. It is important for future researchers to prioritize the value of the individual's experience, respecting the individual value attached to experiences is a fundamental aspect of this approach.

#### **4.1 Strengths and limitations**

Based on the guidelines described by Kitto et al. (2008), reflection has been conducted on the strengths and limitations of this research. The methodological approach used in this study involves the use of autobiographical books, storyline analysis, and comparative analysis, which contributes to a comprehensive understanding of the participants experiences and allows for the identification of similarities and differences within their autobiographies. This approach enhances the credibility and validity of the research by

providing rich and nuanced insights into the experiences of trauma and psychosis. According to Baarda et al. (2021), reliability and validity are important considerations. Reliability includes research, data collection methods and the research setting. Validity includes the expected outcome of the research, triangulation, spending time in the research setting, documenting research experiences, seeking critical feedback from colleagues and obtaining feedback from participants (Baarda et al, 2021).

The deliberate selection of various autobiographies aimed to encompass a spectrum of traumatic experiences. This method enabled a comprehensive analysis of diverse trauma forms, facilitating a deeper understanding of the connections participants establish. Embracing this approach prevented potential tunnel vision, ensuring a broader focus beyond any specific type of trauma. Additionally, the study maintained transparency and procedural rigor by explicitly detailing each analytical step (Kitto et al., 2008).

In the exploration of the autobiographies, data interpretation involved a dual perspective viewed through both the lens of experience and critical analysis. Clear distinctions were made within the text to indicate when interpretation was conducted from a researcher's standpoint, supported by direct quotations to substantiate the basis of our claims. This method offered a comprehensive insight into the authors' actual words and experiences. Inconsistencies, particularly the description of different experiences, were meticulously acknowledged, contributing to the depth of interpretation (Kitto et al., 2008). This research method integrated triangulation to bolster the reliability of data interpretation. In qualitative research, triangulation refers to the use of diverse methods or data sources to obtain a thorough understanding of phenomena. This approach aimed to fortify the validity of our findings by consolidating information from different sources (Carter et al., 2019). The storyline analysis integrated multiple autobiographies from different authors to identify patterns and commonalities, strengthening the reliability of our analysis. Furthermore, aligning our findings with existing sources, such as theoretical literature, further complemented the triangulation process and bolstered the overall study's validity.

Reflection upon the researcher's role and its potential impact on the study is a vital consideration. Recognizing and mitigating bias associated with trauma's significant role in disorder development, I utilized a word web to capture personal prejudices and preconceived notions. Maintaining an open-minded approach, I empathized with the participants' experiences while being conscious of adopting a more critical perspective when needed. Presenting the writers' interpretations and merging these with my research perspective was

aimed at ensuring accuracy and alignment with conveyed experiences. Ethical constraints limited direct contact with the authors; however, their intent to inspire and assist others was aligned with the research's focus. The published autobiographies negated the need for anonymization. The ability to trace the autobiographies and the described steps taken in this study enhances the rigor of evaluation and reflection (Kitto et al., 2008). Feedback from my two expert supervisors proved invaluable, allowing for the identification of errors and alternative interpretations. This feedback enhanced the research's quality and overall validity (Cho & MacArthur, 2010).

## **4.2 Recommendations**

The following recommendations are proposed to guide future research in the field of trauma and psychosis. Firstly, conducting further research is essential to achieve a more profound understanding of the intricate relationship between trauma and psychosis. Analyzing a more diverse range of autobiographical accounts is crucial to broaden our insights. Exploring the potential impact of early interventions during youth holds promise for positively influencing individuals' life experiences. Extending the study to include individuals who have not achieved remission from psychotic symptoms and investigating those who developed psychosis without trauma could offer valuable insights into underlying emotional experiences. Combining qualitative and quantitative research methods can provide a more comprehensive understanding of the trauma-psychosis relationship. Sanctuary Harm should be integrated to look beyond solely the traumas within the DSM criteria, considering experiences that fall outside the criteria but may still be experienced as traumatic. This approach allows for the serious consideration of stories that fall beyond these frameworks, granting the necessary space for the experiential perspective and using the experiential perspective when stories are described as traumatic by individuals but not defined as such by them.

Based on these books, I would suggest focusing therapy on the individual's interpretation and the value they attribute to their experiences. Recognizing the significance of understanding individuals' experiences is pivotal in guiding the development of tailored interventions and treatments. Therapists' advice would, therefore, be to approach therapy from the client's experience and offer therapy based on that perspective, despite the ongoing debate regarding treating trauma in individuals experiencing psychosis (Ingenhoven, 2021). The authors' experiences indicate that addressing their traumas through therapy has been

beneficial. Furthermore, supporting evidence suggests that trauma influences the development of psychosis and necessitates treatment (Dvir et al, 2013; Moskowitz et al, 2019). Within therapy, there should also be attention given to traumatic events falling within Sanctuary Harm, where listening to the experience takes precedence over predefined frameworks. Focus should be on the experiences and the value the individual give to certain life experiences.

Based on the stories in these three books and the experienced connection between trauma and subsequent psychosis development, I would suggest to work preventive. It is essential to focus on the childhood experiences and the emotional support and safety they experience during their formative years. These auteurs describe how traumas acted as catalysts for the psychological challenges and negative self-perception the authors encountered. Importantly, prior research, such as the study by Dvir et al. (2013), underscores the influence of childhood trauma on the emergence of psychosis. This recommendation emphasizes providing early support. In these three stories they mainly describe the need for support in sharing emotions, which should be an important point in preventive work.

### **4.3 Conclusion**

The qualitative study analyzed three autobiographical books to comprehend the connection between the experiences of trauma and psychosis. These autobiographies highlighted a direct or indirect link between trauma and the subsequent development of psychosis. The experiences portrayed underscored the profound and lasting impact of trauma on individuals' emotional and psychological well-being, influencing their lives and perceptions. Additionally, it was observed that therapy, despite varying experiences, provided a sense of control over emotions and life events for the authors. The study expanded the definition of trauma, emphasizing the importance of understanding experiences outside traditional frameworks and the need for personalized therapy. Furthermore, the findings emphasized the significance of early interventions, especially focusing on childhood trauma. Recommendations included further research, the integration of Sanctuary Harm perspectives, and tailoring therapies to individual experiences.

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