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# A Novel Landscape for Understanding Physical and Mental Health: Body Mapping Research with Youth Experiencing Psychosis

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## A NOVEL LANDSCAPE FOR UNDERSTANDING PHYSICAL AND MENTAL HEALTH: BODY MAPPING RESEARCH WITH YOUTH EXPERIENCING PSYCHOSIS

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**Anna Tewson** studied creative writing in her Bachelor of Arts degree, before moving into a research assistant position at the Black Dog Institute utilising arts-based research techniques to explore mental health. Anna recently completed a course in narrative therapy, and is now completing her Master of Social Work.

**Priya Vaughan** is a research assistant at Black Dog Institute collaborating with Katherine Boydell and her team to undertake arts-based research in the mental health space. She is currently completing her PhD in social anthropology at ANU.

**Philip Ward** is a clinical neuroscientist who has developed a translational research and evaluation program focussed on improving physical and mental health outcomes in people with mental illness. He has overseen the development and implementation framework for the Keeping the Body in Mind Program at the Bondi Centre.

**Andrew Watkins** is the co-developer and lead of Keeping the Body in Mind (KBIM) across South Eastern Sydney Local Health District (SESLHD). He has a longstanding interest in the physical health of people with severe mental illness.

**Abstract:** Estimates indicate the lifespan of individuals with psychotic illness is reduced by approximately 15-20 years. Consequently there is a need to address the physical health of those who live with a mental illness, like psychosis. The Bondi Centre provides an integrated model of care to young people with a first episode of psychosis. The *Keeping the Body In Mind* program focuses on prevention and early intervention of physical health issues and is offered alongside treatment for mental health and social issues as part of routine care. We used body mapping, an arts-based research method, to explore the complexity of this physical health intervention. Our aim was to develop an in-depth understanding of experiences of young clients of the early intervention centre, with a particular focus on the embodied relationship between physical and mental health. Six young people engaged in creating life-sized body maps depicting their experience of the physical intervention program over four 3-hour sessions, followed by an in-depth interview. Analysis of our body maps drew on thematic analysis and narrative inquiry. The narrative trope was one of recovery, highlighting the importance of the link between body and mind, individual and community, and the balance between light and darkness. There was an emphasis on developing feelings of connectedness (to self and others), hope and optimism for the future, a sense of having an identity, and a sense of meaning and empowerment. Recovery was conceptualised as an ongoing process rather than an end product or fixed state. Involvement in the body mapping process was consistently identified as therapeutic, offering an opportunity for reflection on the journey to recovery with a focus on past, present and imagined storylines of the future.

**Keywords:** arts-based research; qualitative research; body mapping; early psychosis; physical health

## Background

Individuals with psychotic illness experience poorer health outcomes and higher rates of premature mortality (Curtis et al., 2016; Shiers & Curtis, 2014). Obesity, dyslipidaemia and glucose dysregulation occur commonly in the general population, however, data from an Australian study indicate rates are up to three times higher amongst people experiencing psychotic illness (Morgan et al., 2012). Estimates show the lifespan of people with psychotic illness is reduced by approximately 15-20 years (Hjorthøj, Stürup, McGrath, 2017; Shiers & Curtis, 2014). Medical issues, particularly cardiovascular disease, are primarily responsible for this difference (Shiers & Curtis, 2014). In addition, evidence links atypical antipsychotic medication use with increased rates of diabetes, metabolic syndrome and cardiovascular disease (De Hert et al., 2011). The traditional separation of physical and mental health, as popularised by Descartes' philosophy of mind-body dualism, has led to a corresponding lack of integration between care delivered by professionals focused on physical health versus mental health. It is therefore imperative that mental health practitioners include physical health in their assessment and treatment recommendations (Mitchell, Hardy & Shiers, 2017; Vancampfort, Stubbs, Ward, Teasdale & Rosenbaum, 2015a, 2015b).

The response of researchers and practitioners to this challenge is promising, with a dramatic increase in research on the potential of lifestyle interventions incorporating dietetic and exercise interventions to reduce cardio-metabolic risk and improve physical health outcomes (Teasdale et al., 2015; Vancampfort et al., 2015a, 2015b). The pioneering work conducted by practitioners at the Bondi Centre in Sydney, Australia is the focus of our research. Curtis, Newall and Samaras (2012) developed "positive cardiometabolic health" guidelines to provide practitioners with assessment and intervention tools to identify and treat cardiometabolic issues in individuals with psychosis. A focus on physical health is integral to the Bondi Centre's philosophy and recovery-oriented treatment approach (Slade et al., 2014). In addition to traditional psychiatric care, clients are offered cooking and nutrition classes as well as individualized consultations with a dietitian. All clients have free access to an onsite gymnasium, with exercise physiologists providing evidence-based, group and individualized exercise interventions (Curtis et al., 2016). This approach assists with their physical health and social well-being with a wide array of activities. The most comprehensive program implemented at the clinic is Keeping the Body in Mind (KBIM): an intensive 12-week, multidisciplinary lifestyle intervention that aims to reduce the risk of cardiometabolic disease in youth with psychosis. KBIM incorporates all of the above along with peer support and support from a metabolic nurse. It is delivered at initiation of anti-psychotic medication for young people experiencing first episode psychosis and comprises: i) dietitian and ii) exercise physiology interventions, in addition to iii)

individualised health coaching delivered by a clinical nurse consultant and youth peer support workers to maximize participation through a recovery-oriented approach (Curtis et al., 2016). Typical weight gain from commencement of antipsychotic medication to 12-week review is approximately 7kg (Alvarez-Jimenez et al., 2008). In contrast, participants in KBIM experienced significant physical health benefits including reduced weight gain and reduced waist circumference compared to standard care (Curtis et al., 2016). Many Bondi Centre clients who have completed KBIM continue to use the facilities and are supported in their physical health goals. Non-completers of KBIM are exposed to the same treatment approach, with a focus on physical as well as mental health.

The team at the Bondi Centre has implemented a world-leading approach to treating youth with psychosis that integrates mental and physical health care. Results examining the outcome of physical health interventions conducted by clinic investigators demonstrate that they hold significant promise (Curtis et al., 2016). The aim of our research was to develop an in-depth understanding of the experiences of young people with psychosis who were clients of the Bondi Centre, with a particular focus on the relationship between physical and mental health.

Body mapping, an arts-based research method, was selected to examine the experiences of youth with psychosis. Whole body mapping has its early roots in South Africa, as a means of documenting the embodied life experiences of people with Human Immunodeficiency Virus (HIV), raising awareness of issues affecting them, and advocating for availability of anti-retroviral medication (de Jager, Tewson, Ludlow & Boydell, 2016; McGregor & Mills, 2011; Solomon, 2002). Body mapping involves tracing the body of the participant onto a large piece of cloth or paper, which is subsequently embellished with visual representations of the participants' life narrative (Solomon, 2002). Through a series of facilitated workshops that are typically held over several weeks, participants are encouraged to reflect on their experiences, consider what narrative to tell and how to represent it visually (Solomon, 2002). While body mapping in research is in its infancy, a systematic review identified that it has most often been used to examine phenomena related to the body (HIV, sexual health, child health, trauma and experiences of undocumented workers) (de Jager et al., 2016). Indeed, body mapping was demonstrated to be well suited to examination of social and embodied aspects of experience (de

***“Body mapping, an arts-based research method, was selected to examine the experiences of youth with psychosis.”***

Jager et al., 2016). The body mapping process is collaborative, reflective and minimizes power imbalances between researchers and participants, making it an appropriate method to use with vulnerable or marginalized groups.

## Research Objective

The objective of our study was to use body mapping to explore the experiences of youth with psychosis who are clients of the Bondi Centre, particularly regarding the inclusion of physical health interventions in the treatment approach. A secondary aim was to examine body mapping as an arts-based research method applied to this topic. The Local Health District Human Research Ethics Committee granted ethics approval for the project (reference 15/289).

## Conceptual Framework

A social construction framework was used to emphasise the inter-subjective interpretation in the interactions between individuals (Berger & Luckmann, 1966; Creswell, 2003). This framework identifies subjective experience as central to how we come to know and understand reality, which can include everyday experiences of intervention services. Interview-based methods allow individuals to describe their experiences without conforming only to categories and terms imposed on them by researchers. For example, unlike standardised questionnaires using predetermined categories and a more structured, closed-question approach, the strategies we used within the constructionist framework allowed us to seek in-depth and detailed understanding of the KBIM program. We drew on narrative method (Frank, 1995) as it presented an opportunity to understand individual experience as imbedded within the social structures that shape the lives and contexts of our participants. Narrative inquiry is the analysis of text in “storied” form (Riessman, 2005). It is thus appropriate for examining highly personalised phenomena, which occur over a period of time, such as the impact of KBIM in participants’ lives. It also allows for consideration of narrative typologies across stories. Narrative is viewed as a medium through which to present and reflect on life experiences (Plummer, 2000). In this research, we build on this narrative tradition to explore the experiences of young people with psychosis.

## Methods

**Research team.** The recovery values held by the research team included a holistic notion of mental health and the need to: i) promote a culture and language of hope and optimism, ii) be holistic and person-first, iii) be personally defined and led personal recovery, iv) focus on organizational commitment and workforce development,



and, v) act on social inclusion and social determinants of health and wellbeing. This manuscript focuses in particular on the latter, bringing together the need to consider the mind/body connection – physical and mental health. Our team drew on the work of Barry, Britten, Barber, Bradley and Stevensen (1999), who provide a framework for engaging in reflexivity in order to optimise teamwork.

**Participants.** Participants were young people diagnosed with first episode psychosis who were current or past clients of the Bondi Centre, aged over 18 years, who had participated in KBIM. Six young people took part in a facilitated body mapping workshop with five participants completing all four sessions. One participant was unable to continue the workshop after the first session due to becoming unwell (this was not reported to be related to participation in the body mapping workshop). One participant completed the workshop individually as prior commitments prevented attendance at the group sessions.

**Study location.** The research site for the project was a large open space in Bondi Pavilion. The iconic Bondi Pavilion is situated on Bondi Beach and dates back to the late 1920s when the site was known as the “playground of the Pacific.”<sup>1</sup> This building is the hub of many activities and represents the cultural centre of Bondi Beach with a theatre, gallery, music, art and pottery studios and halls for hire for classes, functions and workshops such as ours.

**Recruitment.** Practitioners at the Bondi Centre who were familiar with clients identified potential research participants. Only participants deemed to be stable in mental state were included. They were provided with a brief project description and a participant information sheet, which allowed for the collection of basic demographic data. Some participants also viewed a short video introduction to the body mapping process.

**Procedure.** Written consent was obtained for all participants, who had the opportunity to view the participant information sheet prior to the workshop. They were reminded that they could elect to cease their involvement in the study at any time without giving a reason. Unlike other forms of enquiry, arts-based research often requires an initial and ongoing consent process (Guillemin & Gillam, 2004). Participants often feel a sense of ownership and investment in the art-works produced. Displaying artworks in a public space can be a powerful means of communicating aspects of their experiences to others. However, it is important that participants are consulted as to how their artwork will be used at the end of the creation process, with consideration of how such public display may impact them. Participants were made aware that they would have control over whether or not their artwork would be publicly displayed. They were also given the option to keep their artwork, entrust it to our care, and have a copy made

of it for themselves or a combination of these options. Participants were also reminded at the commencement of and during the workshops that if identifying marks or names were included in their body maps, this would be potentially relevant for maintaining their anonymity. Participants were involved in co-creating their *testimonios* – condensed narrative and guide to the body map.

**Data Collection - Body mapping workshops.** Body mapping workshops were based on Gastaldo, Magalhães, Carrasco and Davy's (2012) facilitator guide, developed for use with undocumented workers. The guide was adapted to reflect issues relevant to our research question and participants. The group workshops were facilitated by Katherine Boydell (KB), Adele de Jager (ADJ), Anna Tewson (AT) and artist George Khut (GK); the individual workshop was facilitated by AT. Initially, three two-hour workshops were planned. However, by session three, it became clear that some participants felt rushed and wanted to have more time to complete their body-maps. Therefore, a fourth body mapping session was offered. Lunch was provided at the outset of each session, which provided an opportunity for informal discussion and relationship building.

Session one involved a brief introduction to the study and the body mapping process. Participants were guided through a mindfulness body scan exercise preparing them for thinking about being in the present moment, becoming aware of what is going on around them, and noticing and being aware of their body. This was followed by tracing the body in a posture that was deemed most characteristic of the participant as well as what their experience of the KBIM program was like. Participants were encouraged to think about the activity for session two – to create a symbol, slogan and message to others that would reflect their experience of KBIM and the Bondi Centre. This reflection was intended to promote the thinking about the messages they wanted to portray on the body map. Session three focused on considering what images and/or text would be placed inside or outside the body and on the creation of a main message to the world. Session four involved completion of the body maps. Following the body mapping sessions, individual interviews were conducted with each participant wherein they were given a professionally produced 10 x 12 inch (25.4 x 30.48 centimetre) reproduction of their body map. Using the reproduction as a prompt, participants were interviewed regarding: i) meanings associated with elements of their body map including their body position, colours chosen, slogan and symbols, ii) their experience of the Bondi Centre and KBIM, iii) the relationship between physical and mental health, and, iv) their experience of the body mapping process as a research method. Interviews were transcribed and developed into narrative *testimonios* (brief stories narrated in first person) by AT, which were subsequently reviewed and member-checked for authenticity by participants. The narratives co-created by AT and participants are temporal, so that the mental health journeys are contextualised in relation to overarching narratives. Each

story described in the results below is also presented temporally so the narrative is easier to follow.

**Analysis.** Analysis was conducted by our research team, who represented multiple disciplines including psychiatry, psychology, sociology, physiotherapy, art and design, and nursing. Analysis of our body maps drew on narrative inquiry, following the work of Arthur Frank in his landmark treatise *The Wounded Storyteller* (1995). The narrative approach offered an opportunity to explore the story in its entirety without fracturing the narrative, as often occurs with thematic analysis.

We attended to research rigor by focusing on reflexive research practice, sensitivity to context, interpretation and representational form (Eakin & Mykhalovskiy, 2003). We aimed to achieve procedural rigor, establishing the “trustworthiness” of findings (Cresswell, 1998; Lincoln & Guba, 1985), by clarifying emerging findings via team analysis; multiple reviewers at all levels of analysis; an audit trail through field notes; thick description through adequate description of the context and sample; and, prolonged engagement with the study phenomena.

## Results

Our results are organised in two sections, the first focuses on a general overview of participant descriptions of their body map. The second area focuses on the narratives of young people in terms of recovery, the therapeutic nature of body mapping and the impact of the Bondi Centre.

### Participant narratives.

*Tyler’s<sup>2</sup> story.* Tyler’s body map expresses hope for the future and represents the impact of the Bondi Centre throughout many facets of his life. His narrative begins with the experience of hospitalisation, which was likened to being in prison. He describes his body map posture selection as reflecting praise and thankfulness and a joyous feeling. He views his body map outline as representing an act of surrender, of putting his hands in the air and rising up from the ashes. The chains represent his past struggles and problems and his intent is to use these images to symbolise breaking free from those challenges. He states, “*It’s not that I don’t have troubles or anything, but it feels like I have broken free from it.*” Tyler stopped spending time with friends who were deemed to be a negative influence and started to make new friends slowly, which he links explicitly to his recovery. He notes his regular use of the KBIM gym over the past few years played a significant role in his getting back into shape. He describes the important contribution of exercise to maintaining a “*healthy mind.*” Involvement in meaningful

activity such as attending and volunteering at church helps him feel a sense of community and an opportunity to connect with people. Tyler describes the wings as representing freedom, rising up and soaring like an eagle. The process of engaging in body mapping for research is described as offering a chance to reflect on experiences and identify the factors that contribute to recovery.



Figure 1: Breaking free (and soaring)



Figure 2: Swimming upstream but never stopping

*Lester's story.* Lester reflects on his moving beyond a past that involved hearing voices, isolating himself, drug use, and consuming junk food. He describes negative hospitalisation experiences that involved the use of restraint. He indicates that everything that is important to him is on his body map and that the simplicity of the map was intentional, as he did not want his primary messages lost in a sea of colour and design. Despite there being very little filling the page, the images are prominent and

hold great weight as a result. The blue outline represents people struggling with mental health issues. He places great prominence on the bright red, enlarged heart in his hand and the written message *“the heart is not just a muscle but a tool for great choices.”* That he *“wears his heart on his sleeve”* is emphasised in his testimonio and highlights his vulnerability; it also extends to the important people in his life. He expands on the idea that the heart can help guide decisions. The written message *“for every dark night there is a brighter day”* is a clear message of positivity; hope for the future and that something good is around the corner. He reflects on the importance of sport to his mental health, which is symbolised in a soccer ball. He explains that the fish on his arm is swimming upstream, that it never stops swimming, highlighting his determination in the face of difficulty. The baby, and the names written are highly personal to him and symbolise the important people in his life.



Figure 3: Absorbing life again





Figure 4: A balancing act

*Nadine's story.* Nadine's narrative is heavily influenced by the negative effects of medication, which she feels resulted in a profound lack of motivation and inability to engage in activities that formerly brought her meaning and pleasure. Her body outline is intentionally surrounded by solid darkness and blackness. She points out that everything in black and white relates to when she was sick and the colourful areas represent things that she enjoyed before becoming ill and that she enjoys now that she feels better. She uses the term "flat" to represent her experiences of being on medication. The blackness reflects her perceptions of "no one believing you," "no one on your side," and having "nowhere to hide." Beyond the blackness lies colour – depicting the road to recovery and happiness, an exploration of the outside world and interests that contribute to a more balanced life. These include music, television, serene landscapes, reading, therapy and Nadine's best friend, her dog. In her text on the body map, she describes, "wandering the streets and absorbing life," reflecting her current

state of recovery and associated re-engagement with life. However, she explains that the last phrase from this quote, *“maybe just maybe,”* represents her awareness that at any time, she could have another psychotic episode, lose touch with reality and be unable to engage in life in the way that she would like. Thus, embedded in her representation of recovery, there is a sense of vulnerability.

*Zayne’s story.* Zayne’s body map outline depicts the importance of a sense of balance in his recovery process. He notes that physical activity is vital to his balance and *“mental performance.”* He highlights how *“part of the mental training was all through my physical training,”* and how important it is that the mental and physical are unified. His body map exudes a theme of positivity and optimism. It is bright and colourful and the space was thoroughly used both inside and outside of the body. Zayne is seemingly floating in a *“River of Dreams,”* which is drawn external to the body. He describes this as being his influences in life, and the direction his life is taking him. The inclusion of variations on the word “balance” flags his desire to utilise arts, film, dance, networking, music, fitness, and support to holistically achieve a sense of balance. The Yin/Yang symbol – drawn amidst pulsing veins and arteries, signs of vitality and life, further confirms Zayne’s commitment to achieving balance.

Zayne describes the wand in his hand as being *“the magic that is within us, being created by God itself.”* The lines within and leaving the body represent the direction of blood flow, and of veins and internal activity. And the arrows within and external to the body are accompanied by text *“influence your outside world and universe.”* This theme of the internal and external “worlds” influencing one another is highly prevalent throughout Zayne’s body map.

*Alison’s story.* Alison begins her narrative by describing her loss of interest in all of the factors that she loved in life – including school, music and art. Her body map outline is turned to the future to indicate that she is looking ahead and does not want to dwell on the past. Her imagined future includes images of leaves and flowers to represent her growth as a person. Behind her, in the past, are trees that are less leafy, to show that she did not bloom, rather just *“stayed dead.”* Alison elected to draw a lady beetle inside a flower as they have a hard shell, but underneath they have hidden wings. The lady beetle was put in the middle of the flower as a sign of potential. The mushrooms were selected as they often appear after it rains and were viewed as *“a little present after something bad happens.”* The cat was drawn to symbolise the importance of companionship to Alison. Her slogan is *“make yours a good self”* instead of *“be yourself,”* which she found problematic as *“I could be terrible and still be me.”* She thought her slogan was a better way of describing who to be. On the inside of the body she drew her heart to depict her core, and the lungs because she used to smoke a lot. The colours within her body represent different emotions and demonstrate her



conviction that a person can feel multiple emotions about one thing. The cuts on her arm show her past engagement in self-harm. Alison speaks about her experience of talking to mental health professionals, and how it helps to “*rationalise your emotions and your thoughts.*”

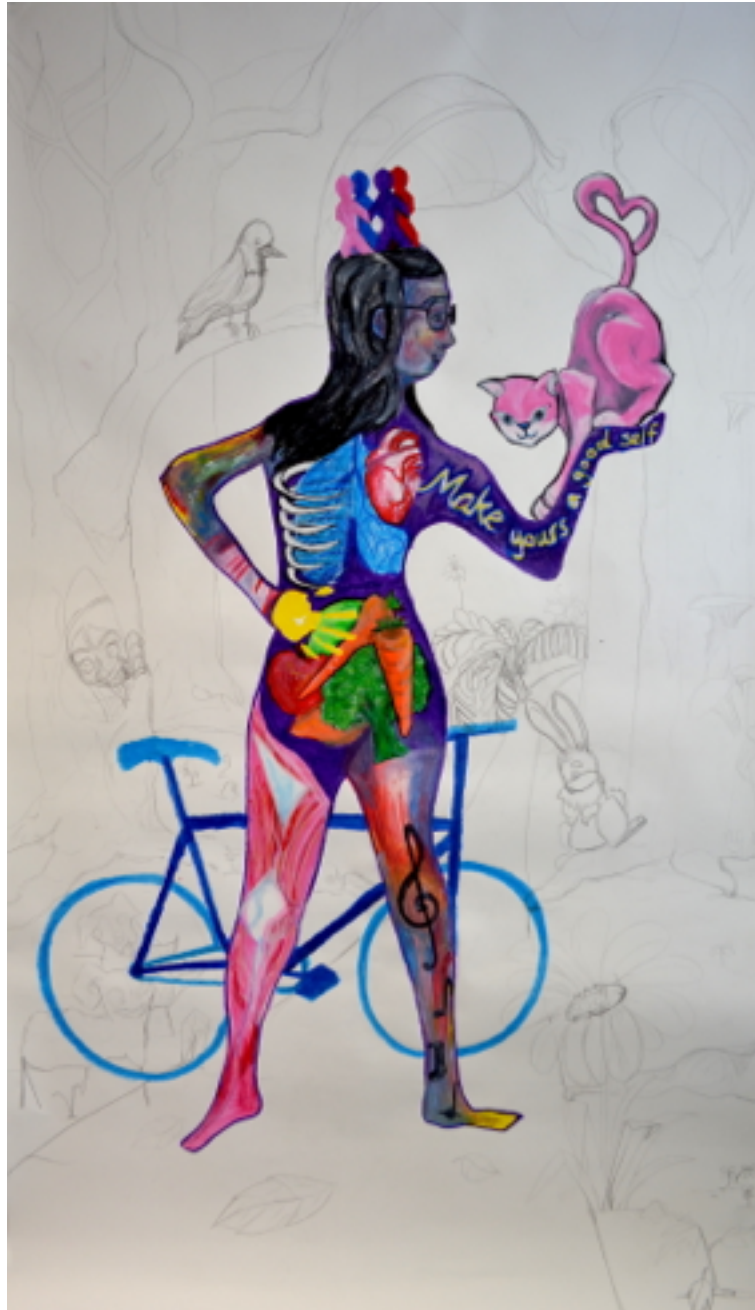


Figure 5: Make yours a good self

## Narrative analysis.

*Recovery trope.* The particularity of each testimonio or narrative was highlighted in individual descriptions in the above section, however, individual body maps, despite representing highly personalised stories and experiences, were united by the narrative trope of recovery. In each map, this trope operated to highlight the link between the body and the mind, the relationship between the individual and their community, and the balance between light and darkness. In these instances, light and darkness refers to the negative and positive narratives visualised within the body maps. The most obvious example was from Alison's body map (Figure 5), where her map is divided into past and future. Her body is turned to the future, representing her desire *"to look ahead and not always concentrate on the past."* Nadine's body map is relevant here as well, as the black/white dichotomy reflected negative thinking whereas the colour represented enjoyment and positive thinking. In addition, the concept of balance was repeated throughout the narratives, particularly with regards to fitness, sport and exercise and the idea that a healthy body means a healthy mind. Lester (Figure 2) commented on his love of sport, and how crucial it is to his mental and physical wellbeing. He highlights the importance of sport and exercise in improving and maintaining a healthy mental state: *"people like me who play football their whole life need it in their life to stay well as much as anything else."* There was an emphasis on developing feelings of connectedness to self and others. The importance of the Bondi Centre community, and the relationships built with both other individuals, and the professionals at the centre was repeated throughout the narratives. Tyler's body map (Figure 1) has hands imprinted at the top to represent those who have struggled with mental health problems, and are now *"free."* This sense of community is therefore spread wider than their immediate relationships. There are common narratives of hope and optimism for an imagined future, a sense of identity, as well as a sense of meaning and empowerment. Alternatives to traditional medical narratives of recovery were revealed which emphasised a holistic approach to emotional healing and personal growth and departed from the master recovery narrative script of symptom reduction. Indeed, only Nadine's body map (Figure 3) made specific reference to medication. Recovery was conceptualised by all participants as an ongoing process rather than a fixed state.

*Body mapping as therapeutic.* Involvement in the body mapping process was consistently identified as therapeutic, offering an opportunity for reflection on the journey to recovery with a focus on the past, present and imagined storylines of the future, for example: *"I was literally able to express my frustrations and represent it in a way that wasn't so out there. I found body mapping quite healing to be able to express what I was feeling inside and take time with it."* Beyond this, participants described the body mapping workshops as beneficial in a number of ways. Workshops were identified as engaging and motivating: *"I think it'd be a good idea if they could get other people to do*

*it as well. I find it entertaining and it made me wake up, and not just get out of the house, but look forward to something each week.” The opportunity to think creatively and reflectively was praised: “It’s been quite a journey at the Bondi Centre and body mapping has helped me to reflect on my experiences. As I worked on my body map, I thought back, and realised that I did make some friends, and I’m still going to Church and it’s still helping. I don’t think you can do body mapping without reflecting and remembering. I loved this project, because I love art. I love all things art. So I would strongly suggest it. It’s been one of the best things I’ve enjoyed.”*

Some participants enjoyed the workshopping process as the communal environment facilitated sharing with peers: *“I found body mapping really enjoyable. It got me back into thinking creatively and thinking about what I’ve been through. It was also great to see other people’s perspectives and how they represent it.”* Body mapping was felt to be an ideal tool with which to educate and reach out to a broader community: *“It’s a good research project because it’ll relate to the broader community, and not just be presented in a research paper where there are specific people who read about it. There’s a lot of stigma associated with mental health, so I think this will help people to understand more about what psychosis is.”* Further, the control and autonomy afforded to participants throughout the workshopping process was felt to be empowering: *“I had the time to think about what I was doing, and think about where I’ve come from and what I’d learned over that period. I like the decision making process involved in body mapping, where you get a choice of what to include. And having time to think about what it all means to us was really important.”*

*The impact of the Bondi Centre.* The research team did not set out to evaluate the impact of the Centre’s approach overall – only to examine the impact of the focus on physical health. An unexpected theme that was spontaneously mentioned by participants during post-workshop interviews was their appreciation of the impact of the Bondi Centre on their lives in general. One participant highlighted: *“it made things start looking up. It gave me a different way to look at things.”* Several aspects of the Bondi Centre’s approach and operations were mentioned as being important to participants’ recovery. These included: i) the consistent availability of classes and gymnasium facilities, which encouraged a sense of routine and purpose, ii) the non-obligatory nature of these interventions, which allowed participants to decide which groups they wished to attend and were most enjoyable or relevant to them, and, iii) the relationships developed with other clients, which was a valued source of social support and friendships that extended beyond their involvement in the Bondi Centre. As one participant commented: *“it keeps you occupied and happy. You’re surrounded by people.”* Some participants also commented on the staff at the clinic, and how important their relationship with them is: *“they’re actually really genuine and nice, and they’re actually there to help you.”* Thus, while setting out to gain an in-depth understanding of

a specific aspect of the Bondi Centre, it became clear through discussing participants' experiences that it was impossible to discuss the focus on physical health in the absence of the other factors mentioned. Indeed, clients felt that the autonomy to choose classes made them more likely to engage in activities offered, while the social bonds formed were likewise a motivating factor to attend. Therefore, it appeared impractical to consider physical health activities without addressing the overall context of the Bondi Centre's approach. Several aspects of recovery-orientated and client-centred care, noted to be difficult to implement in practice in some cases, were present in participants' feedback.

## Discussion

In *The Wounded Storyteller*, Frank (1995) contends that "the stories that people tell come out of their bodies . . . the personal issue of telling stories about illness is to give voice to the body, so that the changed body can become once again familiar in those stories" (p. 2). Frank reflects that the re-examination of identity represents the central theme of all illness narratives. He argues that central to any illness narrative is an *epiphany*, which is followed by a reassessment of an individual's place in the world. Bury (1982) presents a related argument in his seminal article describing the notion of biographical disruption. He describes chronic illness as a specific type of disruptive event in the sick person's personal biography "where the structures of everyday life and the forms of knowledge which underpin them are disrupted" (p. 169). Consequently, the individual starts to establish an understanding of chronic illness within the context of this personal disruption to his or her life narrative. A number of scholars have since taken up this work, identifying the numerous psychological strategies individuals draw upon to restructure their lives after such disruption. In our study, we found that young people are adjusting their sense of self to accommodate this biographical disruption and move beyond being defined by their illness.

A lack of clarity in recovery-oriented practices has been noted previously (le Boutillier et al., 2011; Slade et al., 2014). Individual recovery is an extremely subjective experience (Bellack & Drapalski, 2012). Although there may be commonalities among individuals, there are a multitude of subjective definitions of recovery, often due to the fact that the individual's understanding of their recovery may change over time. Despite policy consensus that health provision should be recovery-focused, it has proved challenging to develop a recovery orientation in mental health services which gives primacy to the individual's understanding. Indeed, it has been suggested that the term "recovery-focused" has been appropriated by service providers (Mental Health Recovery Study Group, 2009) rendering it meaningless. Scholars have cautioned against conceptualising recovery as a linear process and in dichotomous terms (Fischer

& Lees, 2015) with, in contrast, a cyclical, ongoing process identified in recovery narratives (de Jager et al., 2016).

Although participants had all made and experienced significant positive changes in their lives since the early months after being diagnosed (work, friends, management of physical symptoms), they were essentially describing living a meaningful life with symptoms, or, if in the absence of symptoms, then with the awareness that they could return at any time. This is in keeping with a consumer definition of recovery (Deegan, 1993) as well as research into recovery from severe mental illness, where recovery has been conceptualised as a journey, an ongoing, cyclical process (de Jager et al., 2016; Rhodes & de Jager, 2014). We also note that previous research (Van Lith, 2015) has highlighted the value of artistic expression as a coping mechanism to address barriers in the recovery process.

Research participants highlighted their positive experience of engaging in research using artistic means. Similar results were noted in our scoping review (de Jager et al., 2016). Research using arts-based methods in other substantive health and social science realms has reported similar beneficial outcomes. For example, Davy Magalhaes, Mandich and Galheigo (2014) reported that among their refugee youth, those who engaged in body mapping research enjoyed the process, particularly the opportunity to tell their story and reflect on their experiences. Participating in research using creative art genres is followed by a sense of increased self-worth, power and agency (Brett-MacLean, 2009, Chenhall, Davison, Fitz, Pearse & Senior, 2013). Visual methods represent an engaging form of knowledge creation and collaboration that helps to break down power imbalances (Boydell, 2011; Davy et al., 2014).

Our study set out to examine the experience of first-episode psychosis in young people in the context of treatment within a specific framework at the Bondi Centre, which as delineated earlier, has a particular focus on physical health. Interestingly however, while the participants were asked to focus their attention on this element of treatment, their body maps reflect how their experience is so much more than the physical focus. The body maps included elements of their physical body, their social and community environment, their mental and spiritual well-being. This speaks to how, though the service does focus on the physical health, it is not at the exclusion of the other important elements to one's well-being. A significant piece reflected in each body map was their social functioning and sense of social wellness. Future research in this area could examine this more broadly.

One perhaps unsurprising result that we did not specifically identify as a focus for this study was the emergence of the concept of body mapping as therapeutic. While individual differences existed as to how it was therapeutic for each participant, they all

identified it as helpful in their recovery process. This positive benefit of involvement in the arts has been explicitly linked to mental health recovery processes (Lloyd, Wong & Petchkovsky, 2007; Van Lith, 2015). This should be noted, as it could yield a new therapy tool for clinicians and warrants future research. It could be a case of a research tool migrating into one used outside of a research context for its own sake.

## Limitations

Our initial findings are based on a small sample size of participants who self-selected into the body mapping workshop. Nevertheless, the size allowed for exploration of richness within the data and an understanding of the complex phenomena affiliated with first episode psychosis in young people. They were potentially more likely to have had a positive experience of the Bondi Centre and to be comfortable creating visual art, which some people outside that context may have found intimidating. Further, the body mapping process occurred over the space of a limited period of time and it would be fruitful to consider body mapping longitudinally. Indeed, our participants indicated that they would like to engage in body mapping again to reflect on the ways in which their lives change over time. Body mapping could thus offer a tool to reflect on embodied awareness over time.

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## ENDNOTES

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<sup>1</sup> <http://zahalkaworld.com.au/gallery/bondi-playground-of-the-pacific/>.

<sup>2</sup> Pseudonyms are used for all participants.