*Flying South*: **The Creation of a Spoken Word Space for Re(claiming) Mental Health Narratives**

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For all of the mad who have been silenced.

May your voices be finally heard.

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# Abstract

*This research draws on mental health literature and sociological understandings of space to argue that a spatialisation of madness has occurred throughout the modern era in the oppressive space of the asylum. This spatialisation has upheld a metanarrative of madness based on stigma and silence in wider society. In order to contest such stigma the discourse of peer support and the practices of spoken word are drawn on to construct an alternative space for mad narratives to be voiced and reclaimed. In creating such a space the practices of Participatory Action Research (PAR) are endorsed. PAR is a participatory process in which both researcher and participants engage equally in cycles of action and reflection geared towards beneficial social change. The PAR process was conducted alongside five members of the Dublin spoken word community and utilised qualitative methods such as semi-structured interviewing and diary account keeping. The spoken word event space created was named Flying South and occurs monthly. The PAR group identified that the construction of a material and emotional safe space in Flying South enabled event participants to feel free in expressing their mental health identities and stories. The importance of performance, self-value and dialogue were also pivotal within the space which strives to enable a reclaiming of mental health narratives away from a history of stigma and into the realm of the free, the human and the spoken.*

## Introduction

 "*Moving from silence into speech is for the oppressed, the colonized, the exploited, and those who stand and struggle side by side a gesture of defiance that heals, that makes new life and new growth possible.*" (hooks, 1989: 3)

Throughout history those of us named mentally ill have suffered a demonization of our personhoods and a colonisation of our voices in Western society. In this thesis I will explore the ways in which the oppression of madness has largely been facilitated and systematised through the social production of space in the forms of mental asylums. I conceptualise asylum spaces as a spatialisation of madness which has resulted in a culture of stigmatisation in wider society and a stripping of our own voices and subjective narratives. This spatial oppression reigns to this day in treatment facilities which rely predominately on bio-medical models of mental health and deny the inclusion of patients' experiential and subjective knowledges. Alternative peer support group spaces were created with the development of the anti-psychiatry movement in the 1960s which has enabled us to contest the spatialised oppression of institutions and reclaim our own autonomy. I will draw on the body of work around the anti-psychiatry movement and peer support in order to analyse the benefits reported of peer support groups and to relate them to the benefits of spoken word spaces.

The long standing tradition of orality in Irish society has facilitated a booming spoken word community in Ireland; poetry readings, slams and storytelling collectives are common occurrences throughout Ireland and indeed the wider world. I believe that spoken word has become so popular in recent times because it is a very effective and accessible medium for challenging cultural and structural hegemonies This is due to its rooting in community based praxis and its emphasis on narrative expression (de la Rosa, 2013). For this reason I explore the use of spoken word spaces as liberating "spaces of resistance" (hooks, 1989: 206) in

which community, voice and performance can be drawn on in order to radically reclaim mental health narratives from the historical metanarrative of powerlessness so often prescribed to us.

This research initially emerged from two interrelated lived experiences. The first being my experience in treatment facilities for depression and the second being my induction into the Dublin spoken word community and the space for subjective and communal expression this medium has provided me with. My experience in an adolescent psychiatric ward in 2009 was one of isolation from wider society. My treatment regime largely consisted of anti-depressant and mood stabiliser medications. In my six months on the ward I was not offered the opportunity to partake in therapy and my voicing of my experience of depression was usually belittled or ignored. My experience in the adult public mental health service in Ireland has not been much different. All too often the professionals I have encountered have been patronising which has only served to exacerbate the feelings of low self-worth which accompany my depressive states. These experiences of mainstream public mental health spaces along with the vernacular knowledge of others' similar experiences led me to pursue research in the area of how mental health is perceived and treated. An in depth review of the literature has illustrated that my experience is all too often the norm rather than the exception for many people in Irish public mental health service settings which rely predominately on biomedical models of treatment (Brosnan, 2014: 79, Ni Dhuinneacha, 2008).

 In researching ways of challenging and contesting these dehumanising experiences I discovered the peer-support discourse which grew out of the anti-psychiatry movement. Peer support creates spaces for the mad to reclaim our own stories and experiences of mental health beyond historically hierarchical and oppressive mental health treatment models. Peer support is based on the values of personal and collective empowerment and equality which enables each person to be valued within the space and to have the opportunity to be heard.

(Nelson et al, 2006). Congruent to this research I had also become increasingly involved in the spoken word scene in Dublin. Although spoken word is sometimes a term associated only with performance poetry, I am defining it here as all forms of narrative spoken word, including but not exclusive to: poetry, storytelling, drama monologues, comedy, song writing and anecdotal sharing. My involvement with the spoken word community in Dublin offered me a space for communal narrative sharing.

Spoken word is a dialectical process involving both the performer/speaker and the audience in a mutual process (Morrisson, 2000:72). The emphasis on subjective expression enables the creation of a space in which life experiences are voiced, shared and negotiated in a safe setting. I began to notice similarities between spoken word spaces and those reported of peer support groups. Spoken word, like peer support, offers opportunities for vocalising subjective experiences, for catharsis and for mutual and dialectical support. (Alverez and Mearns 2014: 265). It was then that I began to engage in dialogue with others about a spoken word space specifically focused on (re)telling experiences of madness and thus this project was born.

Due to the vital importance of subjective voice in my field of research this project is conducted using Participatory Action Research (PAR) and is written placing equal value on both traditionally academic and subjective/vernacular forms of knowledge. Over the past four months I have been engaged with a group of five others in a PAR project to create and sustain an open-mic spoken word event orientated around the voicing and sharing of mental health narratives. This event began in March 2015 and in the spirit of creating a safe space to retreat to it was named *Flying South*. This thesis documents the PAR process we undertook as a group and the findings. It is important to note that while this research draws on the discourse of peer support which emerged from the anti-psychiatry movement, *Flying South* as a collective does not identify as an anti-psychiatry group. We believe that the subjective lived experiences of the mad have been historically silenced and that this silencing still pervades

today in the form of societical stigmatisation and an over-reliance on biomedical treatments. We acknowledge that every person's experience of mental health is different and the treatment they pursue is particular to their own individual context. We do not act as a treatment service foe mental health, but rather a community space in which the silencing of the mad can be contested and our experiences voiced. We believe that every person's experience should be listened to and valued. This thesis then documents the journey we undertook to create a monthly event orientated around mental health expression which strives to be a safe space in which our experiences of madness can be named and reclaimed using the tools of spoken word.

## Chapter 1: Literature Review

### 1.1 Introduction

In this chapter I put my research into context by drawing on three separate bodies of knowledge which I frame within sociological understandings of space. Firstly I analyse the social production of space as a tool of exerting power and oppression over the marginalised. I then look at the literature on madness within a spatial lens to firstly examine the spatialisation of madness in asylums in the modern era; then to review the recent history of mental health community collectives and peer support groups as alternative spaces where madness exists. Finally I explore theoretical studies on the phenomenon of spoken word within a spatial framework and link the benefits of peer support collective groups with those of spoken word spaces. In order to best contextualise my argument the bodies of research I am exploring are positioned under three main headings:

1. Space as Power

2. The Spatialisation of Madness.

    And,

3. Spoken Word Spaces

In analysing the benefits of peer based mental health groups and mapping similarities present between them and those found in spoken word community spaces I argue for the strong potential spoken word has in mental health expression and narrative (re)claiming. I use theories of radical space to better construct an argument for the use of a physical and psychological spoken word community space in reclaiming subjective narratives of madness from the hands of an all too objective and linear history.

**1.2 Space as Power**

**1.2.1 The Production of Space**

Space and place are often concepts we use interchangeably in everyday language. For many sociologists place is generally understood as space which has been attributed specific meaning and identity; space which has been named (Howoirth, 2006: 119). For Thomas Gieryn the differentiation between the two is that space alludes to a geometric understanding, while place captures the social relations inherent in its construction and existence (Gieryn, 476). For the purposes of my argument I understand space as not simply rooted in geometry, but as a concept enriched with social meaning and influence. Space and place have interchangeable and congruent meanings and both can be utilised as instruments of power and resistance.

Henri Lefebvre analysed space as socially produced in his work *The Production of Space* (Lefebvre, 1991). For Lefebvre space is not an autonomous entity but is socially produced and reproduced. Space is shaped and determined by the meanings and values prevailing in a society and is constructed to serve those values while in turn influencing them (Lefebvre, 1978: 26). Creating and negotiating space is a dialectical process in which social meaning is produced and reproduced through our everyday experiences of it. As social beings and collective society we name space in order to claim and to use it and space in turn facilitates the finding of meaning and identity in our lives. But space has also been used as a way of controlling the formation of that meaning and identity. Space has throughout history been a tool of power utilised by the socio-politically dominant in society (Springer, 2010: 528). The production and control of space exudes power in the exclusion and segregation of certain groups of people. The power of the dominant in society to name certain spaces "official" enables them with the power to exclude and segregate (Springer, 2010: 542). For David Howoirth every space relies on what/whom it excludes beyond its borders for the formation of its own identity (Howoirth 2006: 119) In such a way the production and naming of space

can be perceived as a way in which segregation and control are personified and acted out on a spatial axis in order to uphold hegemonic social norms.

**1.2.2 Space as Oppression**

Lefebvre conceived of two main categories in which space is conceptualised and formed in society; abstract space and social space (Soja, 1996:10). Abstract space is the place in which hierarchies are enacted and power is exerted in an effort to control, while social space enables social interaction and subjective everyday lived experiences to flourish (Gottidiener, 1993: 131). While all spaces have the potential to exclude, if we are to follow Lefebvre's categorisations then abstract space is the realm in which spatial organisation is specifically produced and reproduced as a tool by which to exert power and control. Various examples of abstract space as a tool of socially warranted segregation can be perceived throughout history; prison institutions are utilised as spaces to exclude convicted prisoners from wider society. Abstract space also however, acts as a way of upholding hegemonic ideology which pertains to exclude those already marginalised and oppressed (Soja, 1996: 12). University campuses for example have traditionally acted as spaces exclusionary of the working class, of women and of black people (hooks, 1989). Space can be utilised both as a method of exclusion and a physical formation of an often oppressive status quo. In this way the social production of space often enables a discourse of power to reign over the marginalised in society.

Throughout the modern era space has been utilised in western societies as a way of excluding those considered mentally ill from society; first in prison institutions and workhouses and then in the form of mental asylums and hospitals. This spatialisation of madness has enabled the relegation and silencing of our lived experiences and stories.

## 1.3 The Spacialisation of Madness

### 1.3.1 The Mental Asylum

Throughout history those of us named mentally ill have suffered an oppression of our stories and personhoods. Since the beginning of the modern era in the western world this oppression has been greatly facilitated by the spatialisation of madness in the form of mental asylums and institutions. Prior to the Enlightenment the mad were mostly controlled within the realms of the family and community (Robins, 1986, 16). It was with the emergence of the reason versus unreason dichotomy which pervaded the Enlightenment period that this changed. Madness began to be perceived as unreason and therefore non-human and animalistic (Foucault, 1988: 14). It became something to be contained. Thus began the institutionalisation of madness in a process Foucault names "The Great Confinement" (Foucault, 1988: 227). The use of space as institutional containment was popular during the enlightenment period in western society (Robins, 1986: 37). Space was already utilised as a tool of segregation and control in prison institutions and workhouses, but it was with the creation of mental asylums that it became a way of oppressing madness specifically and on mass scale. In the early 18th century mental asylums were erected across Europe in which the mad were imprisoned and their lived experiences of madness defined within a discourse of institutionalisation.

According to Margaret Kohn spatial configurations influence our perception of ourselves and our place in society and therefore determine our subjective identity formation (Kohn, 2003: pp 3-4).The space of the asylum enabled a construction of mad identities as alien and other. Within asylums the mad were isolated from the wider community both physically and psychologically (Pilgrim and Rogers, 2002: 144). Walls, gates and physical constraint ensured their imprisonment and oppression. Their daily lives became regimented under a

routinised treatment paradigm which was largely centred on the perception of madness as moral degeneracy (Foucault, 1988:246). Segregation and restraint were the tools the asylum space enabled in order to control this moral degeneracy away from wider society. This use of the asylum to segregate and control enabled the mad to form a view of their selves as different and other. Indeed the main treatment method for madness in the early public asylums was the enforcement of guilt and a sense of otherness onto patients in order to induce feelings of remorse and willingness to subdue their own mad identities (Rabinow, 1991: pp.145-146). This guilt and sense of otherness was often affected by threatening speech acts, physical constraint, ice cold showers and isolation (Robins: 1986: 54). The mental asylum provided the spatial representation for a subject/other dialectic between wider society and the deviant mad to be enacted and normalised. Their relegation into asylum spaces enabled the projection of marginalised and dehumanised identities onto their personhoods. Then with the emergence of psychiatry and the over-medicalisation of madness within the asylum these personhoods became all the more silenced.

**1.3.2 The Emergence of Psychiatry**

The medicalisation of madness within asylum spaces first became prominent in Germany and France but soon spread throughout Western Europe (Scull, 2011: 67). This medical model of madness relied upon biological determinist reasons for madness and situated the root causes of madness as solely in the brain (Bracken and Thomas, 2001). In an Irish context the movement of mental asylums from the control of the lay and the church to under that of physicians and psychiatrists occurred in the mid-19th century (Robins, 1986: 79). Mental asylums became mental hospitals, still segregated from the community, and now spaces in which the control of the mad formulated in an over reliance on biomedical treatment. In the mid-20th century treatment strategies in asylums relied on the use of lobotomies, electric shock treatments and insulin shock treatments to subdue madness (Robins, 1986: 181). Then

with the development of psychoactive drugs in the 1960's the treatment of madness became and remains to this day one predominantly reliant on medical diagnosis and pharmacological drugs (Mac Gabhann, 2014: 24).

In an Irish context the treatment of madness nowadays is predominantly determined by a biomedical model; often disregarding the social context of a person's life in relation to their experience of madness (Brown, 2014: 2). This medicalisation of madness has enabled bio-psychiatry to become the definitive metanarrative surrounding mental health in modern society. The mad have been predominately silenced in this medical story. The context of their lived experiences and emotional distress too often ignored in favour of biomedical diagnostic strategies. Mental hospitals have largely remained isolated from the wider community and spaces of stigmatisation. Within public mental hospital spaces the mad are forced to take on identities of patients and passive recipients of treatment, rather than that of full human beings (Amelie Perron et al, 2005). In his famous study *Asylums* Goffman named mental hospitals "total institutions" in which he argued that the mad are stripped of their humanised identities within the hospital space. Isolation, strict regimentation, surveillance and post-hospital stigma all contribute to the creation of a mental patient identity devoid of context beyond that of mental illness (Goffman, 2007). Within the hospital space, like that of the asylum years before, the mad are all too often isolated and silenced. The biomedical diagnostic strategies which often prevail in hospital settings perpetuate a hierarchal system in which medical professionals are considered the experts and the patients themselves left voiceless in their own treatment plans (Sapouna, 2012: 613).

In an Irish context the official rhetoric on madness has shifted away from institutionalisation and into the realms of the community in recent years. The Department of Health report "A Vision for Change: Report of the Expert Group on Mental Health Policy" (Dep. Of Health and Children, 1986) emphasises the need for community mental health care. However such

rhetoric has yet to be enacted. The Irish Mental Health Service (MHS) still predominantly consists of an overuse of prescription drugs, hospitalisations and the inscription of passive recipient identities onto mental health users (Watts, 2014: 110). A majority of mental health users report negative experiences of oppression within the MHS (Brosnan, 2014: 79). The lack of community services for the mad and the over medicalisation of mental health has ensured that the spaces where madness is authorised to exist in society are still ones of oppression and segregation. The use of space as a method of segregating madness has ensured that isolation and silence has prevailed as the dominant metanarrative on madness in wider society.

Although opposition to purely biomedical models of madness has existed as long as the psychiatric discipline itself has, biomedical perspectives and hierarchies within mental health treatment spaces have pervaded throughout the 19th and most of the 21st century. It was with the insurgence of the anti-psychiatry movement in the 1960s that radical alternatives such as peer support began to emerge.

**1. 3.3 The Anti-Psychiatry Movement**

Just as space can be produced and utilised as a tool of oppression and segregation, so too can it be contested, resisted and renamed (Springer: 2010: 542). The peer support strategies which emerged from the anti-psychiatry movement created spaces in which the historical oppression of the mad in segregated spaces could be challenged and voiced. The anti-psychiatry movement became distinguished in the 1960s when prominent psychiatrists such as R.D Laing began to challenge the majority biomedical treatment methods used in psychiatry (Crossley, 2006: 91). Mental health "user" and "survivor" led Social Movement Organisations (SMO's) emerged and contested the pervading authority bio-psychiatry held in the treatment of madness. They demanded more humanising forms of care and the inclusion

of patient voices in treatment plans (Nelson et al, 2006: 3). Out of this climate of contestation alternative community mental health groups were born in which those who had lived experiences of mental health issues, and/or negative professional treatment, founded spaces for their voices and narratives to be heard (Crossley, 2001: 1486).

In a contemporary context these community based collectives continue to thrive. User/Survivor based collectives provide a source of community and support for those with experiences of mental health issues. They often include self-help and peer support groups which are peer-led and have a focus on communal and subjective empowerment to counter the historical metanarrative of powerlessness subscribed to the mad. Not all of these collectives are anti-psychiatry, some even work alongside or include mental health professionals (Hatzidimitriadou, 2002: 277). It is the creation of an inclusive space in which subjective experiences of madness can be voiced and the acknowledgement that bio-psychiatry is only one of multiple truths that these collectives value.

### 1.3.4 Alternative Spaces: Peer Support

The notion of peer support is grounded in providing a space for people who have experienced mental health difficulties in which they can be greeted with mutual support and respect from fellow group members. Peer support and mutual-aid collectives have provided spaces for madness to exist beyond the historical constraints of stigma and silence. In her case study of mental health peer support groups in England, Eleni Hatzidimitriadou worked with fourteen different groups; all of which held community and empowerment at the centre of their objectives (Hatzidimitriadou, 2002: 279). Hatzidimitriadou discovered in her research that these groups offered members an array of benefits such as a safe space for sharing experiences, learning new coping methods, social support, a sense of belonging and the

forum to exchange experiential knowledges.(Hatzidimitriadou, 2002: 272). All of these contributed to feelings of collective and personal empowerment.

In many peer support groups feelings of empowerment also grow from critical thinking and effecting of personal and communal change. In peer support groups critical thinking and mutual support enables a challenging of the power structures typical of traditional mental health treatment. Many groups radicalise the traditional hierarchical dichotomy between "patient" and "professional" by enacting a dialectical sharing of power within the structure of the collective space itself (Nelson et al, 2006: 5). Such radical action leads to a sense of empowerment stemming from social interaction, solidarity and critical action; all of which contribute to a cycle of liberation (Moane, 2011: 16). These collectives also lend themselves to the process of liberation and decolonisation in providing the space for personal and communal expression around mental health. Indeed many members of peer support spaces state that their inclusion in the group offers a process of catharsis through sharing and reflection (Nelson et al, 2006: 9). Such expression is vital not only for emotional release but also for the assertion of autonomy and subjective voice. The space for critical exchange and narrative expression that peer support groups can offer is a vital tool in the humanisation and liberation of mental health experiences.

Peer support groups endorse self-advocacy, empowerment, equality and reciprocity (Brosnan, 2014: 86, Watts, 2014: 101). As such they can be perceived as spaces of resistance in which values of mutual-aid and solidarity are drawn upon to resist the spatialisation of madness within a discourse of relegation and confinement. Rather madness can exist too in spaces of freedom and openness. In exploring user/survivor initiatives it is obvious that peer support groups contribute positively to the lives of those with mental health issues;  in both the personal and interpersonal realm as well as enacting positive changes at a communal level. These groups provide meaning and value to those who attend them and perhaps most

crucially, spaces for expression where their voices will not only be heard but *listened* to. Spoken word has similar traits to that of peer support in that it is historically rooted in both personal and community-based expression. As such I believe that spoken word could add to the growing world of community-based mental health collectives and would be an exciting new forum for mental health narratives to be voiced.

## 1.4 <u>Reclaiming Mental Health Narratives in Spoken Word Spaces</u>

### 1.4.1 Spoken Word

While often spoken word is associated only with performance poetry, I am choosing to define it here as all forms of spoken word – poetry, storytelling, performance poetry, comedy, anecdotal sharing etc. Orality and spoken word have been integral tools by which meaning and understanding of human struggle has been sought throughout history (Alverez and Mearns, 2014: 1). Contemporary spoken word stems from African and African American cultural oral practices which are rooted in community praxis (Walker, Kuykendall, 2005: 236) and is also influenced by ancient Greek oral practices. Spoken word is essentially a dialectical narrative practice in which a performer expresses their narratives through spoken performance and the audience enters into a process of collective engagement, affirmation and support alongside them (de la Rosa, 2013: 20). Ledwith and Springett (2010: 6) argue that the expression of narratives enables subjective empowerment and greater understanding of one's own story. This in turn fosters critical consciousness and the ability to create alternative narratives if desired (2010: 6). The emphasis on both subjective and collective expression in spoken word renders it a potent tool for empowerment and transformation.

Spoken word spaces become sites for critical exchange and consciousness in the communal conversations the performances create. While the artist performs the audience partake in active engagement alongside them through the use of an Afrocentric oral device Nommo.

Nommo is traditionally associated with spoken word expression in African culture and enables a closer connection between speaker and audience (Stephens, 1989: 374). Such Nommo tools as lyric quality and rhythm are often used to create an atmosphere of equality and critical thinking amongst the audience. Call and response is another Nommo tool used in some spoken word spaces which enables audience interaction throughout the performance by way of audience responses like sounds of agreement, woops of approval, laughter and word suggestions (Walker, Kuykendall, 2005: 238). The use of call and response renders spoken word a dialectical and communal experience of narratives.

### 1.4.2   Spoken Word Spaces as Resistance

Spoken word's inherent dialectical quality ensures solidarity and interconnectedness is constructed in the spoken word space; while critical thinking and expression are developed through the content of the performance. Such feelings of connection and solidarity enable the investment of meaning in a space and the forming of community and collective identity around it (Gieryn, 2000: 479). Spoken word spaces then, share a likeness with the benefits reported of peer support groups and are potentially ideal for the expression of mental health narratives in supportive community settings. Freire states that it is through dialogue and dialectical sharing that we can achieve humanisation and liberation from oppression (Freire, 1996: 69). In this way the dialectical nature of spoken word spaces has the potential to act as one tool in which the mad might reclaim and liberate their narratives of mental health from a history of dehumanisation.

In order to better explore spoken word spaces as sites for mental health narrative reclaiming it is essential to analyse the meaning and value attached to such performance spaces. In an Irish context the spoken word community is thriving at present, having in 2014 celebrated the first Irish spoken word festival in Dublin (www.Lingofestival.com) Spoken word events such

as *The Monday Echo, Brown Bread Mixed Tape* and *Slam Sunday* occur on a regular basis and draw in large crowds. The space these events occur in is created by the social interactions of the spoken word community attached to it. In this way the space the Dublin spoken word community constructs can be perceived as a Lefebvrian social space. Social space is the opposite of abstract space in which hierarchies of power are enacted (Gottidiener, 1993: 131). Social space is the space in which social life thrives and within which subjective lived experiences occur and vernacular knowledges are shared (Gottidiener, 1993: 132). Spoken word spaces are founded on the dialectical relationship shared between the subjective experience of the performer and the collective interaction and perception of the performance on the part of the audience. Both the performer and audience contribute to the meaning created in the space through performance, active engagement and the critical exchange of subjective knowledges. Spoken word spaces can therefore be conceived as a form of social space because they are built from community and collective understandings of how the space comes alive.

Social space like all space consists of multiple layers and as such has the potential to exclude (Howoirth, 2006: 118). But as Gottidiener notes it is within social rather than abstract space that oppression and control might be contested (Gottidiener, 1993: 131). As a form of social space, spoken word events have the capability of challenging the oppression and stigmatisation of madness. In such a space the act of performance itself is also a radical tool for the expression of subjective mental health narratives. The use of performance in spoken word spaces ensures that the performer is *seen* and the audience actively participate in the act of *seeing* (Dooley, 2014: 85, my emphasis). Spoken word spaces have the power to render visible and audible subjective experiences of madness which typically have been dismissed by a long history of spatial incarceration and social stigmatisation.

Within the realm of social space the sharing and performing of our lived experiences of mental health issues and of our oppression can act as tools of empowerment and resistance. bell hooks tells us how the marginalised can claim our position on the margins as "sites of resistance" within which we can work in solidarity with one another to inform radical narratives and ways of resistance. The historical spatial marginalisation of the mad can therefore be claimed and (re)named in order to contest our oppressed positionalties. In the creation of a mental health spoken word space we can claim and defy our position as marginalised 'other' through dialectical expression, embodiment and performance. Through spoken word we can rename the spaces in which madness is permitted to exist, from places of isolation and oppression into spaces of freedom and voice; thus beginning a process of reclaiming our stories from a historical grand narrative of stigma and silence.

## 1.5  <u>Conclusion</u>

The literature reviewed in this chapter has mapped out the spacialisation of madness in a historical process of incarceration and then in alternative peer spaces. Howoirth (Howoirth 2006) argues that hierarchies of power and oppressions are often played out on a spatial axis in order to solidify barriers and exclusions in society. The mad have been subjected to these spatial exclusions for centuries in the form of mental asylums and institutions. The use of space as a tool of segregating the mad enabled a construction of their identities as powerless, dehumanised and 'other'.  However the creation of mental health peer support groups has enabled the construction of alternative dialectic spaces, in which the mad can openly express their experiences within a community of solidarity. It is within such a space that a history of silencing can be personally and collectively contested by the mad. I have argued that spoken word spaces share similar traits with the discourse of peer support and as such have huge potential for the sharing, renaming and reclaiming of mental health narratives.  By enacting speech, performance and dialectical engagement with the audience, spoken word spaces can

be conceived as radical sites in which subjective dialogues around madness can be (re)constructed and negotiated.

In the coming chapters I document the participatory process of creating the *Flying South* spoken word space, which is specifically centred on the expression of mental health narratives. In this space we have endorsed the practices of both peer support and spoken word to enable subjective and collective expression in a process of reclaiming mental health narratives.

# Chapter 2: Methodology

## 2.1 Statement of Research Question

How can spoken word spaces be a tool for the radical reclaiming and renaming of mental health narratives?

## 2.2 Research Objectives

The main aim of this research has been to use the tools of Participatory Action Research (PAR) to construct a spoken word space specifically centred on expressing and reclaiming mental health narratives away from a history of silence and stigmatisation. The theoretical research I pursued to contextualise my study emerged from both the special topic group I was situated within in the Sociology Department at Maynooth University and the main themes which emerged from the dialogue enacted in the PAR group. Participatory Action Research is a cyclical process in which practice and theory are engaged in a simultaneous process of discovery and action (Noffke and Somekh, 2011). To this end I pursued theoretical research on the themes of space, mental health and spoken word, alongside the action and reflection cycles our PAR group worked within to establish the mental health spoken word event *Flying South*. This theoretical research served to develop and enrich the discoveries we made as a group and enabled me to build a theoretical framework around the overall process.

Important sub questions emerged from the theoretical research I conducted and the empirical process the PAR group has engaged in:

1. How can spoken word spaces enable a re-construction of the spatialisation of madness?

2. How can spoken word be a tool of subjective and collective empowerment against a historical metanarrative of the voiceless "mad"?

3. How can spoken word spaces contribute to the expanding work of Irish community mental health collectives?

The action research cycles I facilitated with the five other members of the PAR group grappled with these questions and sought possible answers for them in the reflection we conducted of our process thus far and the creation of *Flying South* itself.

## 2.3 Why Participatory Action Research (PAR)?

Participatory Action Research (PAR) is part of a wider Critical Social Theory research paradigm which upholds a participatory worldview and advocates action and reform in the lives of both the participants and research facilitator (Creswell, 2007: 21). At its core PAR is a tool for emancipatory participatory action to be theorised and enacted as a way of achieving empowerment and social justice in the face of oppression (Kindon et al, 2010: 12). For this reason the PAR process was analogous to this project's goal of taking action in the area of mental health expression in order to create a space in which subjective mental health experiences could be both spoken and listened to. The typical PAR process of creating a working group and working in cycles of action and reflection was used to achieve this goal. The importance of voice and narrative dialogues is vital in the construction of a community spoken word space in which "critical exchange" (hooks, 1990) around mental health might occur. All voices are of equal importance in this project and this was another reason I chose to use PAR as the main research approach. PAR disrupts the traditional hierarchal researcher-subject dichotomy and instead places those, who typically are perceived as research subjects, on equal footing with the researcher in a Participatory Action Research group (Herr and Anderson, 2005). In effect all participants become researchers in pursuit of subjective and collective knowledges. I intended for this decision to be a rejection of the neoliberal culture of the "knowledge economy" within traditional positivist research and instead for my

research to contribute to a collective and liberatory form of community knowledges and action.

In conjunction with the PAR process undertaken qualitative research methods such as semi-structured interviews, informal interviews and diary accounts were also used to aid the reflective process inherent to PAR. PAR shares some similarities with typical naturalistic qualitative research in that both reject scientific positivism in perceiving the social world and both value the individual lived experiences of research participants (Esterberg, 2002:11). However PAR deviates from traditional qualitative research in its emphasis on action as part of the research process and so was more appropriate as the main research approach in this project. This is not to de-legitimatise naturalistic qualitative research approaches and the paradigms which accompany them. Rather I simply acknowledge that different social contexts call for variations in research methods and models of knowledge production. This project strove to value subjective knowledges and experiences of mental health issues through the construction of a spoken word space, and in doing so, to challenge the stigmatisation and oppression of mental health experiences in wider society. It was therefore vital that I facilitated an emancipatory research process which upheld the values of equal participation, expression and a plurality of diverse knowledges.

## 2.4 Sources of Data

### 2.4.1 The PAR Working Group

The Participatory Action Research Working Group was established in December 2014 and consisted of six people. The group was formed out of members of the Dublin spoken word community with each member indicating interest in the project at various times prior to its commencement. As a fellow member of the Dublin spoken word community I was positioned within the PAR process as an "insider" researcher (Herr and Anderson, 2005: pp 32-33).

Most members had subjective experience of mental health difficulties including experiences of anxiety, depression, eating disorders and suicidal tendencies. These experiences impacted on each member's decision to become involved in the PAR project. In order to uphold anonymity within the study each participant was asked to choose a pseudonym.

Fig.1: Table of PAR participants

| Participant pseudonym | Age | Sex | Mental Health Issue Experienced | Spoken Word Interest |
|---|---|---|---|---|
| Niamh | 22 | Female | Depression, anxiety, suicidal tendencies | Performance poet |
| Laura | 24 | Female | Depression | Poet |
| Daniel | 25 | Male | Depression, anxiety, suicidal tendencies | Performance poet, storyteller, comedian |
| Loran | 25 | Male | Depression, anxiety, suicidal tendencies | Performance poet, storyteller |
| Felicity | 22 | Female | Anorexia | Poet, performance poet |
| Bronagh | 21 | Female | N/A | Performance poet, storyteller |

## 2.4.2 Cycles of Action and Reflection

The empirical aspect of this research was conducted alongside the PAR working group which formed in December 2014 and commenced work in January 2015. The group met once a week for participatory meetings. These meetings followed the PAR format of cycles of action and reflection (Kemmis, 1982). The action research group aimed to work in three cycles from January to June of 2015 with each cycle lasting two months and at the time of writing is in the second cycle.

The first cycle followed the PAR format of action and reflection around the setting up of a community-based spoken word event centred on mental health expression. The first meetings acted as a space for the action research group to reflect on the priorities and values of the project and to begin the planning stage for the event. Each member of the action research group, including myself, has kept a diary of the process in order to better enable the reflective journey of the research. This first cycle of research included the initial setting up and facilitating of the first event which took place on the 20th of March, 2015.

Fig.2: Cycle of Participatory Action Research:



The second cycle of the PAR process has involved reflection by the action research group on the process thus far and the outcomes of the first event. This reflection process was aided by weekly group meetings and one in-depth reflective participatory workshop in which I acted

as facilitator. This workshop followed the Gibbs reflective model of description, evaluation and planned action (Gibbs, 1988). It enabled us to discuss as a group the assumptions we held before beginning the project and to track how our understandings have altered. It also offered us the benefit of better understanding the needs of the event and of its participants so as to make our contribution to the mental health and spoken word communities a sustainable one. At the end of the second cycle I also conducted semi-structured interviews with four members of the PAR group so as to aid the reflection process and to better understand their perspectives on the process so far. The second cycle of research also involved the planning and facilitation of the second monthly *Flying South* event. At the end of the second cycle I have collected and analysed the research findings thus far and they have been written up and included in this dissertation to be submitted to the Sociology Department of Maynooth University in April of 2015.

The third and final cycle of this project will involve further reflection and action by the group, the continuation of the *Flying South* event and the dissemination of the research findings. The dissemination process will be agreed upon by the action research group and will include, both the distribution of the research findings among the mental health and spoken word communities, as well as within the academic community in appropriate formats.

The PAR process and the qualitative research methods used such as semi-structured interviewing and diary account keeping have been supported by the continuous theoretical research I have conducted in fields relevant to the group's process of action and reflection.

## 2.5 Qualitative Methods

 For qualitative researchers social theory should not determine our research process but rather grow out of analyses of the empirical social world (Esterberg, 2002: 7). Like PAR, qualitative research values the individual stories and experiences of research participants and so

qualitative research methods are often used as part of the PAR process (Pain, Whitman and Milledge: 2012: 2). The utilisation of the case study approach and semi-structured interviewing were two qualitative research methods which benefited the PAR process we conducted.

### 2.4.1 The Case Study Approach

The use of the case study approach is common both within qualitative research methodologies and PAR studies. Case study approaches in social research use varying qualitative techniques such as interviewing, participant observation, life histories etc. to enable the perception and analysing of one specific case in a social setting (Berg, 1998: 213). The case study approach enables researchers to perceive the enriched subjective lived experiences of research participants and so, was a suitable approach in this project which has placed such high value on subjective experiences of mental health issues. Such an approach enabled the PAR group to use qualitative methods within a PAR paradigm to document in depth the cycles of action and reflection that our group took over the course of four months.

### 2.4.2 Interviewing

The time period for conducting this study was constrained by the workings of the academic calendar and my need to submit an undergraduate thesis at the end of the academic year. For this reason semi-structured interviews were necessary in gaining a more coherent understanding of group members' experiences of the process, while also working within a short time frame. According to Schutt semi-structured or "depth interviewing" is a qualitative method used to discover participant's experiences and perceptions (Schutt, 2012: 304). At the end of the second PAR cycle I conducted semi-structured interviews with four members of the PAR group in order to better my understanding of the project's process from their perspectives and to aid the overall reflective process of the research. Each interview was

approximately one hour long and was structured by themes which had arisen from the group's action process thus far. In analysing the research findings I coded the interviews under these same themes: mental health narratives, spoken word, the *Flying South* space and the PAR process undertaken as a group A full transcript of one of these interviews can be found in the appendix section of this paper.

## 2.6 The Importance of Ethics

### 2.6.1 PAR Ethical Practices

In conducting a research project with a central focus on mental health the upholding of ethical behaviour has been vital. Within participatory research frameworks the ethical values generally upheld are social change that benefits the participants, empowerment, equal participation, beneficence and agency (Manzo and Brightbill, 2007: pp. 33-36). These values have been incorporated at every stage possible within the research process thus far. The very aim of the project to create a spoken word space in which mental health narratives can be expressed is in line with values of social change and empowerment. The participatory research cycles we conducted enabled equal participation and beneficence at an empirical level; while also ensuring the continued respect for each person's agency. Empowerment and equal participation were also important because our project strove to value subjective mental health experiences. Indeed these same ethical principles are also core to mental health survivor research (Faulkner, 2004:3).

### 2.6.2 Protecting the PAR Group Members

In order to ensure the safety and protection of each PAR participant's personal information, I ensured confidentiality throughout the research process. This was done primarily through the selection of pseudonyms and the secure storing of the research data collected on a password

protected computer. In line with the importance of equal participation and in PAR we decided as a group the stages of the research process. Informed consent was sought by the distribution of information and consent forms to the PAR group at the beginning of the first cycle of research. Each member was informed that they were free to both revoke information given or leave the PAR process at any time. Once decided upon, as research facilitator I endeavoured to keep the group informed of the process as it progressed.

## 2.7 Gathering and Analysing Data

The gathering of data was conducted throughout the PAR process using a range of qualitative methods. During the process I kept a fieldwork diary of the decisions and actions we took as a group. I also recorded minutes from the group's weekly meetings and the two participatory workshops I facilitated. At the end of the second cycle of research I conducted four semi-structured interviews with members of the PAR group. Each group member interviewed chose a pseudonym in order to preserve confidentiality in the research process. These interviews were recorded and stored securely on a password protected computer. Once transcribed I provided each interviewed participant with copies of their interview transcript and offered them the opportunity to remove or revise any information they had disclosed.

### 2.7.2 Data Analysis: Grounded Theory

In analysing the data I chose to use a grounded theory approach as it seemed compatible with the dialectical relationship between theory and action inherent to PAR. For Schutt grounded theory is the method by which researchers develop theory inductively based on the discoveries they make in the research field (Schutt, 2012: 341). The theoretical findings of the PAR process were grounded in the cycles of action and reflection we engaged in as a group. In the analysis stage I coded the data recorded in accordance with the main themes which had emerged from our research process. These included; mental health narratives,

spoken word, the *Flying South* space and the PAR process as experienced thus far. Categorising our data under these four themes enabled me to identify the findings most significant not just to myself but to the PAR group as a whole.

## 2.8 Barriers within the PAR Process

### 2.8.1 Issues of Power and Participation

Participatory Action Research is typically perceived as a tool for subjective and collective empowerment. Indeed the very participatory process of PAR is a subversion of the hierarchical relationships constructed between "researcher" and "subject" in traditional social science research (Kindon et al, 2007: 20). However the PAR model can also have negative power effects. Often the re-inscription of the researcher as expert in the PAR group can occur even if the researcher does not want or realise this (Kesby et al, 2007: 21). The subscription of expert authority to my role by the other members of the PAR working group has been a personal worry for me from the outset of this project. The time constraints of this study and the commitments of the participants in other aspects of their lives meant the conduction of collective theoretical research and analysis of the project's findings was not practically possible. As research facilitator I have conducted both of these on my own and so neither can be perceived as participatory. This places me in a position of power in both the analysis and dissemination processes. However to the best of my ability the research I have conducted has been fuelled by the action the PAR group has taken in the real empirical world. The dissemination process will be agreed upon in a participatory format by the group so as to ensure the research findings remain in collective ownership. I acknowledged throughout the process that as research facilitator I do not own any of the findings of the PAR process but rather that the knowledge generated has come from the participatory process the group has engaged in and is collectively owned.

### 2.8.2 Issues of Generalisability

Participatory Action Research has been often criticised for its lack of generalisability (Herr and Anderson, 2005: 61) PAR shares with much qualitative case studies an inability to be generalisable in terms of external validity (Bailey, 2007:182). PAR case studies are generally only relevant to the participants involved in the study and the specific problem they are attempting to address. The findings of a PAR study are therefore not generalisable to the general population (Herr and Anderson, 2005: 62). However I would argue that the goal of this project was centred on achieving a liberatory and dialectic process around the issue of mental health expression. The generalisability of such a project came second to the practical creation of a safe space in which people felt free to express their mental health narratives openly.  For Reason and Marshall it is not the generalisability of an action research project which is of most importance but rather transferability (Reason and Bradbury, 2001:112). Transferability of research findings is determined by the reader, who must evaluate them and decide whether such findings might be applicable in a different setting (Denscombe, 2002: 148).

As a PAR group we intend for the documentation of our process and discoveries to be of benefit in other settings in which mental health expression is the general goal. In the following chapter I will outline some of the core findings found from both the PAR process undertaken by the group and the creation of the *Flying South* space itself.

# Chapter 3: Findings and Analysis

## 3.1 Introduction

The goal of this research has been to work within a Participatory Action Research (PAR) framework in order to establish a spoken word space centred on the (re)claiming of subjective mental health narratives from a history of demonisation and stigmatisation. In drawing on the discourse of peer support and the tools of spoken word we sought to create a space in which mental health stories could be openly expressed rather than oppressed. The PAR process thus far has resulted in the creation of such an event space which the PAR group has named *Flying South*. At the time of writing the group is in the second PAR cycle of action and reflection and have just recently hosted the second *Flying South* event. As a PAR project the process undergone to create this event was never orientated towards identifying generalizable findings, but rather grounded in the emancipatory action of providing a space in which madness could be voiced. As such in this chapter I do not provide a definitive answer to the original research question posed, rather I am aware that the findings we have encountered are relevant to the specific context in which we created the spoken word space. As such I document the cyclical process we enacted as a PAR group and the subjective and collective outcomes of this process to date. Valuable lessons have been learned both throughout the process and in the creation of the mental health spoken word space itself. For this reason in this chapter I will firstly analyse the findings of the process that the PAR group has undergone for the past four months and follow this with an analysis of the *Flying South* event itself and the discoveries the creation of such a space has provided us with.

<u>**3.2 Key Findings of the PAR Process**</u>

**3.2.1 Motivations of the PAR Group**

On the 10th of January 2015 the PAR group met for the first of our weekly participatory meetings. We reflected on our motivation for involvement in the project and provided our individual understanding of what the project should become. A serious motivation for the entire group was previous and/or present experiences of mental health difficulties and a desire to create a space in which those experiences could be openly shared. This need emerged from a general perception of stigma around mental health in Ireland and the often dehumanising experiences of mental health treatment. One member of the group, Daniel, spoke about his experience with mental health difficulties:

> *I've personally struggled with mental health throughout my entire life, still am to this day. A huge amount of my family members have struggled with mental health, a huge amount of my friends struggle with mental health. I think it's a socially condemned subject for some strange reason, specifically in Ireland; Ireland has like, the second highest suicide rate in Europe at least. I think that's a disgusting notion to have about ourselves.../I mean I've known people who've killed themselves, I've known people who've taken that route. So I think in every way possible we as a wider society should tackle it, should be more open and honest about it to enable ourselves to have a free and open space and by that I mean, the wider society, wider world. But there should be areas where it's totally okay to say how you're feeling.*

Daniel draws a connection between the social condemnation of madness in Irish society and the repercussions this has on mental health issues. As Wahl notes the stigmatisation of madness has damaging impacts on mental health recovery and self-esteem (Wahl, 1999: 467). Daniel also speaks about the need for "free and open" spaces in which mental health

experiences can be voiced. The notion of openly expressing one's experiences of madness as beneficial and empowering against stigmatisation is well documented within the peer support discourse. For Hatzidimitriadou the focal aspect of both self and collective empowerment comes from collective sharing and expression of mental health difficulties (Hatzidimitriadou, 2002: 282). Laura, another member of the PAR group expressed a similar perception of madness being stigmatised in society.

*There is still a lot of stigma around it and it's starting to improve, but it's very slow.*

As a PAR group we identified our perception of a culture of silence around mental health in Ireland as our main motivation for creating a space in which it could be openly voiced. Our project to create such a space using spoken word was how we chose to enable a process of empowerment against the silencing and marginalisation of madness.

**3.2.2 Conceptualising the Space**

In January 2015 we engaged in the first cycle of action and reflection in order to negotiate what the spoken word space would be and how it would facilitate the expression of mental health narratives. To this end there were two pivotal decisions made by the group; how we chose to define spoken word, and how we would formulate a safe space for mental health expression.

1: Defining Spoken Word

In popular culture spoken word is typically understood as performance poetry or spoken word poetry. As a group we perceived this as too niched a form of expression which could not provide the potential open forum for mental health expression we envisioned. As one of the group participants Loran outlined, spoken word understood as strictly performance poetry can detract from individual expression.

> *Y'know there's a style and a culture around it* [performance poetry]. *Em, which I think is good in its own way, but can be slightly homogenising of the way people express themselves.*

As such we made the decision to define spoken word not just in terms of performance poetry, but as all forms of spoken word including, but not exclusive to; poetry, performance poetry, drama, monologues, storytelling, comedy, anecdotal sharing, etc. In essence the event would facilitate any form of spoken word which aided a person in their expression of mental health experiences. Indeed the benefits of orality and spoken word practices in coping with emotional experiences have been documented throughout history (Dooley, 2014: 85).We chose to draw on this history and to utilise the tools of spoken word to facilitate a space in which people could voice their mad identities and mental health stories.

2. Formulating a Safe Space

In creating an event in which people felt comfortable expressing their experiences with mental health issues, it was imperative to construct a space in which they felt safe to do so. At the beginning of the PAR process we negotiated the methods by which this could be done. I facilitated a workshop in which we discussed as a group the notion of a safe space ; from this we identified the most important components of the space to be valuing everyone's stories and not tolerating discrimination of any kind. A safe space policy was drawn up and made available on the *Flying South* social networking page and in hard copy at the event (see appendix 2).We also chose to utilise the roles of the MC and feature performers at the event to define the space as safe to the audience. In addition to this we provided information sheets of Irish mental health services and charities available for people to take home from the event (see appendix 3). All of which resulted in *Flying South* as a safe space which works to be welcoming and respectful of every person and their subjective voices.

### 3.2.3 Peer Support within the PAR Process

Action research is typically more emotionally draining than traditional forms of social research because it places the researcher and participants in positions of both subjective and collective vulnerability (Herr and Anderson, 2005: 77). As a PAR group we encountered quite a few obstacles during the planning process for *Flying South.* There were conceptual disagreements within the group as well as mental health difficulties arising for participants during the process. Our intention as a group was to create an event space which would draw upon the tools of peer support and spoken word in order to enable dialectic expressions of mental health. We did not however anticipate the impact such tools would have on us as individuals and as a group during the overall process. Endorsing the participatory and community based praxis of PAR enabled us to negotiate the issues we faced and to offer each other solidarity in our mental health experiences. We did this through our weekly participatory meetings which we always commenced with individual check-ins and through our reflective workshops. It was a difficult and emotional process with one of our group members, Daniel, attempting suicide during the first cycle of research.

> *I attempted suicide on the 28<sup>th</sup> of February. I didn't really understand why. Woke up the next morning and kinda, still not really understanding why. But at least I can say it was not having a structure in which I felt secure that gave me some kind of avenue, literally an avenue, something to go down and some sort of structure, something to do, someone to talk to, anything, all of it.*

During our research process Daniel was diagnosed with a rare form of epilepsy which had a major impact on his mental health. He encountered multiple barriers in accessing public mental health services and felt overwhelmed by this. It wasn't until the end of the second cycle of research that he shared his attempted suicide with the group. In one of our reflective

workshop Daniel informed us that the sense of community and solidarity we had built in both the PAR group and in the space of *Flying South* itself had given him a renewed sense of community and support. As I recorded in my fieldwork journal:

> 09/04/2015: [Daniel] told us at the workshop yesterday that he attempted suicide at the end of February, during the same week when mine and [Laura's] depression was bad. He told us that if it wasn't for *Flying South* he wouldn't be here and that being part of this whole process has been a huge support for him.

Daniel's experience of finding solidarity and meaning in the PAR process was also echoed by other participants' experiences. Loran also indicated gaining a sense of self-value both from the process and in creating the space itself.

> *And I think I learned over the process of planning and at the event and afterwards my own value. Like, I learned things about myself that I'm good at and I'm more confident at asserting myself and that. So yeah, I learned a lot about myself as a person and as a member of a community and as a student and I learned a lot about other people as well.*

Such experiences of community, learning and personal empowerment are congruent with those reported of peer support groups in which mutual help and social engagement benefit users (Brosnan, 2014: 86). Thus the PAR process, with its emphasis on dialectical empowerment and community based praxis, has the potential to facilitate peer support strategies. Without initially realising it we upheld practices of peer support through our participatory process and they fulfilled the role of cementing us together as a community and as a support network for one another.

### 3.3 Key Findings of the *Flying South* Space

### 3.3.1 Constructing the Space: *Flying South* Takes Off

Thomas Gieryn identifies three core components in creating place, which for him is space which has meaning; geographic location, material form and investment with meaning and value (Gieryn, 2000: 464). All three were important in the creation of the *Flying South* space. However in particular material form and investment with meaning and value operated in dialectic to construct an open space for narratives of madness to exist.

**Material Form**

In line with Gieryn's (2000: 465) theory that places are to some extent "carved out" or built, we manipulated the material configuration of the *Flying South* venue in order to establish a physically welcoming and equal space. This involved the manifestation of the space as safe in the use of seating arrangements, lighting and the refreshments provided. To create a sense of equality and equal participation the seating was rearranged in a circular formation; a strategy often utilised within participatory practices (Chambers, 2002: 12). The suggestion that people could perform from their seats was also made, which further emphasised the space as equal and dialectical. We opted for soft lighting, placing fairy lights around the stage and tea lights on tables throughout the space. Baked goods and hot beverages such as coffee and teas were also provided; all of which constructed a safe and welcoming material environment. One member of the PAR group, Felicity, noted how we constructed the space as welcoming and homely:

> *People were very welcoming and everyone was just talking to each other and it did feel like a safe space, which is what we were emphasising. I suppose I felt comfortable and there was something kind of homely about it as well... just because we had baked*

*stuff and the couches were old, there was something homely about it. And we just kind of made it what it was because it was just kind of an empty room. It kinda felt like we put our own little stamp on it.*

This manifestation of a safe space in the physical environment impacted on the collective sense of safety among the participants at the event and their comfort in expression. Kohn (2003: 3) notes that physical spaces impact on subjective and collective identity formations Our manipulation of the physical traits of the *Flying South* space created a welcoming environment which enabled people to feel comfortable in expressing their subjective and collective mad identities.

**Investment with Meaning and Value**

In turn the expression of mad identities within the space influenced the meaning and value attached to the place. This is illustrative of Springer's theory that space influences identities and identities in turn impact on the formation of space (Springer, 2010: 236). The PAR group strove to create a supportive and open environment. This was done through the naming and explanation of the space as safe by the MC, which the feature performers reiterated and personified through sharing their own mental health stories before performing. We also provided copies of the *Flying South* safe space policy and information sheets on mental health services were made available. While these acts encouraged the meaning of the space as safe and open, it was the honest expression of the participants at the event which really brought this meaning to life.

Daniel: *One of the most exhilarating things of that entire evening was seeing people openly talk. I felt safe. I felt secure…* [and] *I was deliberately ease-dropping and I was astounded by how many people talked about their own experiences, talked about why they came, where they heard about it.*

Another PAR group member reiterated Daniel's thoughts:

Bronagh: *What surprised me was how brave people were and how honest.*

In my fieldwork diary I noted the variation of mental health stories voiced within the *Flying South* space, which included experiences of depression, suicide, dissociation, anorexia, grief, schizophrenia, bi-polar, sexual assault and anxiety. These experiences were not only shared in the act of performance but also in conversation during the intermission and between performances. At the end of the event we were approached by many people who praised us for creating *Flying South* and told us how meaningful the space was to them. I recorded in my fieldwork diary:

21/03/2015: Lots of people came up to me at the end of the night to tell me how much the event had meant to them. It was really rewarding to know we had created a space people felt safe in.

Thus the meaning and value of the space as open and supportive was embodied by the people present and the identities they felt comfortable to share.

### 3.3.2 Valuing our Mental Health Narratives

In both reflective workshops and in the interviews I conducted the PAR group identified the importance of valuing each individual's mental health story within the *Flying South* space. This valuing occurred both in the act of performing and in the presence of a listening audience

**Value and Self-worth through Performing**

In the creation of the *Flying South* space we discovered that the expression of mental health narratives through performance was of great benefit. Appreciation of the spoken word space

as enabling self-expression was emphasised both by the PAR group and from feedback given by event participants.

> Felicity: *There's just something liberating about saying something out loud that has only been going on in your head and being appreciated for it and feeling understood*.

Felicity outlined the cathartic effects of expressing mental health stories and the sense of appreciation she has gained from expressing them through spoken word. Another member of the PAR group, Bronagh, referred to the impact performing spoken word has had on her self-confidence:

> *I find it really therapeutic...you get to connect with the audience and build up this rapport. It has helped my confidence and writing. It was a lifeline for me for a while. It helped me get through a lot.*

Within the literature on spoken word the therapeutic benefits of performing are well recorded. Indeed Somers Willet refers to spoken word as a "release type of art" (Somers Willet, 2009: 4). While performing in itself has proven beneficial in terms of cathartic release for all members of the PAR group, the above members also both indicated the impact performing has had on their sense of self-worth. Felicity's sense of appreciation and Bronagh's improvement in self-confidence are commonly reported benefits of sharing within peer support communities (Nelson et al, 2006: pp 2-6).Within the space of *Flying South* we emulated these benefits in providing a space for each person's story to be voiced and valued equally. As well as achieving a sense of value in the act of performing, the PAR group also realised the importance of a listening audience in the valuing our mental health narratives.

**Valued by an Audience**

> Laura: *I think the idea of an active, listening audience is one of the big reasons why it's so useful, because I think with mental health a lot of the time isolation is such a big thing and people feel like either their stories don't deserve to be heard or are worthy of being heard.*

Laura indicated that the importance of having an audience attend to our mental health narratives is due to the sense of those same narratives typically being devalued. Our subjective lived experiences of madness have historically been oppressed and stigmatised (Scull, 2011). The attendance of an audience within the *Flying South* space provided a sense of affirmation and self-worth which we have historically been denied. Daniel also mentioned the importance of having an audience present in the space:

> *That's why something like spoken word means so much, that's why I love it so much, because you're doing exactly that the whole time. You're up there on stage in a centralised position and it may sound sad, but people have to listen to you, if you signed up they have to listen to ya and that in itself is a beautiful thing. That's what I mean; I think that's one of the main reasons why spoken word is so powerful to tackle mental health, to tackle the wider social, political, cultural issues.*

In the space of *Flying South* those who performed were in a centralised position in which the entire focus was on them and their story. The audience at *Flying South* partook in the act of respectful listening of each other's voices which enabled a space in which our mad narratives were valued. The audience also partook in the participatory Nommo tools typically associated with spoken word praxis; laughter, rhythm and call and response were enacted during performances which created an environment of equal participation within the space and provided performers with support and appreciation. After performances, conversations and

words of support provided immediate responses of solidarity with the stories shared. The act of performing and the audience engagement in the dialectical process of spoken word enabled *Flying South* to become a space in which mental health narratives were brought into the realm of the valued.

### 3.3.3 The role of Dialogue in *Flying South*

For Ledwith and Springett (2010: 106) dialogue enables us to engage in sharing our narratives with others and in doing so, to better understand and change those narratives if we so wish. In such a way the expression and sharing of stories has the potential to be transformative. In the space of *Flying South* the use of dialogue generated a greater understanding of our own subjective mental health narratives and of our perception of others' as equally real. In doing so it enabled our narratives of madness to be rendered human rather than demonised.

> Loran: *It was just really fulfilling and really amazing to hear people talk about their different experiences, because I have my own experience of dealing with anxiety and depression in my own circumstances, and hearing other people dealing with different types of mental health issues, either when they were performing or just sitting down and speaking to people was really amazing because y'know, we're all sort of grouped together as "people with mental health issues" or "mentally ill" or whatever. But, like, people with different types of mental health difficulties have different experiences and even people with the same types of mental health issues have different experiences as well and it really helped to individualise everybody in my mind and myself as well. Like, I felt it separated us out but kind of also brought us closer together in my mind. Cause it was kind of just a big blob of like, mental people and*

*I'm one of them. But then, it separated us out so we could see each other better and then when we could see each other better, we felt closer.*

Loran's account of *Flying South* is testament that the dialogue enacted in performances and in conversations within the space enabled us to both express our own individual experiences of madness more fully and to perceive other people's as just as real as our own. Thus through dialogue *Flying South* was rendered a space in which what de la Rosa calls "relational consciousness" occurred. For de la Rosa "relational consciousness" can be fostered through spoken word practices which empower us to solidify our own subjectivities and perceive others as relationally different but just as validly real (de la Rosa, 2013: 18). In the *Flying South* space our voices and narratives were expressed and valued equally which enabled us to construct relational consciousnesses.

Daniel: *That's what it means to me, to be able to get it all out, get all my thoughts out, to instigate thoughts in other people and to get that back as well. To get to express consciousness at each other in a surrounding space, it's absolutely beautiful to be able to do that.*

As Daniel notes the *Flying South* space enabled us to express our voices and consciousnesses in dialectic with one another. In doing so we engendered our experiences of madness validly human. Freire states that dialogue is imperative in the process of humanisation. For him dialogue is the method by which we can engage in a participatory praxis of action and reflection to create ourselves as liberated human beings (Freire, 1996: 69). The engagement of dialogue within the *Flying South* space has facilitated a humanisation of our own mental health experiences in relation to and in solidarity with each other.

In our reflections at the end of the second cycle of research the PAR group noted that this dialogue had extended "organically" beyond the event space in a "ripple effect" through word

of mouth, conversations about the space and social media. The event has triggered the voicing of mental health experiences around and beyond the space, which potentially opens up room for dialogue to move beyond our particular context and into the wider social space.

### 3.3.4 The Journey Continues

Although as an undergraduate I am at the final stage of my research project requirements, the *Flying South* journey is only just beginning. In our participatory meetings and workshops we have outlined three main goals for the near future.

1. **The sustainable continuation of the *Flying South* event**

   As a PAR team we endeavour to commence the third cycle of action and reflection in the coming weeks in order to support the continued success of the *Flying South* event on a monthly basis.

2. **The facilitation of therapeutic writing workshops**

   In order to support the enactment of a safe space in the *Flying South* event we wish to encourage the confidence and ability of every person to share their subjective mental health narratives if they so wish. To that end we plan to work in partnership with local spoken word artists and writer therapists in order to facilitate writing workshops themed around mental health expression.

3. **Collaboration with mental health collectives and NGOs**

To date we have already received signs of solidarity and support from NGO's such as Aware and Pieta House as well as the mental health initiative See Change. We have plans to collaborate with the mental health community through the event space itself and in campaigning.

Through these goals we hope to continue the conversation around mental health and to facilitate the reclaiming of mad narratives from a history of stigma into stories of liberation.

### 3.3.5 Conclusion of Findings

In this chapter I have documented some of the core findings of the PAR process we have undergone thus far in creating the *Flying South* space. The PAR process to date has spanned four months and has included two cycles of action and reflection. There have been many discoveries during this process, all of which could not be included within the word count of this research. However to the best of my ability I have documented the most vital findings of the process thus far. The PAR process we as a group have undergone to reach this stage has at times been physically and emotionally exhausting. However the participatory and community based ethics of PAR practice enabled us to endorse peer support strategies to support each other when emotional and mental health issues arose. As a group we have formed a supportive network and community out of the research process undergone.

While the PAR process does not end here, the findings analysed thus far indicate that the construction of the *Flying South* space has enabled the voicing of mental health narratives in a safe and welcoming environment. The most important aspects of the *Flying South* space have been to ensure that participants felt welcome, safe and valued in the expression of their mad identities and narratives. This has been vital to the PAR group because of our perception of mental health stigmatisation and oppression as still prominent in wider society. We have drawn on peer support group strategies and spoken word practices to construct a space in which madness can be expressed and discussed freely in both performance and dialogue. In this way we have created a dialectical space for subjective and collective mental health narratives to be both voiced and finally, *heard*.

**4.1 Conclusion**

According to Lefebvre space is socially produced and reproduced and can be utilised as a tool for exerting power and oppression by the dominant in society (Soja, 1996: pp10-11). In this research I have argued that the use of space in segregating the mad has over the centuries worked to configure mental health narratives as dehumanised and 'other'. The insurgence of bio-psychiatry and the treatment of madness solely based on bio-medical treatment strategies within the mental hospital only served to exacerbate this sense of powerlessness projected onto mad subjectivities. Placed within a patient/medical professional dichotomy the mad were fed the identity narrative of passive recipient in their own treatment stories (Sapouna, 2012: 613). This silencing and oppression of the mad within the spatial confines of the asylum pervades to this day in the general metanarrative of stigma surrounding mental health in society.

In an attempt to contest this oppression and stigmatisation of mental health narratives we have created a spoken word space in *Flying South* which enables the open expression of madness within a community of solidarity. As a spoken word space *Flying South* has become an arena for dialectical mental health narratives to be shared and reclaimed. In our construction of *Flying South* as materially and emotionally a safe space, participants of the event have felt safe in expressing their experiences of madness. Through the use of performance, audience engagement and dialogue *Flying South* can act as a radical site in which narratives of madness are (re)told. The space enables subjective and collective expression which works to empower us in claiming our marginalised identities and in renaming the spatial organisation of madness, so that it can come alive in a place of freedom and openness. Through the collective respect and solidarity built in the *Flying South* space mental health narratives can be expressed, embodied and reclaimed. Indeed if we lend ourselves to the radical educationalist Paulo Freire (1996: 25), it is only through mutual and

collective education that we can unveil reality and truly liberate ourselves. The space of *Flying South* is one way in which we reveal the realities of madness through the voicing and collective sharing of subjective experiences and knowledges. Such a space is just one tool in the struggle to bring mental health narratives away from the realm of demonisation and into a space of the free, the human and the spoken.

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**Appendix**

**Appendix A**

 **Transcript of an Interview**

Pseudonym: Loran

Date: 26/03/2015

Venue: The Central Hotel


Facilitator: Tell me a little about yourself

Loran: I'm twenty five and I'm a psychology student. I'm a first year mature student. And I eh, write things. I have anxiety and depression. I'm a lovely person. I'm friendly and nice.

Facilitator: Does having anxiety and depression the reason you wanted to get involved in this project?

Loran: Not directly. But y'know, all your experiences kind of contribute to who you are and why you want to do things. I think my anxiety and depression and dealing with it has a significant impact on who I am. I wanted to do it (PAR project) because I thought it would be a good thing to do. I wanted to do it because I'm interested in people and I like words. And eh, I think it's important to hear about people's issues with mental health from them. Because I think it's important to read textbooks and read, like, journal articles or whatever. But I think it's also important to humanise people and hear about their experiences from them.

Facilitator: And I guess we've been doing this work is to use spoken word as a way for people to share their own experiences in their own way. You mentioned that you enjoy writing and you enjoy words. How would you define spoken word?

Loran: Well, on a basic level it's just speaking, y'know? But, it does mean something else, something more specific. Y'know there's a style and a culture around it. Em, which I think is good in it's own way, but can be slightly homogenising of the way people express themselves. Em, but that happens with any medium. Y'know, you can go to a spoken word event and it's not an unsurprising thing to hear two people perform and think if you closed your eyes you wouldn't be able to tell it was two different people. And then other times you'd hear something and think it's so unique and so of themselves that it's really and incredible experience. So, I think it's just like anything in that respect (like other art forms) and that it's very immediate and you can just do it.

Facilitator: And you mentioned that  it can be a medium that can be homogenising. What things could be done to challenge that?

Loran: I think, em, I dunno. I think it's difficult because things kind of, anyway. Say, in music, there's genres and there's styles. You can't stop people from drawing from each other. It can be a way of someone finding a new way of expressing themselves that suits them that feels close to them. But it can be a bit of a crutch, where it allows them to be less vulnerable and less themselves by adopting the other mannerisms of another person.

Facilitator: So, as in, people would have to think they have to perform in a certain way or take on a persona that's part of the style of spoken word?

Loran: Yeah.

Facilitator: And do you think that what we've been doing in opening up the meaning of spoken word to not just being the style of a slam identity, that that could change things?

Loran: Yeah, I think the more you get people who are outside of it, outside of the spoken word community as it is, the more themselves or less homogenised or whatever, they're gonna' be. The more someone gets exposed to a certain culture, the more they're gonna adapt to that culture and conform to it and y'know, you can't stop that. But I think, the more people from outside of it that you bring in, and if you create a culture that's slightly separate from the current culture of spoken word, I think you can stop that.

Facilitator: And when you say "the culture of spoken word" are specifically referring to slam culture?

Loran: Yeah, say like slam culture, spoken word culture in Dublin.

Facilitator: So you'd be thinking of the spoken word culture in Dublin as predominately performance poetry?

Loran: Yeah.

Facilitator: And in opening it up to different forms of spoken word  we could challenge that?

Loran: Yeah, I think so.

Facilitator: Okay. And so, how have you experienced the process we've been going through as a group so far? What's your experience of it?

Loran: Well, when you first mentioned it to me, I think we had just gotten to know each other. I think we'd spoken at Milk and Cookies and then when you mentioned it, I felt like it was something I wanted to do and be involved in. And I felt like I was able to cause we were kind of friends. Where as if it had been a week before I might have felt more uncomfortable cause like y'know "she doesn't know me" and I dunno. It was kind of a bit in the air at the start cause we were planning for something and we didn't know what it was going to turn out like exactly. Like, we'd no clue of what was going to happen. And I think we all had our own ideas of what it was going to be. I think we all had pretty similar ideas but like y'know,  I was very relaxed about the whole thing. I think we were  doing the best and had good intentions and all that.  Yeah, I didn't find the planning process or any of the things involved stressful.

Em, but it was kind of all given greater meaning after the event actually happened. The event itself was really like, amazing. Like, until it was half way through or towards the end, I was still kind of in the same headspace as I was when we were planning it. Like kinda like, I've no idea what this is going to be. Cause it was kinda dependant on other people and how they respond.  But it was just, really fulfilling and really amazing to hear people talk about their different experiences because I have my own experience of dealing with anxiety and depression in my own circumstances. And hearing other people dealing with  different types of mental health issues either when they were performing or just sitting down and speaking to people was really amazing because y'know, we're all sort of grouped together as "people with mental health issues" or "mentally ill" or whatever. But, like, people with different types of mental health difficulties have different experiences and even people with the same types of mental health issues have different experiences as well and it really helped to individualise everybody in my mind and myself as well. Like, I felt it seperated us out but kind also brought us closer together in my mind.  Cause, it was kind of just a big blob of like, mental people (Laughs) And I'm one of them. But then, it seperated us out so we could kind of see each other better and then when we could see each other better we felt closer, like in my mind and from just speaking to people. So like, it was really good on a personal level in that respect. And also as a psychology student, kind of made me.. Like, all I did was like, plan and do some fiddling and, like sitting down and talk to people like I normally would.  Like, I wasn't acting like a psychologist or drawing from anything I'd learned or whatever. But it kind of gave me more motivation to pursue my studies and career in psychology. Cause y'know I can make an impact on people's lives, a positive impact, not just as a psychologist, but as myself as a psychologist. And I think I learned over the process of planning and at the event and afterwards my own value. Like I learned things about myself that I'm good at and I'm more confident at asserting myself and that. So yeah, I learned a lot about myself as a person and as a member of a community and as a student. And I learned a lot about other people as well.

Facilitator: Yeah, I really felt the same. So, initially even though you felt like you didn't know how the event was going to go, what did you want it to be? What was your particular "I would like this event to be this" thing?

Loran: Em, I wanted it to be pretty much what it ended up being. Like, none of the things I thought might have gone wrong did or nothing bad happened. It was better than what I wanted to be. I wanted to give people a place where they can express themselves and I wanted to learn from that. But I didn't think I'd learn so much about myself, which is kind of naïve cause you learn about yourself no matter what you do.

Facilitator: Well, I don't think its naïve, I think when we got into this, we were thinking of how we can create this space for other people, we weren't thinking so much about how this would change us.

Loran: Yeah. But it definitely has impressed upon me to like, keep in mind how I can learn. Just to be more aware of when I'm doing things how they can impact on me and how I learn about myself through it.

Researcher: So, em, even though you didn't really think about how it would change you. I guess on a personal and interpersonal level, what did you hope to gain from the whole experience?

Loran: Well, I'd never put on an event before. So I wanted to get experience of doing that. Yeah, gain experience of working on an event on mental health or something that was focused in that area. I wanted to see if I could help people, cause that was the point. That's kinda what I hoped to gain from it and everything I wanted happened.

Researcher: So I guess the event was centred around people using spoken word to tell their stories. I also thought it was an amazing thing to hear other people's experiences and not just to know your own.  Ehm, so do you think, not just spoken word, but self-expression in general is an important part of  dealing with mental health issues?

Loran: Yeah. I think it's important on a few levels. Like, I think first of all I think it's important because before you express yourself to other's you have to be able to express yourself to yourself. And it's a great way of engaging in a process of self-discovery and really understanding your own emotions and thoughts. Which I think is really valuable and isn't something that people do naturally. So yeah, I think that's really, really valuable. So yeah, in terms of expressing yourself to other people, it kind of solidifies a narrative. Y'know when you tell other people, it kind of anchors your thoughts and feelings that you've processed and makes them feel more real and more solid. And it kind of forces you to commit to them. Like, once you put something out into the world, you've committed to that being part of your narrative because you can't take it back. So, I think that can really help people because it can be a bit scary, cause you think like, your losing control of your narrative, cause you can't edit it y'know? You can add to it and you can refer back to it, but you can't change it as it originally came out. And I think that can provide a big motivation for people to stick with a narrative of growth and to what they've set on as what they want to do. Em, and then I think it's important as well in creating a sense of community. It ties you to people, not just in way that makes you commit to your narrative or your goals, but it ties you to people in a really positive way and it creates a sort of social support network. You can connect with people and they can give you insight. It helps you make friends. And irrespective of how it helps you, it can help other people as well. Y'know, people who are not at a point where they can express themselves or explore themselves, it can prompt that exploration and self-expression because they see someone else say something and if it resonates with them, the point of resonance is that it moves something in you, even if you didn't move it yourself. So it can prompt that and I think that's really important.

Researcher: So if saying or expressing our own stories and experiences helps us to solidify them, do you think it also helps to change them?

Loran: Yeah. Because you have to make something real before you can change it. When something is intangible you can't grapple with it, you can't deal with it. You have to make it solid and real to be able to really touch it and change it. So yeah, I think definitely yeah.

Researcher: So what are your hopes for our future events?

Loran: I think we can make it better. I think we can just get better at it moment to moment of it. Yeah, I want to talk to people more and encourage people to talk to each other more. And have more people express themselves and grown farther outside of the established sort of, spoken word community to people who just want to express themselves around mental health that'll help more people express themselves who wouldn't normally have done so. I think just refining it and making it more of what it is… And then sell it for millions! (Laughs)

Researcher: Yeah, I think what we were saying about having more breaks and more room for people to talk and more dialogue would be good. So, I have a big question now.. What is your understanding of the narratives around mental health that exist at the moment in Ireland?

Loran: Em, well, there's sort of a cultural narrative and personal narrative. I think the cultural narrative is really basic. It's just like "you go mad, you have some kind of a breakdown or something and you get sent away or something". Like, I think there's a bit of a narrative that it happens to specific people. Y'know like, "mental" people have mental health issues and something happens and they break down and they get sent away and they're never seen again or they come back out and they're just mental. I think that's what people think. I don't think people really believe that it could happen to them, or that it could happen to anybody. Like, it's not like a thing you're born with necessarily, that you can just have an issue. I think people think of it more as having mental illness. Like, you have a mental illness or there's nothing wrong with you. I terms of personal narratives for people, I think it's affected by that cultural narrative. People think like if they have a mental health issue then they have something wrong with them like, on a basic fundamental reason. That they're somehow less human or y'know, less whole than other people who don't have them, or pretend not to or whatever.

Researcher: So you think that's influenced by the wider narrative of "something's wrong with you kinda thing"?

Loran: Yeah, I think so.

Researcher: And where do you think that comes from?

Loran: Well, I think it's sort of our understanding of psychological issues is only a hundred years old. Y'know and a hundred years ago it wasn't exactly very accurate.

Researcher: So mental health issues in its modern perception is only a hundred years old?

Loran: Yeah, sort of what our current understanding of it is. The genesis of how we see and deal with psychological and mental health issues is only one hundred years old and before that, it was purely sort of a religious or spiritual thing. And there wasn't a hard break. It wasn't like, Freud didn't come out and have a chat and everyone went "Oh sure, it's not the religious thing anymore so!" Like there's people who still believe in western countries and in Ireland that it's sort of a spiritual or religious disturbance"

Researcher: Like a moral thing?

Loran: Yeah. Like, some kind of moral deficiency or like a possession or something.

Researcher: The auld demon possession.

Loran: The auld demon possession. Yeah, I think it's just a hangover of that. And I think part of it is a hangover and part of it is some people are still drinking. Y'know, the hangover isn't a hangover yet.

Researcher: And do you think the change in the last hundred years, like we have things like psychology, psychoanalysis and psychiatry. In those three different disciplines, which do you think has the most hold on our social understanding of mental health in Ireland?

Loran: I think they all sort of contribute to it. Because y'know we've thought some really wrong things and we still think some really wrong things. Like some things that we kind of, well you can't say something is objectively wrong cause it's a consensus thing. But like, say, fifty years we started giving labotomies and that was done in the name of science and knowledge but it wasn't much better than demon possession. It was exorcising people in part of their brain rather than a demon. Like, ethics only came into existence in the last sixty years and has been slow to take hold. I think it's pretty good now comparatively. I think psychology and psychoanalysis have less of a hold than in other European countries or in America or anywhere in the West because it's so denied and it's so hidden away from. I think psychiatry has had a bigger impact because it's been the only sort of area of society that's kind of faced it. Irish society said "we don't want to talk about this" so it was left to the psychiatric establishment to define what it was for us. I think in Europe and in America Psychology has more of a cultural penetration. Like people talk about pop psychology in America, like it's a popularly known thing and psychoanalysis in Europe on the same level. But Ireland we just don't talk about it. So if we just don't talk about it, there's no culture around it and it's sort of handed off to other people.

Researcher: And do you think in Ireland, like, that that's linked to the ways we deal with other social problems? Do you think it's linked to religious intuitionalism or? Like why do you think in an Irish context it's different?

Loran: Yeah. I think religion and the sort of, over-catholicisation of Ireland is kind of in response to colonialism. Like, when you're being oppressed you want to cling on to some part of your identity and religion was a big aspect of that. I think as soon as the era of hard colonisation ended people went a bit mental, we were basically a fuckin theocracy for the majority of our existence as a county. And yeah, I don't think you can allow another theory of what it is to be human, what is it to think and feel than religion in a theocracy y'know? I think that contributed to suppression of the penetration of psychology or psychoanalysis and it was left to people who weren't as influenced by the church in the psychiatric establishment. Cause they have their own establishment. And I think that's dangerous because I think they could have the best of intentions, but groups that are in a room by themselves tend to lose perspective. Like if it's just psychiatrists talking to each other it's easy to lose perspective.

Researcher: Instead of talking to the people they're supposed to be treating, as well as psychologists and psychoanalysists.

Loran: Yeah, and I think the way things are done in a country are determined by the culture. Like the culture has to tacitly okay it. Like the culture tacitly okay-ed and overtly okay-ed the way the catholic church acted throughout our history. But I think in terms psychiatry, it was okayed by omission, because we didn't talk about it.

Researcher: Yeah. And I guess as well in early mental heal treatment, like before it was psychiatric and still a "moral" treatment or whatever the church still had a big influence on that and then the church still had that link in.

So if you think the general narrative is still a bit demonising, what alternative narratives would you like to see around mental health?

Loran: I think, just general public discourse. To have mental health be part of what people talk about. It is in America. Like, if you ask an Irish person how they are they go "Ah I'm grand, and yourself?" If you ask an American how they are, they tell you y'know?

Researcher: Yeah, or even the way we have "How're ya?" as a greeting, but you're not supposed to answer.

Loran: Yeah, you're not supposed to answer. So yeah, I think changing the way we talk to each other and the way we think about each other. Just yeah, softening the barriers. Like, we're seperated from ourselves in terms of how we think about mental health, we don't think about our own mental health unless we're forced to by dire circumstances. And if you're seperated from yourself, you're certainly seperated from each other. You can't ask someone else about their mental health if you can't even ask yourself. So I think, breaking down barriers in individuals is important and between each other and just making it okay to talk about it. And not even okay, but like, I dunno. See I don't think Americans talk about it cause it's okay, I think they talk about it cause it's interesting.

Researcher: As in like, do you think they still talk about it even if there's till stigma?

Loran: Well no, I don't mean that. I don't think there's much stigma in America. I don't think the reason is cause they think it's okay. I think they do think it's okay but that's not the main reason. The prime reason is because it's an interesting way of engaging with people. Like, Americans will talk about what their psychological issues are as a way of helping each other understand each other y'know? It's a way of representing yourself.

Researcher: So like, expressing those parts of yourself as part of your whole identity?

Loran: Yeah and that's certainly something I've experienced with my own mental health issues. Like I talk about my anxiety and my depression because I think it's an important part of who I am and it's shaped me. I don't think I'm defined by it, but I define it and therefore when I talk about I'm defining myself. Rather than having (something) of our culture define

me. So I think that's definitely something that should be encouraged. And I try to do it by talking to people.

Researcher: And do think, I mean we're obviously a very small group of people and we're only starting out, but do you think the space that we've built could be part of that process?

Loran: Yeah. Definitely. I think we have to be practical and we're making an impact. Talking to seventy people about it is more than talking no people. Sitting in a room wishing you could speak to a whole nation is actually speaking to zero people y'know? We speak to people, people speak to us and they go off to speak to other people. That's how you change the culture, from the bottom up. And I don't think we're not the only people who feel the way we feel. I think we may be some of the few people who are acting on how we feel, but I think we've proven and will continue to prove that there's a space  for acting on how feel about mental health and other  people we'll hopefully copy us and do it elsewhere.

Researcher: Make it global!

Loran: Make it global! Yeah, I think the country's ready for. If only by the fact that we put on an event and packed out a room. It's like that thing of "the change was waiting". Like the people were waiting for us to make that space for them. Like we did work and we did plan or whatever, but the people who came and the people who are going to come were waiting for us and they're ready for it. So we just have to keep doing it.

Researcher:  And in the space that we did create, what do you think are important parts of a space like that for it to be a space where people will feel comfortable about expressing aspects of their mental health? What do you think are important aspects of a space like that?

Loran: I think that it's relaxed. That it feels, just relaxed. Like, the space we are right now, in the library bar in the central hotel is really old. Like it feels like, the waiting room to a lawyer's office or something. Like you don't feel like you can stand up and start talking. But if you're in a dingy auld abandoned factory with couches and candles and fairy lights, I think people  feel a bit more like they can imprint themselves on the space. You can't imprint yourself on this space because the space is older than you. It's so established as what it is. Where as if it's just an auld abandoned factory with things crawling the wall, it's like a toddler of a space. It's something you can imprint upon and y'know make your own.

Researcher: Do you think the people in the space are important?

Loran: Definitely. I think the people wanting to be there for the reason that they were there is important.  People wanted to be there for the reasons that they were there, we just had to tell them why we wanted them to be there and have those two things match up.

Researcher: Do you think we did it well?

Loran: Yeah. Because the right people turned up.

Researcher: And in building that kind of a space of atmosphere where people feel like it's okay to get up and be like "hey, this is my experience of being mental".

Loran: Yeah, because everyone was quiet and respectful because they wanted to hear and that was because we framed it as a place where people could come and talk about their experiences and everyone was going to listen.

Researcher: So the act of listening respectfully and talking were important parts of the space for you?

Loran: Yea, I think so.

Researcher: Okay, well I think that's everything. Thank you for talking to me.

Loran: It was my pleasure.

Researcher: I'll turn this fella off now.

Loran: Okay. Bye future Trudie!

**Appendix B**

**Flying South Safe Space Policy:**

Flying South is a safe space mental health event. This means that we strive to make the event as safe and inclusive as possible for everyone attending. We acknowledge that no space is entirely safe but we try our best to create a supportive and non-threatening environment for all.

To do this Flying South employs the following policies:

- We are inclusive of everyone regardless of class, sex, gender identity, race, religion, ethnicity or physical or mental ability.
- We enter into the space with a commitment to respect all peoples voices and experiences of mental health and acknowledge that we are all different
- We commit to respecting others identities and dignity
- We practice respectful and active listening
- We support empowerment for each person in the space
- We dedicate ourselves to acting in as caring as possible a manner
- We offer each other support
- We do not engage in violence or threats
- We acknowledge that some performances or stories shared within the space may be triggering for others and commit ourselves to announcing trigger warnings before sharing if needs be.
- We encourage a non-judgemental and accessible environment for all

**The Ground Rules**

1. We acknowledge that no space is fully safe but we want make Flying South as safer space as possible. If something shitty happens, we need to remind ourselves that this space is open to other people's ideas, experiences, backgrounds, identities and beliefs. Any potential issues that might arise will be dealt with as they come.
2. Offensive and oppressive behaviour will not be tolerated within the space. If such behaviour occurs, we have a three strike warning system to remind people that we all have different experiences which should be respected.
3. Everyone is free to ask questions about the space at any time.
4. We always have copies of mental health services available within the space as well as copies of our safe space policy.
5. No person is obligated to share experiences they do not wish to share.

**Appendix C**

## <u>LIST OF MENTAL HEALTH SERVICES</u>

- Aware – www.aware.ie, Tel: 01 661 711
- Bodywhys – www.bodywhys.ie, Tel: 01 283 4963
- Console – www.console.ie, Tel: +353 1 610 2642
- Grow – www.grow.ie, Tel: 1890 474 474
- Headstrong – www.headstrong.ie, Tel: +353 1 472 7010
- IMAlive – www.imalive.org
- Mad Pride Ireland – www.madprideireland.ie
- Mental Health Ireland – www.mentalhealthireland.ie, Tel: 01 284 1166
- Mind and Body Works - http://www.mindandbodyworks.com (Low cost counselling and psychotherapy in North and South)
- My Mind Centre for Wellbeing – www.mymind.org, Tel: (+353) 76 680 10 60
- Pieta House – www.pieta.ie, Tel: 01 623 5606
- Genesis Psychotherapy & Family Therapy Service – www.genesistherapy.ie, Tel: 01 820 2764
- Samaritans – www.samaritans.org, Tel: +353 1 671 0071
- See Change – www.seechange.ie, Tel: 116 123
- Suicide or Survive – www.suicideorsurvive.ie, Tel: 1890 577 577
- Youth Suicide Prevention Ireland – www.ypsi.eu, Tel: 021 242 7171
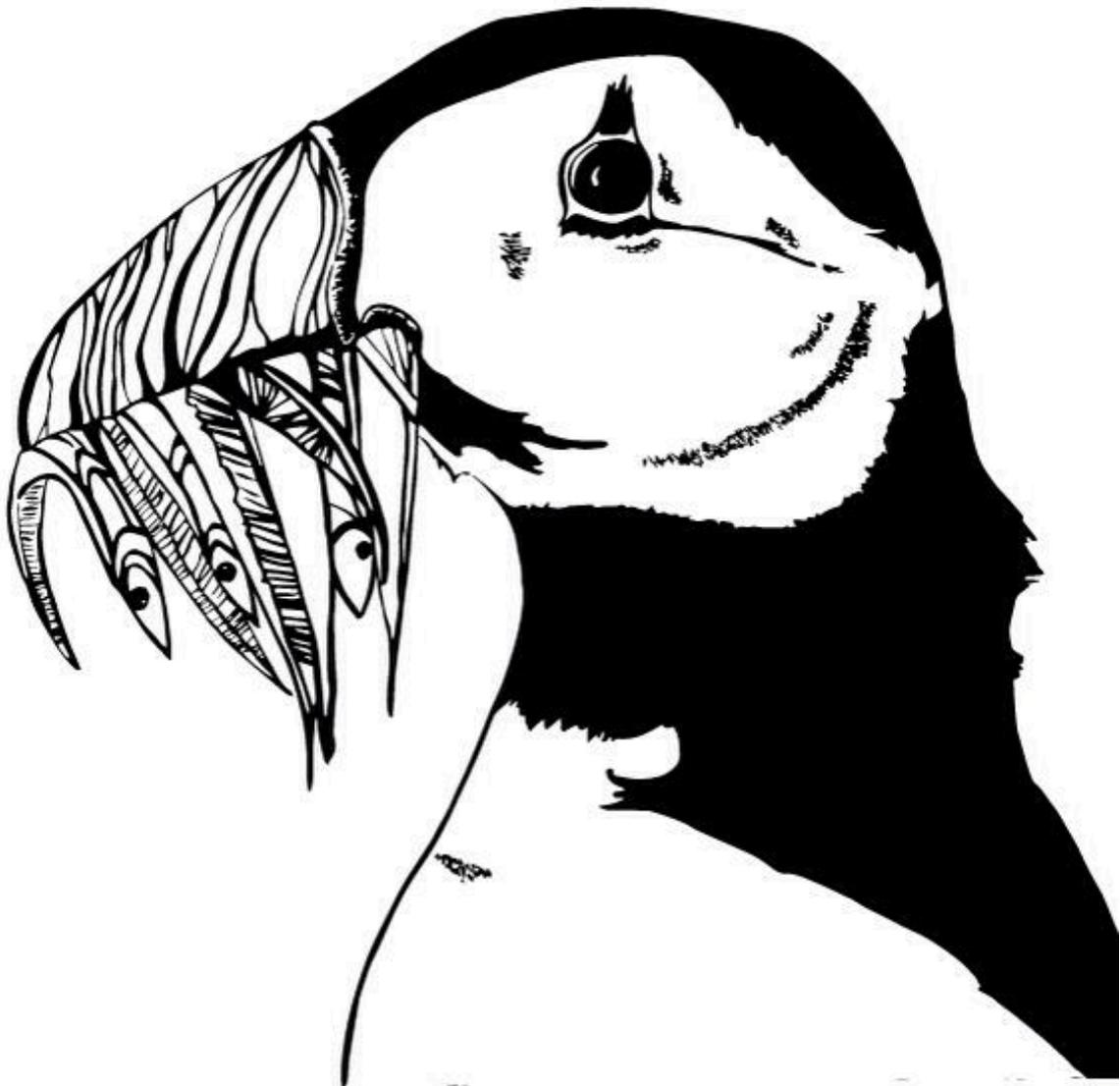
# Flying South

## Mental Health - Open Mic

Free Admission
Alcohol-Free Event
7pm Friday 24th April
Jaja Studios, 1B Cowper St, Stoneybatter
facebook.com/FlyingSouth2015

**Appendix E**

**The Taste of Suicide – A Spoken word poem**

I was eight year's old when I first tasted the word "suicide" on my lips.

My child mind didn't really understand death;

Didn't know much about choosing it.

But I knew what it was to yearn for nothingness

and I knew that my multi-coloured skipping rope when coiled into the shape of a circle formed a noose.

There were no beams in our cluttered house to hang my rainbow from,

So I settled for curling reds, greens and blues around my neck

hoping that if I just pulled tight enough, I'd feel something different.

Something other than the clinking in my mind

and the dead ravens that had dug their grave in my chest.

I didn't want to die;

not back then.

I was not searching for salvation;

only emptiness.


Over the years I sought release in strange places,

 I would inhale fictional worlds until they were my own,

lose myself in the pretending.

Then curl into salt tears at night when the darkness reminded me who I really was;

fall asleep to the hope that maybe this time I wouldn't wake up.

My weekly childhood bathes became cleansing rituals,

drowning my lungs in water long enough to make me feel alive.

Return to the surface.

Gasping;

Writhing;

Itching for more.


I was sixteen when I tasted the word "suicide" on my lips again.

This time I swallowed it whole,

one pill after another.

My body became a burning crescendo,

My blood the river sticks crashing against my tired bones

immersing me in some mortal hell.

I burned from the inside out.

My attempt to leave this world was not the soft, quiet thing I'd imagined

but a mirage of vomit and fire.

Burning, aching, fading out.

Until I woke in a hospital bed to the tear-hinged sound of:

 "Darling, please just stay with us".


The next year is a string of half-strangled orchestras.

Melodies erupting in places they should not have been.

I marked the passage of time

in the red slits I cut into my own skin,

and in the pills I swallowed day after day.

Six months in a psychiatric ward,

curling my body into a ball of unapology at night.

They pumped me full of drugs

when I all I really needed was love.

Six months in a psychiatric ward;

And not one therapy session.

So I found healing in my own way.

Learned how to receive love again

absorbing it into my frayed and delicate skin.

Drowning my lungs in laughter,

which made me feel alive in a whole different way.


I am twenty one.

Now when I feel that word on my lips I allow no time for it to linger

Spitting it out; I swallow memories instead.

Of love and of laughter,

Of dew-soaked sleeping bag dreams under oceans of stars,

Of un-coordinated dancing at two am to Radiohead.

Of my first university exam: me - a nervous wreck

My brother turning up dressed as a fully grown adult banana

Just to remind me that I could smile.

Of tight embraces,

And hands reaching out to hold one another;

Of way too many cups of hot chocolate.

Or just enough.


I was eight years old when I first tasted the word "suicide" on my lips.

Nowadays, there are moments,

Just moments;

When I forget how to spell it.