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Exploring subjective experiences of Eye Movement Desensitization Reprocessing (EMDR) for psychosis - a Power Threat Meaning Framework (PTMF) informed narrative inquiry

Abstract

An extensive body of evidence supports the association between life adversity and experiences such as hearing voices and holding beliefs that others may find unusual. Emerging evidence suggests Eye Movement Desensitization Reprocessing (EMDR) may be an effective intervention for reducing the emotional impact of trauma memories in the context of psychosis and, as a result, may lessen the impact of unusual experiences. Despite this, there has been limited research into clients' subjective experiences of EMDR for psychosis with existing research has predominantly focused on its ability to resolve what are viewed as 'comorbid symptoms' of Post-Traumatic Stress Disorder (PTSD). The theoretical assumptions of the Power Threat Meaning Framework (PTMF, Johnstone & Boyle, 2018) suggest that unusual experiences can be understood as trauma related distress. In line with this perspective, the aims of the current study were to explore what focusing therapeutically on traumatic experiences in the context of psychosis might reveal about the link between adversity and psychosis and, furthermore, to explore what clients' depict as important when engaging with EMDR for psychosis

Participants recruited from specialist psychosis community mental health services were interviewed and a qualitative narrative analysis methodology employed. Within the narratives, trauma-derived personal meanings were common and could be linked to the content of unusual experiences. Participants consistently positioned themselves as advocates of EMDR for psychosis, citing improved relationships and feeling calmer amongst positive changes. In reflecting on their experiences of EMDR, participants more commonly cited the importance of a trusting therapeutic relationship than specific EMDR techniques. A number of clinical implications are raised, including recommendations for care resourcing and planning.

Introduction

The association between experiences of adversity and the phenomena referred to as 'psychosis' is now widely acknowledged amongst researchers. Forms of adversity such as childhood abuse and neglect (Bentall et al., 2014, Varese et al., 2012; Bailey, 2018), bullying (Cunningham et al., 2016), poverty and deprivation (Kirkbride et al., 2014; Morgan et al., 2019), discrimination (Pearce et al., 2019) and parental loss (Morgan et al., 2007) have all been implicated in the cause of experiences such as hearing voices and having beliefs that others find unusual. The link between childhood trauma and psychosis is a consistent finding within the literature and a review by Varese et al. (2012) found that survivors of childhood adversity were nearly three times as likely to experience psychosis than those who had not.

Whilst the link between later life adversities and psychosis has been less of a focus of research (Beards et al., 2013), associations between social and economic inequality and psychosis have been observed (Read et al., 2013). Urban living is commonly linked to an increased risk of experiencing psychosis, with a more in-depth analysis suggesting that stressful life events, overcrowded accommodation and poverty are amongst the main factors explaining this association (van Os et al., 2009). Stilo et al. (2016) found that people with a first-episode of psychosis were 12 times as likely to be unemployed and nine times as likely to be living below the poverty line than those who had not experienced psychosis. Moreover, they found a cumulative effect of adversity, which supports previous findings of a dose response-relationship between adversity and psychosis (Shevlin et al., 2008). Widespread research has also found rates of psychosis to be higher for racially and ethnically minoritized groups (e.g. Radua et al., 2018) and there is evidence to suggest that the greater the extent of discrimination experienced the more likely an individual is to later experience psychosis (Stowkowy et al., 2016).

The Power, Threat, Meaning Framework

Whilst ongoing research continues to strengthen the understanding that adverse experiences underpin psychosis-related distress, greater emphasis has, more recently, been placed on the complexity of the relationship between adversity and mental health difficulties. The Power Threat Meaning Framework (PTMF, Johnstone & Boyle, 2018), offers a trauma-informed, theoretical perspective on the exponential impact of multiple adversities on an individual or group. It draws attention to the interplay between social and economic inequalities and adversity and suggests where inequality exists, adverse life experiences are more likely. A core tenet of the PTMF is the pivotal role power plays in the lives of groups and individuals. Power is understood as operating negatively on the group or individual (i.e. coercive power) or positively through the resources an individual or group have at their disposal (i.e. economic, social or cultural capital). The meaning individuals place on their experiences is also central to the PTMF and considered fundamental in how emotional distress is expressed. Personal meaning is said to be represented in both feelings and beliefs about oneself (Cromby, 2015) and, in this way, forms a culturally shaped, embodied understanding of one's experience.

In conceptualizing 'trauma', the PTMF highlights how the term can often be used in a restrictive way that focusses on isolated and extreme events (often referred to as capital-T traumas) at the expense of adverse experiences that, whilst perhaps not universally considered as 'major' traumas, may have a high emotional impact. This may be particularly pertinent in relation to adversities resulting from social or economic inequality which, whilst having the potential to be highly traumatic, may be perceived as "small-t" traumas, that nonetheless have a lasting impact on an individual's sense of self (Shapiro, 2018, p.51).

Eye Movement Desensitization Reprocessing (EMDR)

Alongside the ever-growing research base linking adversity with psychosis, emerging evidence suggests trauma focused therapies (TFT) may be an effective intervention for reducing the emotional impact of trauma in the context of psychosis (van den Berg et al.,

2018). Eye Movement Desensitization Reprocessing (EMDR) is one form of TFT that has shown encouraging potential in this area (Adams et al., 2020) and there is growing literature on its adaptation for these purposes (e.g. Miller, 2015). EMDR uses bilateral stimulation (often in the form of eye movements) to allow for divided attention enabling people to tolerate traumatic memories whilst remaining in their window of emotional tolerance. The process of desensitization then aims to reduce the emotional disturbance associated with the unprocessed trauma memory network. In safely exposing people to traumatic memories, EMDR can help individuals develop associations between fragmented trauma memories and other episodic memories thus integrating the traumatic material with the rest of their knowledge and experiences. The process of integration enables connection between the disparate cognitive, emotional and somatic aspects of the unprocessed trauma memory network and enables people to develop new meanings and helpful understandings of their experiences (Shapiro, 2018).

Initial research on the use of EMDR in the context of psychosis has predominantly focused on its ability to resolve what are viewed as 'comorbid symptoms' of Post-Traumatic Stress Disorder (PTSD) such as nightmares and flashbacks (e.g. van den Berg et al., 2018). Less of a focus has, as yet, been placed on the use of EMDR for the experiences of psychosis where the main objective is targeting the traumatic memories associated with psychosis related phenomena such as hearing voices and holding unusual beliefs (Hardwick, 2023b). The distinction between a 'comorbid' perspective and the latter perspective is an important one. In line with the assertions of the PTMF (Johnstone and Boyle, 2018), the current research comes from the position that unusual experiences (in addition to those often conceptualized as 'PTSD') can all be understood as trauma related distress, and, as a result, are legitimate targets for trauma focused therapy.

Whilst there is increasing research into the subjective experiences of EMDR for PTSD (e.g. Whitehouse, 2021) research on peoples' experiences of EMDR in the context of

psychosis is limited. Interpretative Phenomenological Analysis (IPA) by Hardwick (2023a) explored clients' experiences of EMDR for psychosis and found EMDR transformative for some, but for others it was difficult to engage with and trauma was not considered relevant to their difficulties. For participants who had found it effective, the ability to connect with trauma memories on a physical and emotional level set it apart from other therapies they had experienced. A key transformative element cited was EMDR's role in supporting the development of new meanings that absolved self-blame from previous trauma. The ability to make meaning of one's experiences is commonly cited as supportive of recovery from psychosis (e.g. Romme et al., 2009) and it may be an important factor in the applicability of EMDR in this context. With this in mind, understanding people's subjective experience of the meaning-making processes in the context of EMDR for psychosis was a focus of the current research.

Of further interest was the role EMDR may play in helping individuals address the distress associated with adversity in the broader sense, such as 'small-t' traumas and those arising from social or economic inequality. The idea that TFT could be used as an intervention to help individuals manage the impact of experiences such as poverty or discrimination may be seen as a, potentially problematic, attempt to individualize systemic failings (Kinderman, 2019). But whilst individual therapeutic work may not address systemic inequality, it does provide the opportunity for the empowerment of individuals in the face of adversity (Herman, 1992). This may be through challenging harmful ideologies, raising awareness of how to oppose oppression, or by supporting individuals to overcome internalized oppression (Nadal, 2017). As such, the breadth and depth of adversity addressed within EMDR for psychosis was also an area of interest for the study.

Research aims

There were two main aims of the investigation. Firstly, to explore what focusing therapeutically on experiences of trauma that commenced prior to the onset of psychosis

might reveal about the link between adversity and psychosis and; secondly, to explore what people depict as important when engaging with EMDR for psychosis. In achieving these aims, two further objectives were set:

- To explore what peoples' narratives reveal, in the context of EMDR, about the meanings they have placed on their experiences.
- To explore what peoples' narratives reveal about how EMDR may reduce the distress associated with adversity in the broader sense (i.e. 'small-t' traumas or those rooted in social or economic inequality).

With an interest in individual journeys through the experiences of psychosis, a narrative analysis methodology is employed in the study. Narrative approaches enable in-depth exploration of how individuals' construct the sequence of events within their lives and the meanings they derive from their experiences (Reissman, 2008).

Method

Theoretical framework

The philosophical stance of the study draws upon a social constructionist epistemology (Gergen, 1997) and a critical realist ontology (Bhaskar, 1978). From a social constructionist perspective, people construct reality in cultural contexts that are inherently linked with, and shaped by, their personal, social and political realms (Gergen, 1997). In this way, knowledge is maintained by social processes and the influence of power embedded within them. Critical realism rejects the positivist notion that there are scientifically discoverable universal relationships but considers that statements about what is real (ontology) cannot be reduced to statements about knowledge of the world (epistemology).

Design

A qualitative, narrative inquiry approach to analysis was used within the study. Narrative analysis enables an emphasis on personal meaning-making through the reconstruction of identity (Frank, 1993) and, by keeping stories intact, provides the

opportunity to interpret how people construct their journey through adversity. Narrative analysis also has the potential to recognise the multiple voices that make up an individual's story (Frank, 2012) such as the reproduction of the words of professionals or through the echoing of family members attitudes towards mental health difficulties. In this way, it can provide the opportunity to explore how people position themselves in relation to dominant discourses.

Reflexivity

Interviews were conducted by two trainee clinical psychologists, one female (untrained in EMDR) and one male (author, trained in EMDR), both White British. Of the second and third authors, one was a trained, accredited practitioner in EMDR and the other untrained. A reflexive journal was used throughout the process to reflect on how the authors personal characteristics, circumstances and values may have influenced the research process. A perspective on societal inequalities that aligns with a "universal emancipatory" approach (Haider, 2018) and often leads to a critical stance towards systemic factors that facilitate the oppression of marginalized groups is central to the first author's position. This includes a keen interest in the role that social, economic and environmental inequalities play in emotional distress and in approaches to the amelioration of distress that consider both wider socio-political change and individual and community approaches to the healing of traumatic experiences. An audit of coding and analysis was conducted by a supervisor to further improve the quality of the research.

Definitions

The term 'psychosis' is not used to describe a discrete diagnosis, but as an overarching descriptor which, as described by Cooke (2017), encompasses the following experiences:

- hearing voices and seeing, feeling, smelling or tasting things others do not.
- holding strong beliefs others do not share such as suspicious beliefs or grandiose beliefs about the self.

- having overwhelming and distracting thoughts and speaking in a way others find difficult to follow.

Participants

Purposive sampling was employed in the study. This approach involves the intentional selection of participants based on those who are most likely to have experienced the phenomena in question (Robinson, 2014). As such, people who had experienced psychosis as described by Cooke (2017), had been known to specialist psychosis community mental health services and had completed at least eight sessions of EMDR were included. Participants were jointly recruited by therapists delivering EMDR across three NHS trusts in the Southeast of England. Table 1 provides a breakdown of participant demographics. There were initially eight participants recruited, however, one participant withdrew from the study immediately prior to completion. Although outside of the agreed time for withdrawal of information, it was felt most ethical to remove what was possible of the data - including the narrative synopsis and any quotes. Despite this, data from the interview still informs the themes outlined.

Table 1

Participant demographics

Participant*	Gender	Age range	Ethnicity
Hayley	Female	35-44	White British
Amy	Female	25-34	White British
Nina	Female	55-64	White British
Danielle	Female	25-34	Black British
Mimi	Female	45-54	Black African
Lucia	Female	25-34	Black Caribbean
Robert	Male	25-34	White British

* Names changed to protect anonymity

Ethics

The study was approved by the Research Ethics Committee (REC) on 7/4/22. Further capacity and capability approval was given by three independent NHS trust research and development teams prior to recruiting.

Data collection

In line with the approach used by Thornhill (2004), participants were asked a single interview question after which they were invited to tell their story without interruption: "As mentioned the conversation we are about to have is to help us understand about therapy for psychosis that addresses traumatic memories. Perhaps you could start by telling me the story of your experiences of what you now understand to be psychosis."

Once the participant had finished telling their story, follow-up questions were asked to further explore topic areas associated with the research questions. Example topic areas included: experiences of trauma focused therapy for psychosis, links between adversity and psychosis and personal meanings of distress. Topic areas and specific terms (e.g. unusual experiences, meaning-making, adversity) were not introduced unless already partially addressed by the interviewee. Where topic areas had been partially addressed, the researcher prompted for further information with questions such as: "You mentioned you have changed the way you think about…, can you tell me more about what helped with that?" and "Could you tell me more about your experience of therapy?"

Interviews were conducted in person (n=7) and online (n=1). All interviews were audio recorded. The length of interviews ranged from 53min to 1hr 40min (M = 1hr 14min, SD = 16 min). Demographic information was completed by participants prior to interviews. Basic transcripts were extracted from audio recordings using transcription software and then manually adjusted for inaccuracies.

Analytical approach

The analysis was conducted by the first author in consultation with the second and third authors. The methodology incorporated a combination of structural (Labov & Waletsky, 1967), thematic (Reissman, 2008) and dialogical (Frank, 2012) narrative analysis approaches. Whilst both structural and thematic narrative analysis place an emphasis on the insights deriving from content ('what' is said), structural analysis enables a deeper look at the embedded aspects of a story, such as variation in the personal meaning of experiences and the moral standpoints taken (Reissman, 2008). Furthermore, the process of structural coding (Labov & Waletsky, 1967) facilitates total immersion into the data enhancing other forms of analysis. Dialogical or positional analysis (Frank, 2012) seeks to move beyond 'what' and 'how' dialogue has been expressed to consider why it has been communicated (purpose) and to whom. This provides greater opportunity for exploring the influence of societal discourses and the role of power in the construction of narratives. In line with the work of Murray (2000), the present study incorporated analysis at the personal, interpersonal, positional and ideological levels. The analytical approach taken in the study is summarized in table 2. Although presented in a linear format, analysis was undertaken iteratively, going back and forth between steps as the analysis progressed. Narrative analysis allows for both inductive and deductive forms of analysis (Sharp et al., 2019). A hybrid of inductive and, to a lesser degree, deductive approaches was used when analyzing the narratives. Narratives were initially analyzed inductively and emerging themes and assumptions were then approached deductively with overarching PTMF (Johnstone and Boyle, 2018) principles to support data synthesis.

Table 2

Analytical procedure

Step 1	Each transcript was read and structural elements were identified and coded using Labov's framework of narrative structure (Labov & Waletsky, 1967).

Step 2 The content of each story was explored using the identified structural elements and findings entered into the narrative summary sheet (see completed example in Appendix A). Key questions asked of the data were:

- How do people summarize their journeys?
- What do narratives reveal about the meanings the individual has made of their experiences?

Step 3 Each transcript was re-read and themes within each narrative were extracted. A synopsis of the narrative was created to include:

- Timeline of events
- Characters
- Key assumptions and key themes

Step 4 Each transcript was re-read and a dialogical/positional analysis was undertaken based on the work of Murray (2000) and informed by Thornhill (2004). This involved commenting on each narrative at multiple levels, including:

- Personal (e.g. What function did the narrative serve?)
- Interpersonal (e.g. What messages were people trying to convey?)
- Positional (e.g. What aspects of peoples' identity may have impacted the construction of the narrative?)
- Ideological (e.g. What dominant or counter narratives could be identified within the story?)

Step 5 Narratives were compared and contrasted to identify unifying themes (see Appendix B).

Step 6 Units of speech were extracted in order to demonstrate findings

Step 7 Participants were provided with a synopsis of their narrative in order to give feedback on accuracy.

Results

The following results are displayed thematically with insights offered from structural, thematic and dialogical narrative analysis approaches reflected within each theme. A brief synopsis of each narrative is provided in table 3 (see supplementary material for full synopsis)

Table 3

Synopsis of narratives

Hayley	Hayley's narrative highlights experiences of childhood neglect and a stressful divorce from an abusive partner as central to her experiences of hearing voices, seeing visions and having suspicious beliefs.
Amy	Amy described physical and psychological abuse at the hands of a partner who later ended his own life as triggers for her experiences of psychosis. Her difficulties included voices, visions and suspicious beliefs.
Nina	Nina's narrative described psychological and physical abuse by her father as underpinning her experiences of psychosis. Her story told of experiencing "telepathic" connections with childhood musical heroes and "delusions" that got "darker and darker.
Danielle	Danielle's narrative depicted a period of separation from her family in childhood as central to her psychosis. She experienced visions, a sense of grandiosity, "negative" thought patterns and "powerful" self-talk.
Mimi	Mimi’s story described her experiences as a long-term victim of intimate partner violence perpetrated by her late husband. After leaving her husband

	she began to hear voices and to have unusual experiences such as feeling like she was being pressed onto her bed (reminiscent of her experiences of abuse).
Lucia	Lucia's narrative described how witnessing intimate partner violence from an early age and experiencing a series of family bereavements between the ages of 14 and 17 resulted in the onset of grandiose and suspicious beliefs that led to admission to hospital.
Robert	Robert's story depicted how several months after a neighbor threatened to kill him with a hammer, he began to experience visions, voices and smells.

Research aim 1: What does focusing therapeutically on experiences of trauma that commenced prior to the onset of psychosis reveal about the link between adversity and psychosis?

Key themes and assumptions were identified through a process of both inductive and deductive data analysis and synthesized into four broad headings: adversity, meaning-making and unusual experiences; emotionally detached coping mechanisms; the role of power in causing and maintaining adversity; and, openness to a higher consciousness.

Adversity, meaning-making and unusual experiences

All participants had experienced multiple adversities in their life and expressed the belief that trauma and adversity underpinned their experiences of psychosis. Aside from Mimi - who began her narrative by expressing her wish not to talk about early experiences - childhood adversity featured in all of the narratives. Forms of early adversity were often disclosed later in the narratives and included physical and psychological abuse (Nina, Lucia, Robert), neglect (Hayley), traumatic abortion (Amy), witnessing of intimate partner violence (Lucia) and separation from family (Danielle). For most participants, trauma-based explanations of psychosis were linked to multiple adversities: "another layer of trauma is

what sort of kicked it off, in my opinion" (Hayley). Later life adversities depicted in the narratives (often seen as the 'trigger' for psychosis) included intimate partner violence (Hayley, Amy, Mimi, Danielle), threatened assault (Robert), relationship breakdown (Nina) and familial loss (Lucia). Every participant disclosed traumatic experiences that were interpersonal in nature.

For some participants, adverse experiences were directly relatable to their unusual experiences (Amy, Mimi). An example of this came from Mimi who described a sensory experience reminiscent of abusive acts perpetrated by her ex-husband: "it's like somebody's pressing me on my bed". For others, links were apparent between the personal meanings derived from traumatic experiences (e.g. feeling unsafe) and the content of psychosis phenomena. Themes of personal meaning were common and included guilt and self-blame (Nina, Amy, Danielle, Mimi), self-defectiveness (Nina, Robert, Hayley), shame (Mimi, Danielle), feeling unsafe (Hayley, Amy, Mimi, Robert) and powerlessness (Amy, Mimi, Danielle). A theme of self-blame in the content of unusual experiences was demonstrated by Danielle: "I thought it was um, a religious kind of thing like, I'd done something wrong in my life and it was just my punishment". Feeling unsafe featured strongly in Robert's unusual experiences: "I've heard like a crowd of people like cheering to kill me for no apparent reason".

In the case of Mimi and Robert, the impact of social and economic inequality was linked with personal meanings of self-defectiveness. For Mimi, the shame associated with financial difficulties was deepened by an experience of racist abuse from a dentist: "it gives me a flashback like, I don't want to live again. I can't take this anymore. I have never been so ashamed of myself". For Nina, although she had experienced physical abuse perpetrated by her father, it was her parents' ongoing criticism that she cited as having the most impact: "It was mainly the memories of being criticised and feeling as if I'd never be good enough to do music".

Emotionally detached coping mechanisms

In describing their experiences, four participants (Amy, Nina, Danielle, Lucia) highlighted a long-term difficulty in managing emotions and, more specifically detachment from them, as central to their difficulties: "I felt like from childhood, I had a very, I had a, I didn't, I didn't know how to deal with all my emotions, so I bottled them up" (Danielle). Lucia also made connections between early adversity, avoidant coping strategies and the onset of psychosis: "So that meant that I like didn't want to upset my mum because what she was going through and that meant that I would suppress my emotions as a child. And that's how I got to the state where I was as I grew older". In Nina's narrative, she also describes the avoidance of emotions: "I'm not dissociative, but I certainly use avoidance".

The role of power in causing and maintaining adversity

The construction of this broad theme drew deductively on PTMF theory (Johnstone and Boyle, 2018) to a greater extent than other areas. The negative use of power was evident throughout the narratives. Forms of coercive, economic and ideological power acted to cause or maintain adversity and the subsequent personal meanings made from it. For participants who had been a victim of intimate partner abuse (Hayley, Amy, Mimi, Danielle), the combination of coercive and ideological power served to maintain oppression and feelings of powerlessness. Mimi highlights this when describing the response of a community elder to her experiences of intimate partner violence perpetrated by her ex-husband: "Our elder told us you have to be patient. You can't just leave your marriage. Just, it's like, in our communities, like it's normal is [*sic*] known. If they abuse you that is normal". Danielle demonstrates the impact of her partner's ideological beliefs on her wellbeing "he would tell me about like witchcraft and demonization and things like that. So as soon as like, I got ill, I realized I had internalized all of that". In Amy's narrative she reflects how dominant narratives around mental health had been used interpersonally to manipulate her: "I saw his [browsing] history on his things about dead bodies and different

things. But like to the surface, everyone thought he was a prince-charming and I thought I was going insane. And he gaslighted me and made me believe that I was going insane".

Participants relationship with their own social and economic standing featured within the narratives and could be understood as a reflection of the dominant capitalist ideology. For Danielle, this led to feelings of defectiveness, which had been a long-standing issue for her, and could be linked to her experiences of psychosis: "I was really insecure about like, had I measured up to like what I'm supposed to achieve or what everyone else is doing?" Robert's ongoing quest for employment to overcome feelings of isolation was central to his unusual experiences and for Nina, valuing creative expression over economic success led to a long-lasting conflict with her parents. It was notable that resistance to an ideology where success is judged economically was more accessible for those who had previously considered themselves to be economically successful (Hayley, Mimi).

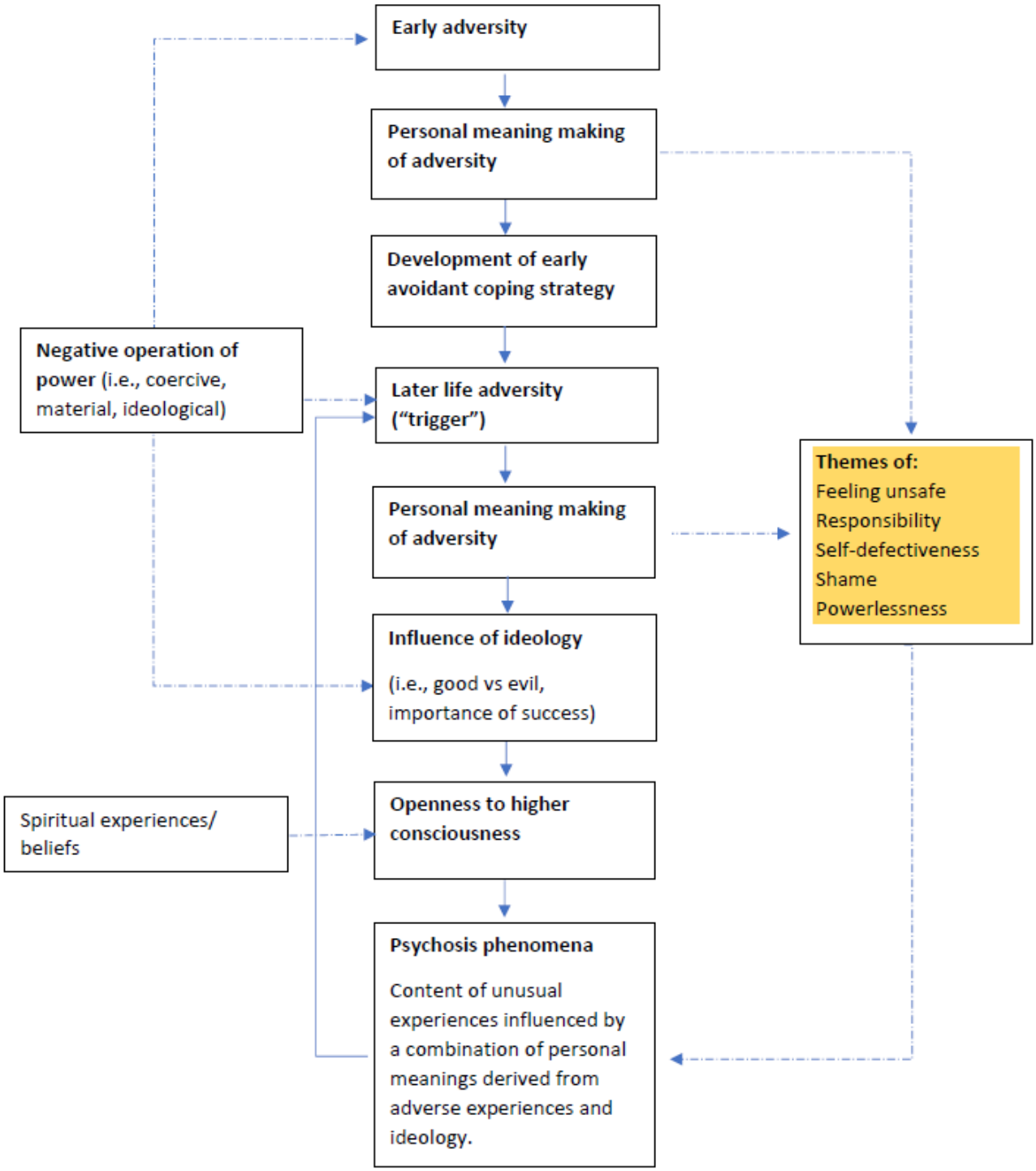
Openness to a higher consciousness

A common thread running through the narratives was an openness to a higher consciousness prior to the onset of psychosis (Hayley, Amy, Danielle, Mimi, Robert). This predominantly came in the form of non-religious spiritual beliefs (Hayley, Amy, Robert) or religious beliefs (Danielle and Mimi). In her narrative, Hayley described how spiritual exploration led to her reassessing the boundaries of reality: "I've read quite a lot of spiritual stuff as well. So I think the lines between reality and you know, were becoming blurred anyway…". Robert's narrative also depicted a strong sense of spirituality: "But yeah, apparently I'm connected to like spiritual like sort of things but not like as good as a medium." For Danielle, there was a clear link between religious beliefs and the experiences of psychosis: "I don't want to associate [anymore] with any religion, because I feel like soon as I put religion in that um, it makes me it just makes me a bit more paranoid". Neither Nina or Lucia's narrative made reference to religious or spiritual beliefs, and they were not prompted by the interviewer.

Figure 1 displays a conceptual model representing how themes from the narratives may link together to form a pathway between adversity and unusual experiences. The model is not intended as generalizable to all experiences of psychosis, but represents patterns emerging from the present study. The diagram highlights the presence of both early and later life adversities in the narratives and depicts how early adversity may lead to the development of avoidant coping strategies and personal meanings such as self-blame (responsibility), self-defectiveness, shame, powerlessness and a lack of safety. Later life adversity (experienced as a 'trigger' for psychosis) is depicted as leading to further personal meaning-making which, in turn, influences the content of unusual experiences. The diagram also depicts the role of the negative operation of power in causing and maintaining adversity and in shaping ideological beliefs that feature in unusual experiences. An openness to a higher consciousness is also depicted as a potential factor shaping unusual experiences.

Figure 1

Conceptual model of participant themes – a pathway from adversity to unusual experiences


Early adversity
Personal meaning making of adversity
Development of early avoidant coping strategy
Negative operation of power (i.e., coercive, material, ideological)
Later life adversity ("trigger")
Personal meaning making of adversity
Themes of:
Feeling unsafe
Responsibility
Self-defectiveness
Shame
Powerlessness
Influence of ideology
(i.e., good vs evil, importance of success)
Spiritual experiences/ beliefs
Openness to higher consciousness
Psychosis phenomena
Content of unusual experiences influenced by a combination of personal meanings derived from adverse experiences and ideology.

Research aim 2: what do peoples' experiences depict as important when engaging with EMDR for psychosis?

Key themes and assumptions were synthesized into four broad headings: EMDR's role in change; the therapeutic relationship; EMDR and personal meaning-making; and, moving beyond dialogue.

EMDR's role in change

Participants consistently took up the role of advocates of EMDR in their stories, often emphasizing how EMDR had been more effective than other therapies: "I'm able to process it differently. Whereas I think the other therapies just left me with that feeling" (Lucia). Each participant addressed their experiences of EMDR towards the end of their stories and in doing so often used words such as "now" or "anymore" in resolving their stories: "I don't feel triggered by my son anymore" (Hayley). As was the case for a number of participants, Danielle's resolution depicted improved relationships: "I think to this day, I think my mum, me and my mum's relationship has benefited the most from the reprocessing…". Participants often resolved narratives by describing how EMDR had helped them to feel calmer (Robert, Lucia, Mimi, Danielle, Nina), as demonstrated by Mimi: "But now I'm more calmer. Little things don't stress [*sic*], before little things will stress me out". Although not prompted specifically, the majority of participants did not describe any further unusual experiences after undertaking EMDR. The exceptions to this were Amy, who experienced a second episode, was hospitalized, and then had further EMDR; and Mimi, who described still hearing voices from time to time but described them as less intrusive and more manageable: "I don't listen to them. It's not as distinct like before".

There were several examples of the interviewer prompting for specific insights into the therapeutic process. On these occasions responses were often related to the therapeutic relationship and the meaning-making process rather than specific techniques. Despite this, there were a number of references to the usefulness of the safe/calm place exercise (Hayley,

Amy, Danielle, Nina, Lucia) and to varying extents references to reprocessing memories. In Nina's narrative, she explained how processing traumatic memories became quicker as therapy progressed: "the first trauma thought that we focused on which was my father hitting me was um... took about half a dozen sessions to resolve itself. But as the as the therapy progressed, then the time for processing the trauma thoughts decreased".

The therapeutic relationship

For a number of participants, a trusting therapeutic relationship was emphasized as the most important element of their EMDR therapy. This was especially the case for participants who had experienced intimate partner abuse (Hayley, Amy, Danielle, Mimi), as emphasized by Hayley: "Just having a woman that I've trusted, and I could talk to and you know, that unconditional regard… those type of things really made a difference to me". For others (Nina, Danielle, Lucia), time was a factor in building that relationship: "I think with the challenges is knowing that, like an understanding, that I have maybe issues with trust in general. So short term therapies wouldn't have worked, because it takes me a long time to actually trust the therapist" (Lucia).

EMDR and personal meaning-making

A common theme across the narratives was how EMDR had helped participants to address personal meanings emanating from adverse experiences. Hayley demonstrated this in relation to self-defectiveness: "But we, we managed to come to a theme of feeling not capable. And that's kind of where we started our work…And so we did a lot of work around that. And it was really, really useful…" For Mimi's story she emphasized how EMDR empowered her to act against a dentist who had racially abused her: "I told her, you know what? I'm not going to allow anybody to bring me down anymore…I'm going to take it on this doctor. So what I did, I wrote a letter of complaint… It empowered me yes. It empowered me a lot". In her narrative she also referred to a changing attitude towards patriarchal control: "That is the man power. But not anymore". She continued: "Before I

used to blame myself well yes, 'you have the right to beat me up'. Well, no, it's not my fault".

Personal meaning-making through EMDR also seemed to address participants', aforementioned, emotionally detached coping strategies and how they linked with adversity: "But the EMDR really helped me pinpoint that because it helped me understand, like, when things get too overwhelming, emotionally, I switch off from it…" (Lucia).

For some participants (Hayley, Lucia, Nina), EMDR appeared to play a role in developing a view that their difficulties may be also, in part, related to less pronounced experiences of adversity: "so it helped me understand that I guess a lot of it I used to blame on like the domestic [*sic*] but actually was just down to like, sibling rivalry and feeling almost like I had to support the whole family rather than be a child" (Lucia).

Moving beyond dialogue

There were several references to EMDR's ability to process traumatic memories on a physical and emotional level, as well as cognitive level (Lucia, Hayley, Amy, Robert): "It was almost like, all the feelings came up in me. And, you know, I needed to be sick, it was a very physical reaction. And that was a real turning point. Like after that I felt a lot better" (Hayley). In Robert's narrative, he noted how processing memories led to a delayed physical reaction: "At the end she was like 'did you get any symptoms or nothing?', I was like 'no', and then about five to 10 minutes later I got a massive shock through my head like where he held the hammer.", he continued: "I had a red spot on my forehead where he held the hammer". For Lucia, this set EMDR apart from other therapies that she had undertaken: "EMDR, like, continuously going over it and then thinking about the words that would come up and then where I was feeling it... I'm able to process it differently. Whereas I think the other therapies just left me with that feeling". Several participants noted how physical and emotional reactions made the process of therapy difficult at times: "And there'd be times where I'd be absolutely like streaming with tears, but she's like, 'No, don't stop, we're gonna

keep going through this' and like, push me through it sort of thing. And after every session, I would leave there and just be like, god I feel like I can breathe" (Amy).

Reflexive positioning

Reflection on the personal characteristics of interviewers offered further insights into the data. Both interviewers were White trainee clinical psychologists, one male and one female. This appears relevant in how participants constructed their stories around social and economic inequality, specifically, in relation to racism. Of the three Black participants, Mimi's narrative was the only one to explore the emotional impact of racism and this followed prompting from the interviewer. Danielle and Lucia's narratives focused on stigmatized views around mental health and in the instance of Danielle, she was clear that oppressive treatment practices were not linked to racial injustice. To what extent these findings may have been shaped by the identity of the interviewer is not clear, however, this context should be considered when making inferences from the data.

Discussion

There were two overarching aims of the investigation. Firstly, to explore what focusing therapeutically on experiences of trauma that commenced prior to the onset of psychosis might reveal about the link between adversity and psychosis, and secondly, to explore what clients' experiences depict as important when engaging with EMDR for psychosis. Further objectives pertained to exploring the meanings people had placed on their experiences and the extent to which EMDR may lessen the distress associated with adversity in the broader sense (i.e. 'small-t' traumas or those rooted in social or economic inequality). An interpretation of the findings, study limitations and clinical implications of the research are presented below.

Research aim 1: What does focusing therapeutically on experiences of trauma that commenced prior to the onset of psychosis reveal about the link between adversity and psychosis?

Four areas emerged from the narratives linking adversity and psychosis, these were: adversity, meaning-making and unusual experiences; emotionally detached coping mechanisms; the role of power in causing and maintaining adversity, and; openness to a higher consciousness. Figure 1 represents a conceptual model of how, for participants in this study, these themes may link together to form a pathway between adversity and unusual experiences.

Whilst all participants had experienced multiple adversities throughout their lives, and all but one shared experiences of childhood adversity, for the majority of participants, it was a later life adversity that had preceded the onset of psychosis. In line with the findings of previous research (Morrison et al., 2003), some participants were able to make direct links between experiences of adversity and the content of psychosis phenomena. For others, trauma-derived personal meanings were represented within the content of unusual experiences (see figure 1). Themes of self-blame, shame, self-defectiveness, feeling unsafe and powerlessness were common in the narratives and were reflected in the content of psychosis phenomena. This aligns with the PTMF's premise that the meaning individuals make of their experiences shapes the response they have to them (Johnstone and Boyle, 2018). Within the current study, there were some, albeit tentative, emerging patterns linking the types of personal meanings and the nature of unusual experiences. For example, a combination of self-blame and a lack of safety seemed to leave participants feeling highly suspicious and vulnerable during their unusual experiences (Amy, Hayley, Mimi). Where unusual experiences were dominated by grandiose beliefs (Nina, Danielle, Lucia), personal meanings appeared to center around self-defectiveness. This finding aligns with the perspective of the "paranoia-as-defence" literature (Murphy et al., 2018) which views the external attributions for negative events inherent in persecutory delusions as serving a function in reducing awareness of low self-esteem. The link between grandiose delusions and low self-esteem has also been proposed within the literature, however, there appears to

be mixed evidence that they serve a similar function in defending against low self-esteem (Knowles et al., 2011).

It was notable that participants' experiences of adversity were predominantly interpersonal in nature. Research by Thomas et al. (2021) suggests that interpersonal trauma leads to more severe post-traumatic stress experiences than non-interpersonal trauma (e.g. road traffic accidents or natural disasters) and it is possible that due to interpersonal trauma shattering personal meanings of safety, it may underpin experiences of psychosis to a greater extent than non-interpersonal experiences of adversity.

In making links to early adversity, four participants referred to the development of detached emotion regulation strategies. Within the literature, emotion regulation strategies have often been seen as a potential link between adversity and psychosis (see Hardy, 2017, for review) and in a study looking at associations between childhood trauma and psychosis, Powers (2016) found that the avoidance of emotions was strongly associated with the onset of psychosis. For Danielle and Lucia, there was a clear sense that detaching from their emotions had led to a build-up of unprocessed emotions that contributed to the onset of psychosis.

A theoretical perspective underpinning the research was the PTMF (Johnstone and Boyle, 2018), a key element of which is the role that the negative operation of power plays in the creation and maintenance of distress. The impact of coercive, economic and ideological power on adversity was evident across the narratives and, as a result, forms part of the conceptual model presented in figure 1. For participants who had suffered intimate partner violence it was the combination of coercive power, and ideological power wielded interpersonally, that appeared to be the most damaging. Alongside physical violence, there was evidence of the use of religious ideology, patriarchal messages around the sacredness of marriage, and societal stigma around mental health difficulties, in maintaining adversity (e.g. gaslighting). As suggested in the PTMF (Johnstone and Boyle, 2018), this appeared to

emphasize a sense of feeling trapped and powerless. The negative operation of power was also evident in relation to social and economic inequality and featured in personal meanings of self-defectiveness and shame, which were linked to experiences of racism, unemployment and financial difficulties.

A further theme throughout the narratives was an openness to a higher consciousness prior to the onset of psychosis in the form of religious or non-religious spiritual experiences or beliefs. Unusual experiences are often conceptualized as a spiritual experience (Phillips et al., 2009) and the role that spiritual practices and religious or spiritual beliefs play in the onset of psychosis has been the subject of research (Lucchetti et al., 2021). Although there is little evidence to suggest that religiosity or spirituality leads to psychosis (Huguelet & Mohr, 2009), there is some evidence of an association (Brito et al., 2021) and it is possible that, for the current participants, a greater openness to spirituality may have played a role in the onset of unusual experiences. This resonates with the concept of 'transliminality' which is described as hypersensitivity to ideational and affective psychological phenomena originating in the unconscious or external environment (Thalbourne and Delin, 1994). Highly transliminal people have been found to report more unusual experiences and are more likely to experience alterations in consciousness (Thalbourne and Houran, 2000).

Research aim 2: what do peoples' experiences depict as important in undertaking EMDR for psychosis?

In exploring peoples' depictions of EMDR for psychosis, four broad headings emerged: EMDR's role in change; the therapeutic relationship; EMDR and personal meaning-making; and, moving beyond dialogue.

Participants consistently reported positive experiences of EMDR and positioned themselves as advocates of EMDR for psychosis. This is perhaps unsurprising as participants were jointly recruited by EMDR therapists. Positive effects included improved relationships, feeling calmer and having a better understanding of how adversity had

impacted their ability to cope with emotions. In line with previous research into the effectiveness of EMDR for psychosis (Adams et al., 2020), there were no safety concerns highlighted. Two participants described further unusual experiences after having EMDR. For Amy, this seemed to have been influenced by an abrupt stop to medication. For Mimi, she continued to hear voices, but found them less intense, more benign and manageable. No other participants reported further unusual experiences. It is possible this finding was also influenced by the recruitment strategy, as therapists may have been less likely to put forward participants who had reexperienced psychosis.

In line with previous findings on psychological therapy (Lambert & Barley, 2001), the therapeutic relationship was often cited as the most important factor in participants' experiences of EMDR and it was notable how participants spoke less about the specific processes of EMDR and more about the relationship they had with their therapist. This was particularly emphasized by participants who had experienced intimate partner abuse and had not only been subject to coercive power, but also to ideological power used on an interpersonal level as a control strategy. For these participants, a trusting therapeutic relationship appeared to be both healing and empowering. It follows that whilst clinicians may not be able to change the use of coercive power, they have a key role in combating the harmful use of ideology.

A central feature of the narratives was how participants depicted change through the healing of personal meanings associated with adverse experiences. Participants seemed able to make reappraisals of trauma-derived personal meanings and move to more helpful positions in relation to their adverse experiences. Previous research on the subjective experiences of EMDR for psychosis (Hardwick, 2023a) found a key transformative element to be EMDR's role in reducing peoples' sense of responsibility and self-blame in relation to experiences of adversity. That finding was echoed in the current research along with EMDR's ability to lessen feelings of self-defectiveness, shame and powerlessness. What was

less clear from the research was to what extent participants reached more adaptive personal meanings spontaneously through reprocessing, with the support of therapeutic interweaves (therapist suggestions) during reprocessing, or outside of reprocessing sessions (i.e. client history taking).

Of interest to the current study was EMDR's role in lessening the distress associated with 'small-t' traumas or those rooted in social or economic inequality. There were several examples of memories that, whilst the scale of the trauma might not be universally considered as major, the impact on the internal self as a result of what happened was significant. For example, in Nina's narrative, a memory depicting her mother's response to her school results appeared to have been central to feelings of self-defectiveness. For some participants, EMDR had played a role in helping them to acknowledge the impact of these types of experiences.

There was also some evidence EMDR can play a role in healing trauma-derived personal meanings linked to inequality, such as self-defectiveness and shame. In Mimi's narrative she tells of the shame she felt as a result of financial difficulties and racism, and how EMDR helped to restore her dignity and empower her to act against her oppressor. Elsewhere in her narrative, she referred to a changing attitude to patriarchal oppression, which suggested her experience of EMDR may have played a role in raising her consciousness to these issues. The appropriateness of one-to-one psychological therapy in the face of oppression has often been critiqued (e.g. Crossley, 1999) and, historically, liberation psychologists have favored systemic and narrative approaches, as opposed to trauma focused therapies (e.g. Afuape, 2012). Despite this, there has been some recognition that individual psychological therapy can play an emancipatory role (Comes-Diaz, 2020) and the findings from the present study suggest EMDR may, under the right conditions, offer such opportunities. Such conditions might include EMDR therapists understanding the role of power in individual distress and having a firm commitment to social justice.

A further finding of previous research (Hardwick, 2023a) was EMDR's ability to move beyond the realm of cognition and to engage emotions at the physical level. This was also a finding within the present study and one which participants cited as a key difference from other therapies they had experienced. Existing research has emphasized the role of the body in both manifestations of traumatic experiences (Van der Kolk, 2014) and in meaning-making (Cromby, 2015) and the ability to move beyond cognitive reappraisals of trauma-derived personal meanings was depicted as important for participants.

Strengths and Limitations

There were several notable strengths and limitations with the study. An open approach to interviewing gave participants greater freedom in narrating their stories than might have been afforded with a more structured interview approach. A potential downside of this approach was the extent to which participants reflected on the process of EMDR itself. Interviewer prompts were used to encourage further reflection in this area, however, participants' views were less focused on specific aspects of EMDR. There were also limitations with the sample size and gender diversity of participants. Being a mainly female sample limited insight into the experiences of men and subsequently, how gender roles, and expectations in relation to them, may influence experiences of adversity and personal meaning-making. Furthermore, a sample size of eight may be considered low when compared to other qualitative methodologies, however, as emphasized by Reissman (1993), in narrative analysis, the emphasis is on the depth of analysis rather than breadth and is therefore suited to smaller sample sizes. In the present study, a methodical, in-depth approach to analysis that included a combination of structural, thematic and dialogical narrative approaches offered extensive insights into the data.

A key limitation of the study was the use of EMDR therapists to jointly recruit participants. This is likely to have influenced findings in relation to people's experiences of EMDR. Not only is it possible participants may have felt the need to be positive about their

experiences of EMDR for fear of it reflecting badly on their therapist, it is also possible therapists would not have identified them as potential participants were they not advocates for its use. The inclusion of participants who had not benefitted from EMDR is likely to have provided further insights. A further limitation of the study, due to space limitations, was the lack of focus on strengths and social capital. An example of this relates to faith. For several participants, even though they had turned away from organized religion following their experiences of psychosis, faith and a belief in god had played a key role in helping them to survive their difficulties.

Clinical and research implications and recommendations

For clinicians and policymakers, a number of considerations emanate from the research. Firstly, in line with previous findings (Read & Fraser, 1998), participants did not immediately reveal experiences of early adversity and disclosures often came later in the interview. In research focusing on the disclosure of traumatic events in the context of psychosis, Campodonico et al. (2021) found participants viewed talking about traumatic experiences as beneficial, and furthermore, that a lack of opportunities to discuss traumatic events contributed to negative feelings of self-blame, shame and guilt. As such, questions about experiences of adversity (including 'small-t' traumas and those arising from economic and social inequality) should be central to assessments. Secondly, several participants emphasized the benefit of having a longer period of therapy compared to what they had undertaken previously. Due to the extent and multiplicity of the adversity that may underpin the experiences of psychosis (including any trauma associated with the experience of psychosis and hospitalization), this may indicate a more extensive period of therapy may be required. Thirdly, in order to support meaning-making for the client and inform care planning, clinicians may wish to pay specific attention to the personal meanings situated within the content of unusual experiences and forge links with any personal meanings

arising from adversity. Finally, EMDR clinicians may wish to consider their role as therapists in promoting resistance to oppression.

As reflected in current clinical guidelines for the prevention and management of psychosis (NICE, 2014), researchers have largely viewed the re-experiencing of traumatic memories in the context of psychosis as evidence of 'comorbid' PTSD which is distinct from the unusual experiences associated with psychosis. Future research may seek to explore the role of EMDR in addressing the direct impact of trauma memories on unusual experiences. In doing so, researchers may wish to consider the usefulness of the conceptual model presented within the research and to investigate, in more detail, experiences of the specific elements of EMDR therapy for psychosis.

Conclusion

Through a narrative analytic approach, the study built on existing literature exploring the subjective experiences of people who have lived through adversity, have experienced psychosis and have subsequently engaged with EMDR therapy. All participants had experienced multiple adversities and took the view that trauma and adversity underpinned their experiences of psychosis. Participants consistently positioned themselves as advocates of EMDR for psychosis and cited positive effects such as improved relationships, feeling calmer and having a better understanding of how adversity had impacted them. Personal meanings derived from traumatic experiences such as self-blame, shame, self-defectiveness, feeling unsafe and powerlessness were common within the narratives. In summarizing the participants' experiences, the study offered a tentative, conceptualization of a potential pathway between adversity and unusual experiences. Several clinical implications were raised, including recommendations for assessment and care planning that place an emphasis on links between trauma derived personal meanings and the content of unusual experiences. Future researchers may wish to further explore the role of EMDR in addressing the direct impact of trauma memories on psychosis.

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