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EXPERIENCES OF FICTION ENGAGEMENT IN PEOPLE WITH
MENTAL HEALTH PROBLEMS

Section A: The experiences of adults with mental health problems when
engaging with fiction. A meta-synthesis of the qualitative literature
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Section B: A modified grounded theory of how young people with mental
health problems experience and are affected by fictional representation.
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Summary of the Major Research Project

Section A

Section A is a critical appraisal and metasynthesis of nine qualitative studies exploring experiences of fiction engagement in adults living with mental health problems. Following quality appraisal, thematic synthesis identified three analytic themes - **Seen and Connected**, **Escaping Distress** and **Growth and Exploration**. Themes are explored in relation to related theory and existing literature. Limitations are considered, alongside clinical and research implications. The importance of further consideration of the role of representation of mental health problems within fiction, alongside exploration into how fiction engagement affects other age-groups is outlined.

Section B

Section B is an empirical paper developing a modified grounded theory of how young people with mental health problems experience and are affected by representative fiction. Following public advertisements, 14 individual interviews were conducted with nine young people on their experiences. The developed theoretical model suggests that representative fiction was experienced as a reflection on their reality, a process made up of two stages, identification with fiction and transferring beyond fiction. The effects of this process depend on personal context and the nature of fiction. Findings are discussed in relation to relevant theory and wellbeing outcomes, with study limitations and its implications considered.

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Section A: Literature review

The experiences of adults with mental health problems when engaging with
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Abstract

In conjunction with standard support, fiction engagement may have therapeutic value for those living with mental health problems. Although reviews of studies examining fiction engagement have been conducted, little is known about what aspects of fiction engagement may be helpful or harmful for mental health. This current review aims to begin building this understanding by reviewing and synthesising the qualitative literature exploring experiences of fiction engagement for adults with mental health problems. Following critical appraisal, a thematic synthesis conducted across nine papers identified three themes reflecting areas of experience gained through fiction engagement: **Seen and Connected, Escaping Distress** and **Growth and Exploration**. Findings are discussed in terms of their impact on mental health, whilst also considering the limitations of review, and implications for research and clinical practice. Whilst more research is warranted to identify whether such factors generalise across populations and reflect individual fiction engagement, findings indicate that fiction engagement may act as a therapeutic tool for those with mental health problems.

Introduction

Mental health problems (MHPs) are a growing public health issue - projected to be the leading cause of global mortality and morbidity by 2030 (Funk, 2016). They can broadly be described as difficulties with emotional and social wellbeing that impair a person's ability to manage everyday stressors and function productively within their community (World Health Organisation, 2001). In the diagnostic model, these include 'common mental health disorders' such as depression, anxiety disorders and post-traumatic stress disorder (PTSD), and rarer disorders such as bipolar disorder and psychotic disorders (Kendrick & Pilling, 2012; Forbush & Watson, 2013). One in four adults in the UK are reported to be living with at least one diagnosable mental health problem (Bridges, 2014). This rate has likely increased in recent years as emerging evidence on the impact of the COVID-19 pandemic suggests a surge in mental health problems worldwide, which experts predict will not return to pre-pandemic baseline levels (Kousoulis et al., 2020).

Various therapeutic approaches are offered to treat and support mental health problems, with standard approaches (namely psychiatric medication and talking therapies) well reviewed and commonly offered within services (Kendrick & Pilling, 2012; Kuipers et al., 2014; Kendall et al., 2014). There is increasing interest in understanding other methods which may have therapeutic value in conjunction with such support, or be useful to those who do not find benefit with more standard approaches (Ng et al., 2020; Belski et al., 2021). One area that has been acknowledged as a source of support when individuals are experiencing distress (McNee, 2002; Scrivner & Christensen, 2021), and was reported as a prominent way individuals coped with stress and mental health challenges during the COVID-19 lockdown is engagement with fiction (Radanliev et al., 2021; Sameer et al., 2020).

Fiction refers to creative content, most commonly in narrative form, which depicts imaginary characters, places and events (Harmon, 2012). Depicted across many mediums including literature, film and television, fiction is a popular pastime, with such industries generating billions of pounds in revenue each year and accounting for a considerable portion of people's time (Pinker, 2007). All world cultures engage with fiction, and telling and sharing stories is considered potentially unique to our species (Gottschall et al., 2005).

There are theoretical reasons for bringing fiction and mental health together (Troscianko, 2018a). The earliest documented written literature dates back 4,000 years (Scholl, 2010) and telling and listening to fictional stories may have been adaptive, helping the species survive (Bloom, 2010). The problem simulation theory of storytelling suggests that stories act as simulations of complex real-life scenarios, enabling humans to safely test out physical and social scenarios that could carry risk, thus improving their cognitive fitness (Gottschall, 2012). Whilst this hypothesis has not been directly proven, the potential for fiction to connect with people in a vivid and life-like way has been demonstrated in brain imaging studies showing that brain regions processing real life sights, sounds, movements and tastes are also activated when engaged in narrative fiction (Pinker, 1997; Gottschall, 2012). This highlights fiction's potential to have a powerful effect on human experience.

From various psychological perspectives, there is the potential for fiction to be both helpful and harmful in relation to mental health. For example, from a cognitive-behavioural perspective, fiction could offer alternative perspectives to negative automatic thoughts and beliefs and thus aid the process of re-evaluation (Hunot et al., 2013). Thereby, engaging in fiction could potentially help reduce or alleviate psychological difficulty. However, if such fiction reinforces unhelpful stereotypes or points of view, it may provide reinforcement for negative automatic thoughts, and have a harmful impact on mental health.

Key to systemic, and particularly narrative, perspectives is the importance of storying and thickening marginalised narratives, to provide people with agency over alternative, preferred perspectives on their experiences (Epstein, 1995; Morgan, 2000). A key therapeutic method used to achieve this is encouraging altered points of view, techniques that allow people to talk about themselves from the imagined perspective of another. Fictional stories, and particularly those with similar themes to their own life, may offer this altered perspective from which people can consider and reflect their own experiences and emotions from a safe distance (Androutsopoulou, 2001). Whilst this process could be helpful in strengthening preferred and more hopeful stories, it could have negative effects on mental health, if new narratives strengthen unhelpful and destructive stories that a person holds about themselves.

Psychodynamic perspectives can also be drawn on to consider how stories may impact mental health. Shrode's (1950) psychodynamic model, drawn on by Morawski (1997), highlights how the experience of identification that fiction can offer, allows emotional tension to be released when characters work through their own struggles, in addition to reducing feelings of isolation. Such processes are theorised to lead to a sense of catharsis, which frees individuals up to understand and approach their own difficulties on an intellectual level (Morawski, 1997; McCullis, 2012). This process could theoretically be helpful or harmful for mental health, depending on the fictional characters' story arc and extent to which people feel ready to approach difficulties that may be repressed or denied.

Empirically, existing evidence in relation to the impact of fiction engagement for those with MHPs comes primarily from studies examining the effect of creative bibliotherapy. Creative bibliotherapy, distinguished from other forms of bibliotherapy for including exclusively fictional material (Glavin & Montgomery, 2017), refers to the use of literature as a therapeutic intervention for both physical and mental health problems (Brewster, 2008). Not uniformly conceptualised in the literature, it has been practiced both

independently and through trained facilitators, in group and in individual settings (McCulliss, 2012). Two reviews have been conducted to quantitatively examine the impact of such interventions on mental health outcomes for those with post-traumatic stress disorder (Glavin & Montgomery, 2017), and depression and anxiety (Peterkin & Grewal, 2017). Both reviews solely explored literary and poetry groups and concluded that there was a lack of empirical evidence from existing literature. Whilst no studies assessed in Glavin and Montgomery (2017)'s review met their eligibility criteria, the three studies appraised in Peterkin and Grewal (2017)'s review indicated beneficial outcomes. However, they did acknowledge the potential for story selection to result in distressing and traumatic memories being triggered, and critiqued studies for failing to consider this potential harm in their interventions.

Peterkin and Grewal (2017) concluded that whilst the approach showed promise, further research was needed to gain a clearer understanding of what bibliotherapy may offer and which aspects may be helpful. In addition, with the included interventions solely focusing on written narratives explored in facilitated group settings, little understanding could be drawn about how broader forms of fiction engagement may be experienced. Some have argued that the lack of multimodal sensory information may make narrative fiction generate greater immersion and projection, through requiring readers to construct the sights and sounds of stories and thus draw on their own imagination and memories to engage with them (Polichak & Gerrig, 2002; Troscianko, 2018a). However, there is evidence that visual media can influence wellbeing (Perks, 2019; González-Velázquez et al., 2020), and some consider its multisensory factors to support viewers to understand subtle and often non-verbal experiences of characters (Mar & Oatley, 2008). It therefore seems important to consider and explore the wider forms of fiction engaged with.

Thus, given the wide variety of fiction and the nuanced consequences it could have in relation to mental health, it is important to understand people's experiences of engaging with

it. To the author's knowledge, no review to date has synthesised the qualitative literature on this topic and doing so could shed further light on how fiction could, or could not, be used as a therapeutic tool. This review thus aims to critically appraise and synthesise the existing qualitative literature that explores adults with MHP's experiences of fiction engagement. As qualitative research enables such nuance within direct experiences to be captured, synthesising qualitative findings may help provide clearer understanding into what role fiction may play as an additional approach to supporting people with MHPs.

Methods

Design

The design of the review was a metasynthesis of the literature based on a systematic search. Metasyntheses are qualitative synthesis methods that allow findings from multiple studies to be summarised and interpreted, whilst also generating new, decontextualized interpretations from the synthesis of such results (Finfgeld-Connett, 2010).

Search Strategy

Literature Search

A systematic search of the literature was conducted between the 24th-25th November 2021 using three electronic databases (PsychINFO, Web of Science and Medline). Terms, detailed in Table 1, were pre-planned, and selected based on internet searches around the topic and previous literature reviews on media and mental health (e.g. Pirkis et al., 2006; Peterkin & Grewal, 2017). Search terms were tailored for each database and combined with the Boolean operators 'OR' and 'AND'. No timeframe was used, to retrieve all relevant literature. Reference lists were hand searched to identify any additional relevant articles.

Table 1.
Search terms used in the systematic search

| | |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Population term 1 | men OR women OR participant* OR sufferer* OR “service user*” OR patient* OR client* OR adult* OR attendee* OR member* OR individuals OR respondent* OR reader* OR “reading group*” AND |
| Population term 2 | “mental health” OR “mental ill*” OR “mentally ill*” OR “mental distress*” OR “psychological distress*” OR “psychiatric illness*” OR depress* OR anxiety OR anxious OR “obsessive compulsive disorder*” OR OCD OR psychosis* OR schizophreni* OR “personality disorder*” OR bipolar OR anorexi* OR “eating disorder*” OR “post-traumatic” OR PTSD AND |
| Exposure terms | bibliotherap* OR fiction* OR Literature (subject heading/key word) OR novels OR book OR books OR reading OR story* OR stories OR film of films OR movie* OR drama OR dramas OR television OR tv OR radio OR wireless OR poem* OR poet* AND |
| Methodology terms 1 | interview* OR “focus group*” OR survey* OR diary* OR diaries* OR “data collection” OR qualitative* or quantitative* OR “empirical stud*” OR “empirical research*” OR “psychometric*” AND |
| Methodology terms 2 | experienc* OR understand* OR perceive* OR percep* OR feel* OR felt or reflect* |

Screening and inclusion criteria

To be included, studies must have been written in English, published in a peer-reviewed journal, and explored experiences of fiction engagement (e.g. on screen or in print). Studies exploring the experiences of adults were included, either as a qualitative study or the qualitative aspect of a mixed method study. Participants must have currently had or previously have had experiences of MHPs. MHPs could include mental health diagnoses or those who identified as having MHPs.

Studies not presenting findings concerning participants’ experiences in relation to fiction engagement were excluded. In addition, studies were excluded if the fiction explored

was interactive in nature (e.g. fiction within social media or gaming) due to users being able to impact content. Studies where mental health was not a primary research focus were also excluded. Figure 1 shows the screening process.

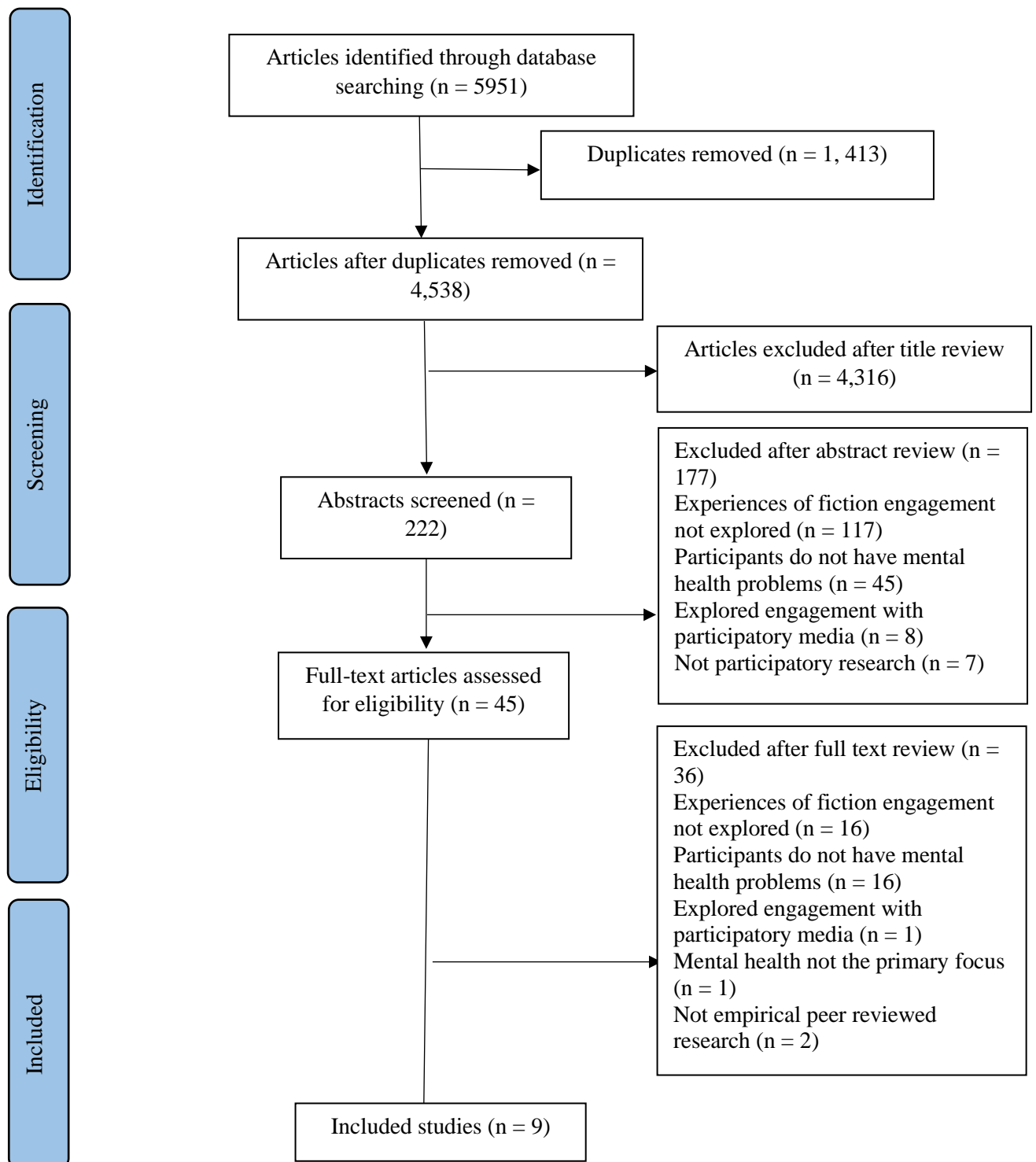


Figure 1. PRISMA Diagram detailing the screening process

Quality assessment

Identified studies were evaluated by the author using the Critical Appraisal Skills Programme (CASP, 2019) appraisal framework (Appendix 1). The CASP was chosen for its strong methodological focus (Leung et al., 2015), and assesses various elements of qualitative studies including its aims, recruitment strategy, ethical considerations and data analysis.

Data extraction and analysis

Metasynthesis was chosen for this review as it has been determined to be particularly appropriate for examining phenomena from the perspectives of those affected (Lachal et al., 2017). The approach used in this review adhered to Thomas and Harden's (2008) thematic synthesis procedure, detailed below, as it was developed to explore questions centring on people's experiences and perspectives.

For the first stage of the process, original studies were digitally imported into NVivo (QSR International Pty Ltd, 2020). In line with Thomas and Harden (2008), all data labelled results or findings, and any new data within abstracts and discussion sections of studies were extracted for analysis.

The extracted data was coded inductively using line-by-line coding. Once all studies had been coded, data and codes were re-read to check consistency of interpretation across studies and codes were edited as required (Doyle, 2003). Similarities and differences between the resulting bank of codes were then looked for, enabling codes to be grouped into a hierarchical tree structure, with each group and subgroup named (Thomas & Harden, 2008). These names represented the four descriptive themes (Appendix 2).

The descriptive themes were then used to develop analytical themes considering how participants had experienced fiction engagement across studies (Britten et al., 2002). The author and two project supervisors met during this process to discuss possible themes and

groupings, which led to the development of more abstracted inferred themes based on the research question.

Results

Overview of included studies

5951 references were collected from the database search, with 4538 remaining after duplicates were removed. Following title and abstract screening, 45 studies were read in full and nine met the inclusion criteria (see Figure 1). For mixed method studies, only the qualitative elements were reviewed. Table 2 summarises the included studies' characteristics. All nine studies were published post-2010, with most conducted in the UK. The context, type and form of fiction engagement explored varied across studies. Six studies related to literature engagement, one to literature and film, and two to television. Three studies explored representative portrayals of MHPs that participants lived with, with others exploring fiction which may not have reflected participants' experiences. Four studies explored experiences of facilitated reading-groups, and five focused on individual engagement with fiction.

Aims varied between studies. Some explored experiences of and responses to fiction, with others having more specific questions. Whilst seven studies' aims enabled exploration of both helpful or harmful aspects of fiction engagement, Brewster (2008) and Tribe et al., (2021) were focused on benefits to mental health. All papers explored participants' direct views and experiences with fiction engagement. Other aspects of the studies' design and method are considered in the quality appraisal that follows.

Table 2.***Main characteristics of included studies***

| Study no. | Author (year) | Study location | Sample size, age range (mean), ethnicity, % female | Research aims | Fiction Type, Individual or Group | Design | Data Collection | Method of Analysis |
|------------------|----------------------------------------------------|-----------------------|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------|------------------------------------------|
| 1 | Brewster (2016) | UK | 4, late 30s-mid 50s (not reported), not reported, 25% | identify the reasons why crime fiction may help improve people's mental health | Literature, Individual | Qualitative | Individual Interviews | Interpretive interactionism |
| 2 | Chamberlain (2019) | UK | 4 not reported, not reported, not reported | identify the experience of a poetry group on an older functional adult psychiatric inpatient ward | Literature, Group | Qualitative | Individual Interviews | Phenomenographic analysis |
| 3 | Dowrick et al. (2012) and Billington et al. (2010) | UK | 18, 35-64 (not reported), 100% White British ~50% | explore potential catalysts for change resulting from shared reading intervention. | Literature, Group | Mixed methods | Session recordings and self-report, interviews and focus groups | Thematic analysis |
| 4 | Gray et al. (2015) | UK | 8, 30-58 (not reported), not reported, 38% | explore the experiences participating in general community reading group | Literature, Group | Qualitative | Individual Interviews | Interpretative phenomenological analysis |
| 5 | Hoffner & Cohen (2018) | US | 44, 19-64 (44), 86.4% White, 4.5% African American, 2.3% | explore how people with anxiety disorders responded to the TV series Monk | Television, Individual | Qualitative (with supplementary quantitative) | Survey response to open ended question | Template analysis |

| | | | | | | | | |
|---|--------------------------------|-----------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------|-------------------------------------------------|-------------------|
| | | | Asian, 6.8% mixed, 86% | | | | | |
| 6 | Roberts et al., (2018) | UK | 9, 28-65 (46), 100% White British, 100% | explore how Eastenders storyline and concomitant increase in public awareness of postpartum psychosis was received by women who have recovered from the condition. | Television, Individual | Qualitative | Individual Interviews | Thematic analysis |
| 7 | Shipman & McGrath (2016) | UK | 11, early 40s-mid 60s (not reported), 100% White British, not reported | explore the experiences of those attending therapeutic reading groups, considering the role of the group and the literature in participants' experiences of distress. | Literature, Group | Qualitative | Focus groups and individual interviews | Thematic analysis |
| 8 | Tribe et al., (2021) | Australia | 6, 19-34 (26), not reported, 100% | explore how psychologically relevant meaning may be derived from engaging with the Harry Potter universe during recovery from mental illness | Literature and Film, Individual | Qualitative | Individual Interviews | Thematic analysis |
| 9 | Troscianko (2018b) | UK | 772, 18-71 (27), not reported, 96% | investigate the connections between reading habits and mental health | Literature, Individual | Mixed methods | Survey response to open ended question | Not described |

Quality Assessment

Overall, the evaluation of included studies with the CASP suggested their quality was moderate-high. Table 3 shows a summary of the quality appraisal, with a more detailed appraisal in Table 4-5.

Table 3. *CASP Summary, by Criterion*











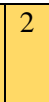
















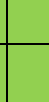


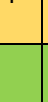






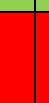
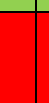

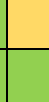



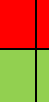
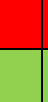










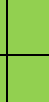


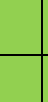

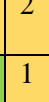














| Criteria | Example | Quality assessment of studies | | | | | | | | | |
|-----------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---|---------------------------------------------------------------------------------------|
| | | Met criterion =  (N papers) | | | | | | | | | |
| | | Partially met criterion =  | | | | | | | | | |
| | | Did not meet criterion =  | | | | | | | | | |
| Aims | Clear statement of the aims of the research |  |  |  |  |  |  | 7 |  | 2 |  |
| Method | Appropriate use of qualitative methodology |  |  |  |  |  |  | |  | 9 |  |
| Research Design | Appropriate research design for aims of research |  |  |  |  |  |  | | 8 | 1 |  |
| Recruitment | Appropriate recruitment strategy |  |  |  |  | 5 | 4 |  |  | |  |
| Data collection | Data collection addresses the research issue |  |  |  |  |  |  | | 8 | 1 |  |
| Relationship | Adequate consideration of the relationship between researchers and participants | 1 |  |  |  |  |  |  |  | 7 |  |
| Ethical Issues | Ethical issues taken into consideration |  |  |  |  |  | 7 |  | 1 | 1 |  |
| Data Analysis | Sufficiently rigours data analysis |  |  |  |  | 6 |  |  | 2 | 1 |  |
| Findings | Clear statement of findings |  |  |  |  |  | 7 |  | | 2 |  |
| Value | Research value |  |  |  |  |  |  | | 8 | 1 |  |

Table 4.**Section A papers 1-4 by CASP Criterion**

| Criteria | Papers 1-4 | | | |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <i>Brewster (2016)*</i> | <i>Chamberlain (2019)</i> | <i>Dowrick et al. (2012) and Billington et al. (2010)</i> | <i>Gray et al.(2015)</i> |
| Aims - Was there a clear statement of the aims of the research? | <p>Partial.</p> <p>Aim is stated - Examining readers' responses as a starting point to identifying some reasons why crime fiction fulfils a need. Aim only considers how participants may have drawn helpful outcomes from fiction, thus potentially missing harmful effects.</p> <p>Describes how previous research has focused on 'classic literature', with the value of more popular fiction not explored.</p> | <p>Yes</p> <p>The aim is stated - to identify the experiences of participants in a reading group, and investigate the value of reading aloud</p> <p>Describes how with little research has been conducted with patient group in hospital settings, the study will add to the existing literature on bibliotherapy.</p> | <p>Yes.</p> <p>Aims of research identified – to investigate the power of shared literature to improve mental health (Billington, 2010), and explore potential catalysts for change (Dowrick, 2012)</p> | <p>Yes</p> <p>Aim is stated – to explore the experience of eight participants in general community reading groups, relating this to making sense of life experiences and relationships inside and outside the group.</p> |
| Method - Is a qualitative methodology appropriate? | <p>Yes</p> <p>Qualitative methods are appropriate for aims of understanding experiences of participants. Impacts of such texts had not been considered before.</p> | <p>Yes.</p> <p>Aims to understand experiences of participants. Area not previously explored (set within ward for older functional adults)</p> | <p>Yes.</p> <p>It's a mixed methods study, with the qualitative element aiming to explore the experiences of taking part in the group, in conjunction with quantitative elements assessing change and change processes.</p> | <p>Yes.</p> <p>Study aims to build on existing literature by focusing on experience of reading group.</p> |
| Research Design - Was the research design | <p>Yes.</p> <p>Researcher provides rational for using ethnographic approach based on</p> | <p>Yes.</p> | <p>Yes.</p> | <p>Yes.</p> |

| | | | | |
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| appropriate to address the aims of the research? | Interpretive Interactionism and conducting interviews. | Researcher provides rational for using phenomenography and conducting structured interviews. | Describes using thematic analysis for interviews and conversation analysis | Research provides clear rational for using IPA with research question. |
| Recruitment - Was the recruitment strategy appropriate to the aims of the research? | Partial. Recruitment strategy from explained and use of convenience sampling. Sample makes sense in relation to aims and design, and explains how participants were selected. However with aim based only on those who those who found benefit, and sample drawn from primary study not focusing on crime fiction, potential participants with a more varied perspective on crime fiction may have been missed. Does not explain reasons for those who did not participate. | Structured interviews used as nursing felt was most appropriate for participants still in recovery. Yes. Explains how arrived at sample from reading group but does not explain reasons some declined. Description of limitations of sampling method, sample size and suggests that tentative suggestions can be made from this data. | Partial. Explained how eight participants from reading group volunteered to take part in the focus group at end of study, with seven participants contributing. Not clear how many were recruited to take part in the individual interviews. No information given on why some did not take part, or why some did not come to more of the sessions. | Yes. Recruitment described and appropriate given aims of research, with only long-term group-members with MHPs invited to take part. Unclear why some did not take part. |
| Data Collection - Was the data collected in a way that addressed the research issue? | Partial. Describes how in-depth semi-structured interviews were conducted, with interviews recorded and transcribes. As data comes from secondary analysis, research issue may have been explained in more depth research aims were defined prior to data collection. | Yes Clear how data was collected for each participant, with methods used justified. Topic guide included for interview, and form of collection (recorded interview in writing). | Yes. Describes using appropriate, unstructured, participant sensitive individual interviews, plus a focus group. No further information interviews looked like. Good description of reasoning for use of focus group – having an interactive element which allows participants to talk amongst themselves rather than respond to | Yes. Clear how data was collected (where, length semi-structured interview, form of data). |

interview questions, building ideas, contradicting each other etc.

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| Relationship — | No | No. | No. | No |
| Has the relationship between researcher and participants been adequately considered? | This was not discussed | Interviews conducted by psychologist who didn't attend groups but unclear what author's role is (manager at NHS trust). | Described how focus group conducted by one of the authors who had attend groups to make observations and thus participants were familiar with them, but no further discussion on relationship. | This was not discussed explicitly but within description of IPA describes joint meaning-making process between participant and researcher. No discussion of relationship or potential biases. |
| Ethical - Have ethical issues been taken into consideration? | Yes. Ethical approval included and process by which participants were informed about the study and invited to give consent. No mention of debrief/follow up but may be assumed with ethical approval | Yes. External ethics not sought because was a quality improvement project. Describes study being described to group members and consent forms used. The Consolidated criteria for reporting Qualitative research Checklist was to guide their research No mention of debrief/follow up but may be assumed with ethical approval | Yes. Ethical approval included with statement that project was conducted according to good research governance principles. Described appropriate plans in place if risk issues arose. Consent process described appropriately, and ethical considerations made when deciding on data collection method. | Partially. Ethical approval included and retrieval of consent to interview recording. No detail of how research explained to participants. No mention of debrief/follow up but may be assumed with ethical approval |
| Data analysis - Was the data analysis sufficiently rigorous? | Yes. Stages of analysis described in detail with further information provided around changes made during the process in line with the interpretive interactionist approach. Sufficient data | Yes. Stages of analysis process described briefly but in detail. No explanation of how presented data was selected. Sufficient data used to support findings. | Partially. Description of two main forms of analysis, and the involvement of both a linguist and social scientist in the conversational analysis used on the digital recordings of sessions. No information provided | Yes. IPA process discussed in detail. Sufficient data used to support findings. Quality and validity checks employed throughout analysis process. |

used to support findings and researchers own role considered.

on thematic analysis process for other data (focus groups and interviews) or how themes were derived. Themes presented, with good use of quotes to support themes. No discussion included around reflexivity.

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| Findings - clear statement of findings | Yes. Main themes are presented, with some critical appraisal. Themes are well supported with relevant participant quotes. | Yes. Clear presentation of findings discussed in relation to original research question. Some critical appraisal included. Themes well supported with participant quotes. Credibility of findings not discussed and respondent validation not done. | Partial. Within Billington (2010), a rich and detailed discussion of qualitative findings from focus group and session recordings is provided in relation to research question. Unclear when and if findings related to individual interviews. Credibility of findings not discussed and respondent validation not done. Limitations not discussed. Some discussion of qualitative findings within Dowrick paper, along with discussion of key limitations. | Yes. Findings presented clearly and discussed in relation to original research question. Describes when viewpoint shared by all/most participants. Credibility of findings discussed, with quality and validity checks employed throughout analysis process. |
| Value - how valuable is the research | Yes. Makes contribution to research area challenges established ideas about value of popular fiction. Suggests ideas for further research. | Yes. Author discusses what findings add to existing research. Author discusses clinical implications rather than research ones, discussion areas where findings may be transferred. Research does acknowledge need for further research | Yes. Findings discussed in relation to current context and increasing popularity of research group, commenting on what study adds to existing literature and next steps of research. | Yes. Researcher discusses how study adds to existing research through experience-driven, detailed psychological approach. Describes how it's the first qualitative study linking the model of reading |

in area to validate findings in light of small sample size.

psychological theory and application.
Provides suggestions for future research.

Note. *information also gained from primary study: Brewster, L. (2016). More Benefit from a Well Stocked Library Than a Well-Stocked Pharmacy 11. Plotting the reading experience: Theory/practice/politics.

Table 5.

Section A papers 5-9 by CASP Criterion

| Criteria | Papers 5-9 | | | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| | <i>Hoffner & Cohen (2018)</i> | <i>Roberts et al. (2018)</i> | <i>Shipman & McGrath (2016)</i> | <i>Tribe et al. (2021)</i> | <i>Troscianko (2018)</i> |
| Aims - Was there a clear statement of the aims of the research? | Yes Explored how people with anxiety disorders responded to the TV series Monk | Yes. Goal of research and it's importance outlined. Explored how the EastEnders storyline and the resultant increase in public awareness were received by women who have recovered from postpartum psychosis. | Yes, aim and importance of research outlined. Explored the experiences of therapeutic reading group attendees, considering the role of the group, and the literature in participants' ongoing distress experience. | Partial. The aim and importance of the research outlined but only considers how participants may have drawn helpful outcomes from fiction, thus potentially missing harmful effects. Addressed a gap in the literature around how engagement with the Harry Potter universe, may allow people to derive psychologically-relevant meanings from these narratives as part of their mental health recovery journey. | Yes, the aim and importance of the research outlined. Aimed to explore the connections between reading habits and mental health. |
| Method - Is a qualitative | Yes | Yes | Yes. | Yes. | Yes. |

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| methodology appropriate? | To address lack of understanding of how viewers with anxiety receive the programme, research aims to understand experiences and perceptions of participants viewing portrayal. | Aiming to explore participants individual experience, acknowledging that little current research had been conducted on how portrayals of specific mental illnesses are received by the populations represented. | Aimed to investigate experiences of reading group members. | Qualitative methodology justified due to limited existing research and aim of exploring meaning making. | This is a mixed-methods, described as exploratory research aimed at beginning to understand how the relationship between eating disorders and literary fiction may play out for people, with the qualitative element aimed at understanding the nature of participants' experiences. |
| Research Design - Was the research design appropriate to address the aims of the research? | Yes. Design seemed relevant in relation to research question. Described how coding scheme was developed using combination of prior research and current data. | Yes. Research design stated and is appropriate based on the question and epistemological stance. | Yes. Research design stated and use of critical realist thematic analysis was justified. | Yes. The epistemological stance and use of thematic analysis justified. | No. Research design for qualitative component not stated and unclear. |
| Recruitment - Was the recruitment strategy appropriate to the aims of the research? | Yes. Recruitment (survey posted on mental health sites) explained and how only those with anxiety disorders included. Discussion of potential biases within the sample - study posted on sites oriented towards self | Yes. Recruitment method (advertisement on service forum) explained and justified, with limitations considered. | Partial. Recruitment strategy explained (reading groups contacted and recruited). No discussion of potential biases with responses from homogenous group (all white, 40-65). | Partial. Recruitment strategy explained (study advertised on Harry Potter facebook groups). With the aim based only on those who those who found benefit, potential participants with a more varied perspective may have been missed. | Yes. Recruitment (survey) process explained Survey advertised on a range of websites (e.g. Beat, an Eating Disorder support website), mailing lists and forums to reach as broad a population as possible. Limitations of the self- |

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| | help, might miss experiences of those less actively seeking support/advice. | | | Discussion of potential biases within the sample – all women of a similar age. | selecting audience and sampling method discussed and acknowledged. |
| Data Collection - Was the data collected in a way that addressed the research issue? | Yes. The way the data was collected was explained (online survey with open-ended questions) and addressed research question. Consideration given to the pros and cons of method. | Yes. Clear explanation of data collection method (audio recorded telephone or face-to-face interview at service choice), with interview topic guide included. Topic guide developed by group of experts (professionals and those with lived experience). Whilst researcher acknowledges time constraints prevented saturation driving recruitment, notes that only 2/102 codes in final study were unique. | Yes. Justified use of individual interviewed, and described that participants were interviewed. No description of the form of data (e.g. recordings) | Yes. Use of semi-structured interview not justified but seemed appropriate based on research aims. Described how interviews were conducted over video, audio-recorded and transcribed. Topic guide included. | Yes. Data collection process was clearly explained (online survey with open ended questions), which seemed appropriate in relation to the research aims. Description of the theme of questions given. |
| Relationship – Has the relationship between researcher and participants been adequately considered? | No discussion of this. | Yes. Researcher considered own position in relation to participants, bracketed preconceptions and kept a reflective diary to consider how data collection and analysis may be affected by their position and critical realist lens. | No discussion of this. | Partially. Describes how the researchers were examined their own biases throughout all stages of the research through memo-writing, but no detail describing consideration of their role or influence during the data collection stage. | No discussion of this. |

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|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ethical - Have ethical issues been taken into consideration? | No. There was no mention of ethics in the paper. | Yes Ethical approval and collection of consent included. No content on debriefing or follow-up processes but may be assumed with ethical approval | Yes. Ethical approval included and process in which consent was received was given. Processes in place to manage any distress caused were detailed. | Yes. Ethical approval and collection of consent included. It described how a debriefing sheet with a list of local support services was provided. | Yes Ethical approval and process of consent retrieval was given. Participants had the opportunity to ask further questions prior to participating. Information was provided to survey participants on country specific eating disorder support. No discussion of support options raised if distress raised by survey but may be assumed with ethical approval |
| Data analysis - Was the data analysis sufficiently rigorous? | Yes. Analysis process is described but not in depth. Sufficient data presented to support findings. Contradictory findings and contrasting viewpoints considered and discussed. | Yes. Stages of analysis process described. Sufficient data used to support findings and researchers' own roles considered. | Partial. Analysis method named and justified in relation to the epistemological stance and research questions. Sufficient data is presented to support the findings. Findings are not critically appraised, and researchers own role is not considered. | Yes. Clear description of thematic analysis process, with explanation of how themes and subthemes were derived. Sufficient data is presented to support the findings Memo-writing was used throughout the research process including data analysis to consider theoretical assumptions and biases that arose. | No. Method of analysis for qualitative component of research not named. No explanation of how data presented was selected from sample, but data is presented to support the findings described. No discussion of own role. |

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|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Findings - clear statement of findings | Yes. Findings are explicit and discussed in relation to the research question. Limitations are discussed and acknowledged. Credibility of findings considered with two coders (and third resolving disagreements). | Yes. Findings are clearly stated, and discussed in relation to theory and existing research, including contradictory findings. Themes are well supported by participatory quotes. Credibility of findings considered with member validation sought after preliminary themes identified, and analytic triangulation of the first transcript between 3 researchers. | Partial. Findings are explicit, and discussed in relation to the research question. Findings and discussion presented in the same section but without consideration of limitations of study (only limitations of reading groups explored). No discussion of credibility of findings. | Yes. Findings are explicitly stated, and discussed in relation to the research question. Strengths and limitations of study discussed. Credibility of findings was well considered with data triangulation and respondent validation conducted, and the analysis process engaged in by three researchers who compared notes and settled contradictions. | Yes. The qualitative findings are discussed in relation to the research question and used to expand on the quantitative findings. Some consideration of reasons why findings which differ from previous research considered. |
| Value - how valuable is the research | Yes. Discussion around study findings in relation to existing knowledge, and new knowledge uncovered within study. Recommendations made around further research possibilities. | Yes. Researcher discusses studies' contribution to existing understanding, and makes recommendations based on findings in relation to future practice with such portrayals | Partial. Discussion about what findings suggest in relation to wider research, and consideration of findings in relation to wider policy (e.g. the closing of library spaces). Other ways research may be used or transferred is not considered. | Yes. Study findings are considered and discussed in relation to theoretical models of recovery, and existing research in the area. Clinical implications of findings and suggestions for further research are considered. | Yes. Discussion about how findings supports and add to limited prior evidence suggest, as well as areas where findings contradict to current presumptions about bibliotherapy. |

Aims and method

All studies clearly stated their research aims and were justified in their use of qualitative methodology. Two studies (Brewster, 2016; Tribe et al., 2021) were given a partial ratings for their aims due to focusing on those who found benefit in fiction, without consideration for potential drawbacks.

Research design

Most studies' research designs were appropriate for the research aims, with one not stating their design for the qualitative component of the study (Troscianko, 2018b).

Recruitment and data collection

Studies varied in their recruitment methods. Many considered and acknowledged limitations of sampling methods, and thus the necessity to view results tentatively if generalising across populations such as different ethnic groups (e.g. Chamberlain, 2019).

The data collected addressed the research question across studies. Studies only considering fiction engagement in relation to its benefits/value for mental health (Brewster, 2016; Tribe et al., 2021) may have skewed findings towards a more positive perspective, due to those who participated or the interview questions asked.

Relationships and ethical issues

Consideration of the relationship between researchers and participants was typically absent from papers, with only two studies addressing this issue. With some studies coming from research groups responsible for developing and deploying shared reading schemes aimed at improving mental health outcomes (e.g. Brewster, 2016; Dowrick et al, 2012; Gray et al., 2015), there may be author bias reflecting increased attention to positive outcomes.

These may have an impact on various aspects of the research process (e.g. recruitment, data collection and interpretation of findings).

More attention was given to ethical issues. Most studies included ethical approval receipt and described how informed consent was obtained.

Data analysis and findings

Most studies fully or partially met the CASP criteria for data analysis, with one failing to provide any description of the analysis process (Troscianko, 2018b). Across the other studies, specific forms of analysis were described, with most reporting some detail of the process. A minority of studies considered and addressed aspects related to the credibility of findings (e.g. respondent validation procedures).

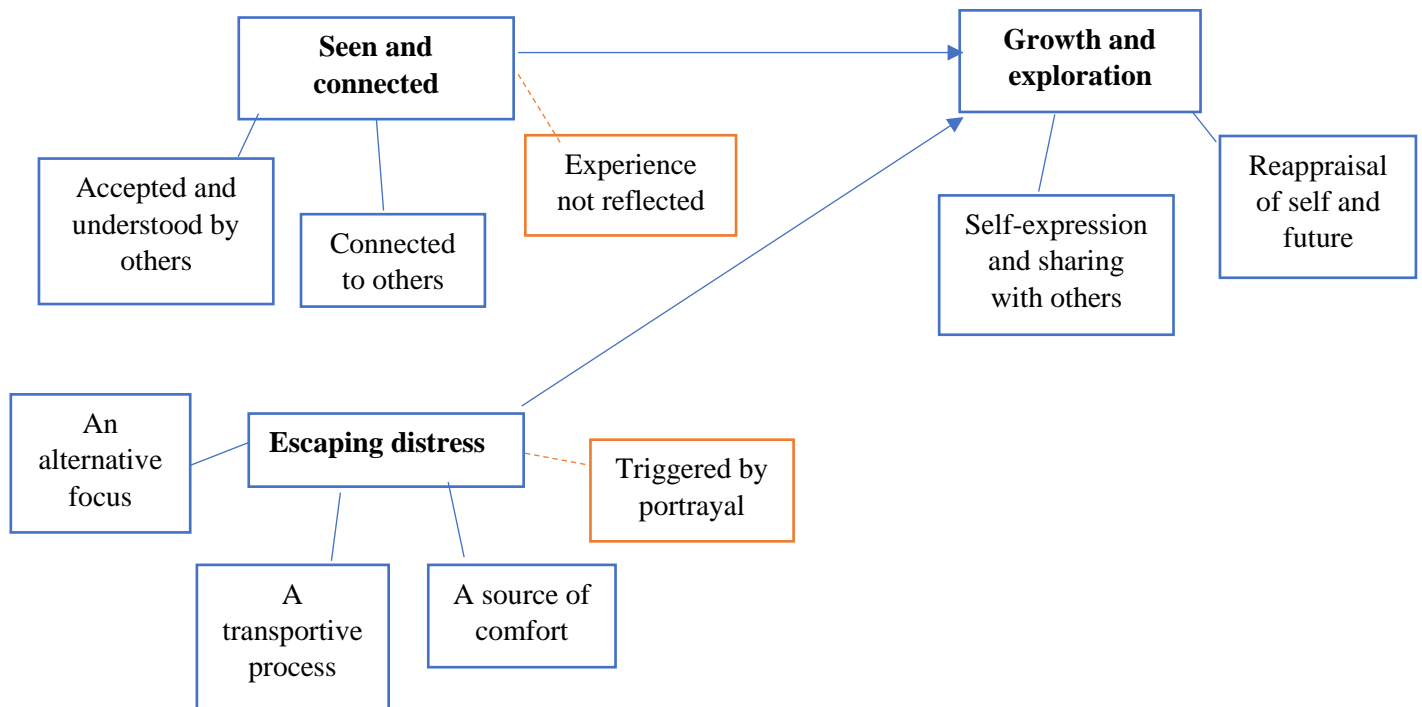
Value of research

All papers discussed the contributions the studies had made to existing research. With the literature base around fiction engagement for those with MHPs small, some described novel findings that the studies had identified (e.g. Gray et al., 2015), and some challenged current perspectives (e.g. Brewster, 2016; Troscianko, 2018).

Thematic synthesis.

The thematic synthesis resulted in the identification of three key analytic themes relating to individuals' experience with fiction engagement: **Seen and Connected, Escaping from Distress**, and **Growth and Exploration**.

Each of these themes, and their constituent sub-themes, will be considered in turn. Figure 2 shows the thematic map and Table 6 details studies contributing to each theme and subtheme, alongside representative quotes. Papers including reference to each theme are shown in Appendix 3.

Figure 2*Thematic Map of Analytic Themes and Subthemes*

Note. Themes are in bold font and subthemes in standard font. Subthemes that appeared to enable participants to experience main themes presented in blue and connected through unbroken line.

Subthemes preventing experience of main themes presented in orange and connected through dashed line. Arrows reflect potential influence of two themes on final theme.

Table 6.

Table of studies contributing to each theme, with example quotes

| Theme | Subtheme | Contributing studies | Example quotes |
|---------------------------|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Seen and connected | Accepted and Understood by Others | Chamberlain (2019); Dowrick et al. (2012) and Billington et al. (2010); Gray et al. (2015); Hoffner & Cohen (2018); Roberts et al. (2018); Tribe et al. (2021) | <p>I feel that Monk . . . humanized mental illness in some way.” (Hoffner & Cohen, 2018, p. 162)</p> <p>“EastEnders is probably the best way, something like that is a really effective way of getting information across ... With EastEnders, there’s loads of other storylines happening at the same time, and people take in that information without realising they are.” (Roberts et al., 2018, p. 77);</p> <p>“I feel like I belong, we are equal to each other”. (Chamberlain, 2019, p. 229)</p> <p>“People here understand, do you know what I mean, that’s it, people here really understand.” (Billington et al., 2010, p. 68)</p> |
| | Connected to others | Chamberlain (2019); Dowrick et al. (2012) and Billington et al. (2010); Gray et al. (2015); Roberts et al. (2018); Roberts et al. (2018); Shipman & McGrath (2016); Tribe et al. (2021); Troscianko (2018) | <p>“‘I need to care about what happens to them, I need to find something er worthwhile in the characters and some-, sometimes it’s that I’m just really sympathetic to their plight or yeah, erm, I might not like them quite, but there’s something about them that I have empathy with or I erm just find interesting, erm, to keep me reading, to find out what happens to them.’” (Shipman & McGrath, 2016, p. 420)</p> <p>the regularity of the group helps as well cos I think it gives you that thing going back week after week. You can go back to and you can get [...] that same sense of community again. (Gray et al., 2015, p. 256)</p> <p>“it makes you listen to other people’s opinions as well because everybody has got a different view on it, and it’s good to hear...Everybody has got a different opinion, I don’t think we have ever agreed” (Billington et al., 2010, p. 66-67)</p> |

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|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Experience not reflected | Hoffner & Cohen (2018); Roberts et al. (2018) | <p>“I feel that the televised portrayal of Monk—as a fearful nebbish who struggles with life—creates negative and inaccurate stereotypes of OCD....The way Monk is portrayed does little to promote understanding.” (Hoffner & Cohen, 2018, p. 164)</p> <p>“I don’t think it any way has enhanced the alarming fact that for quite a lot of women, postpartum psychosis is totally out of the blue... that it is something which you can be absolutely, totally unprepared for.” (Roberts et al., 2018, p. 78)</p> |
| Escaping distress | An alternative focus | <p>Brewster (2016); Dowrick et al. (2012) and Billington et al. (2010); Gray et al. (2015); Hoffner & Cohen (2018); Shipman & McGrath (2016); Troscianko (2018)</p> <p>“it takes your mind off other things. So certainly reading Cornwell, you can get so absorbed in that. So that’s been a real benefit, that’s enabled me to focus on that and then you tend not to think so much about why you’re depressed ” (Brewster, 2016, p. 65)</p> <p>“‘Because there’s a focus on the book, you’re not just, it’s not a group therapy session...even though it can turn into that sometimes, it’s more focused.’” (Shipman & McGrath, 2016, p. 418)</p> |
| A transportive experience | Brewster (2016); Chamberlain (2019); Dowrick et al. (2012) and Billington et al. (2010); Gray et al. (2015); Shipman & McGrath (2016); Tribe et al. (2021); Troscianko (2018) | <p>“it’s like seeing how it plays out in someone’s mind which, um is really cool.” (Tribe et al., 2021, p. 6)</p> <p>“I like the, er, the image of the land that Tolkien has has, kind of, invented and I escape to the world of Middle Earth.” (Shipman & McGrath, 2016, p. 418)</p> <p>“they remind you of your childhood to a degree, although a place in your childhood where it was happy, cos you might have a difficult childhood but that place that I was reading I was always happy.” (Shipman & McGrath, 2016, p. 419)</p> |

““Brought back happy memories of teenage years...made me feel good about myself” (Chamberlain, 2019, p. 230)

A source of comfort

Brewster (2016); Chamberlain (2019); Dowrick et al. (2012) and Billington et al. (2010); Gray et al. (2015); Shipman & McGrath (2016); Tribe et al. (2021); Troscianko (2018)

“I’ve had a couple of inpatient treatments with my eating disorder. I’d always take my Harry Potter books. And I’d like, always read them when I was in hospital, because it was kind of like, comforting I guess” (Tribe et al., 2021, p. 5)

“I think the predictability of it. Even though you don’t know who did it, you know that you’re going to go through a process and find out at the end who did, so it’s quite comforting” (Brewster, 2016, p.66)

“I find that it’s childhood books that comfort me... and they’re the ones that when I’m really distressed that I will delve into and read...there’s just something comforting, they’re easy” (Shipman & McGrath, 2016, p. 419)

Triggered by portrayals

Roberts et al. (2018); Troscianko (2018)

“I found that one bit was really distressing for me was when [character] first went into the general psychiatric ward, and she was separated from her baby, and I found that that was really upsetting and that really brought it all back to me.” (Roberts et al., 2018, p. 79)

“When I was younger I actively sought out these books [ED fiction] and used as deliberately triggering/pick up tips” (Troscianko, 2018, p. 11)

Growth and exploration

Reappraisal of self and future

Chamberlain (2019); Dowrick et al. (2012) and Billington et al. (2010); Gray et al.

“I think it just makes me want to engage more, because it is available and it kind of makes me feel like, hmm, maybe I’m not alone. Maybe there’s other people like me and like, yeah. (Tribe et al., 2021, p. 6)

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| | (2015); Tribe et al. (2021); Troscianko (2018) | <p>“I just needed to know that I wasn’t an alien or a monster, that it wasn’t just me, that it happens to everyday women.” (Roberts et al., 2018, p.79)</p> <p>“A book may inspire me, give me strength to tackle life, give me ideas about how to engage with challenging situations. It may change the colour of my thoughts, the rhythm of my breath, affect the way I speak and write for a day or so. All of those things also have consequences for my relationship with my body, but as one of a number of affects, and often implicitly.” (Troscianko. 2018, p. 12)</p> |
| Self-expression and sharing with others | Chamberlain (2019); Dowrick et al. (2012) and Billington et al. (2010); Gray et al. (2015); Shipman & McGrath (2016) | <p>“Did her the world of good – normally she doesn’t say anything, she opened right up after the war poems in the evening and had us all enthralled for 2 hours” (Chamberlain, 2019, p. 231)</p> <p>“When I first joined the reading group I thought people would laugh at me because I’ve got a learning disability. I didn’t want to read aloud at first in case they’d laugh. But it’s not like that. Now I have a chance to read aloud and know that no one will laugh.” (Billington et al., 2010)</p> |

Seen and connected.

This theme described interpersonal experiences participants' had either with others in their lives through fiction engagement, or the fictional characters themselves. This included the level to which, through such engagement, they felt seen and accepted as themselves amongst others, and connected and related to others. This theme was referenced in all but one paper.

Accepted and Understood by Others

Whether it was from fiction creators or others within a reading group, being accepted and empathetically understood by others was valued by participants across studies. Four of the six studies included in this subtheme had good quality ratings, which provides further indication of its credibility.

In two of the three papers focusing on participants' perceptions of fictional portrayals of their own MHP (Roberts et al., 2018; Hoffner & Cohen, 2018), seeing an accurate, relatable account of their experience seemed to contribute towards this sense of acceptance. This was experienced directly, with some participants describing a sense of catharsis in seeing characters going through similar experiences, and indirectly, through the perceived impact such portrayals could have on others.

"I was sitting there thinking 'my goodness, that was just like me' ... but that kind of helped, to see somebody going through the same as what I went through." (Roberts et al., 2018, p. 79)

"[Monk is] intelligent, and he's not insane or dangerous. I sometimes worry that those without mental illnesses will think those of us with mental illnesses are dangerous. I feel that Monk . . . humanized mental illness in some way." (Hoffner & Cohen, 2018, p. 162)

Participants, with previous experience of being misunderstood and stigmatised, described that such accurate portrayals could be key in improving understanding, debunking stereotypes, and “humanising” the experience of MHPs. They perceived this to be in part due to fiction’s ability to reach large audiences and tell stories in digestible ways. This appeared to help participants feel more understood within wider society and their everyday lives.

“it’s helped her [sister-in-law] understand what postpartum psychosis was and what it’s sort of like for me. Because back then it wasn’t in the media or anything like that, none of my family even knew what was going on... So I think it helped my family members to sort of understand a bit more of why I was like that and what sort of triggered it.” (Roberts et al., 2018, p. 80)

In addition to the sense of acceptance coming from engagement with fictional content, participants in all four reading group studies (Billington et al., 2010; Chamerlain, 2019; Gray et al., 2015; Shipman & McGrath, 2016) described acceptance and understanding from other group-members as important. They found the group to be an empathetic space where they felt equal and understood. This contributed to a sense of safety and security, which may have contrasted with experiences of stigma and isolation outside of it.

“I feel more comfortable because I am in a group and nobody insults me or anything like that because I can’t read a word or you know what I mean.” (Billington et al., 2010, p. 68)

Connected to others

Feeling connected to others through fiction was described as key to experiencing interest and engagement in stories. This connection could be to characters within stories or to

others participants were engaging in such stories with. Feeling connected to fictional characters came from both caring for characters and **relating** in some way with their experience. Identifying with characters was a way in which participants could feel seen, and although not real, such characters were deemed as valuable “role models” (Troscianko, 2018b, p. 11).

“it was actually not until the Cursed Child and I read that, that I really said actually, Ginny is me. It’s Ginny I identify with.” Connecting thoroughly with the characters and being able to see themselves in their actions and traits was a rewarding experience for participants’ (Tribe et al., 2021, p. 6)

Alongside enabling strong identification with characters, engaging in stories portraying representative MHPs also helped participants feel more connected to loved ones with regards to their shared experience. Seeing characters close to those experiencing MHPs gave some participants unique insight into what their loved ones may have been through when they were unwell.

“what was really useful for me, was to get some insight into what my family and what my partner would have been going through... I think it certainly made me have more empathy for my family and my partner”. (Roberts et al., 2018, p. 80)

In addition, for those in reading groups, building connections with other group-members was central to their experience and enjoyment. Across studies, participants described how groups felt like a community with the presence and contributions of each member important. Shared views were valued alongside differing perspectives and opinions

on the texts. This variety of views was seen as broadening their insight into both each other and the literature.

“when one person’s not there you miss them” (Gray et al., 2015, p. 256)

*“I liked that...hearing other people’s contributions and helps to get to know each other”
(Chamberlain, 2019, p. 230)*

Experience not reflected

Two studies (Hoffner & Cohen, 2018; Roberts et al., 2018) exploring participants' engagement with representative fictional portrayals described how some portrayals failed to reflect the reality of life with the MHP. This was detrimental to participants' interest and engagement in the story. Considering only two studies described this experience, and Hoffner & Cohen's (2018) study was rated of moderate quality, this subtheme should be treated more tentatively.

“I sometimes wish the show would get more serious and be a little more realistic about what everyday life is like with a mental illness” (Hoffner & Cohen, 2018, p. 163).

“I’ve lost interest now because it’s so different from what I’ve experienced.” (Roberts et al., 2018, p. 79)

With such portrayals considered important by participants for driving public understanding of MHPs, those portrayals failing to provide a true reflection of the MHP were perceived as a “wasted opportunity” (Roberts et al., 2018, p. 78) or a mechanism for feeding existing negative stereotypes.

“The portrayal of OCD . . . tends to feed the stereotype that OCD is merely about fear of dirt and germs. In some ways it minimizes the suffering of a person with severe OCD experiences.” (Hoffner & Cohen, 2018, p. 162)

Escaping distress

The second theme, ‘Escaping distress’, described the extent to which participants experienced fiction engagement as a break from personal experiences of distress. This method of escape was welcomed by participants, and the theme was referenced in all but one paper. This theme comprised the following four sub-themes.

An alternative focus

Five studies reported participants describing that fiction engagement took their “mind off other things” (e.g. Dowrick et al., 2012, p. 17). Such “other things” tended to be stressors and challenges within participants’ lives. Changing focus to fiction, a stimulating and sometimes cognitively challenging activity, was perceived as beneficial for their mental health, with one participant referring to fiction as “distraction therapy” (Brewster, 2016, p. 65).

“‘It’s a distraction so I’m not thinking about my body.” (Troscianko, 2018b, p. 12)

“‘[Reading] takes my mind, it’s a therapy when I’m not feeling too good.’” (Shipman & McGrath, 2016, p. 418)

Within reading groups, this alternative focus reflected not only the fiction's content but also the process of discussing literature with other group-members. In contrast to general peer support or therapy groups, participants reported valuing having the shared focus of the literature within groups. This benefit in part seemed to relate to the groups having a clearer structure and being less problem-focused, and thus somewhere alternative and separate to their distress.

“[This group is] an environment which is more well [compared to] some of the groups you go to, like therapy groups and stuff.” (Gray et al., 2015, p. 253)

A transportive experience

Six studies referenced a qualitatively different form of alternative focus, in which fictional engagement allowed participants to be transported across time and space, to a different, less distressing world. With such immersion or absorption in the story experienced as a way of escaping or de-intensifying personal distress, this process was soothing and cathartic.

“You really do feel as though you are actually in there almost...like an hour in a different world” (Billington et al., 2010, p. 67).

Two studies reported how as part of this process, participants experienced living through the characters, taking on their alternative perspectives and feelings as they engaged with the story. This was perceived as helpful for participants' mental health not only in taking

their mind off their own troubles, but also in providing them with a new and different perspective.

“I like to escape to someone else’s shoes...into their world, into their society, into their, into their, into their lives, escape from myself and find this new persona.” (Shipman & McGrath, 2016, p. 419)

“through the books, it’s also really good because you can just ... see a whole new world afresh from his perspective.” (Tribe et al., 2021, p. 6)

Participants in five studies described how fiction engagement transported them back to their own past, evoking happy memories of their youth. This often related to experiences of the comfort associated with fiction engagement when they were young, and seemed to have a positive impact on current emotional wellbeing.

“Brought back happy memories of teenage years...made me feel good about myself” (Chamberlain, 2019, p. 230)

A source of comfort

The experiences described above of returning to safe childhood memories were comforting to participants. Perceiving fiction engagement as a source of comfort more generally was reported within six studies. Fiction’s ability to comfort meant that participants actively used it as a way of coping during stressful and challenging times.

‘One participant...described with surprise, at the close of the first session he attended, how the story had “soothed” him “here” (pointing to his forehead)’. (Dowrick et al., 2012, p. 17).

Becoming familiar with stories’ structure or content was described within three studies as key in contributing to this sense of comfort. Whilst real life could be full of stressors and uncertainties, fiction provided a safe, reliable world that some participants could escape to when needed.

“I read detective stories of the rather old-fashioned, very safe type. I think I wanted reassurance that there were boundaries. Despite the fact that somebody’s been hideously murdered in the study, there is a safe boundary all around it and someone’s going to come along and solve it.” (Brewster, 2016, p. 65)

Triggered by portrayals

In contrast to a sense of catharsis and comfort, two studies described how for some participants, engaging with relatable fictional portrayals of their own MHP was triggering – bringing back distressing emotions and memories.

“I found that one bit was really distressing for me was when [character] first went into the general psychiatric ward, and she was separated from her baby, and I found that that was really upsetting and that really brought it all back to me.” (Roberts et al., 2018, p. 79).

Alongside bringing up painful emotions, triggering content appeared sometimes to actively fuel symptoms of MHPs. This effect was only described within Troscianko’s (2018)

study, rated as of moderate quality, and thus should be considered with some caution. Some participants in this study, which explored perceptions of those with eating disorders (EDs), described how when engaging with fiction whilst unwell, they had sought out relatable content, to trigger and exacerbate their ED.

“I read to be imaginative and feel transported away from the world. However, when I was ill I read books about eating disorders to perpetuate the disorder and put me further into that world.” (Troscianko, 2018b, p. 12)

Growth and exploration

The final theme, referenced in six papers, described how through fiction engagement, participants could experience a sense of personal growth within their own lives. Key to this growth was such engagement enabling participants to explore different ways of being, relating to and interacting with the world around them. Across studies, participants' reflections on the role of fiction in these personal changes suggested that factors within both previous themes may have been key in driving, or holding participants back from, such growth and exploration. Thus, the descriptions of subthemes below also includes consideration of how being seen and connected and escaping distress impacted their ability to make the changes outlined.

Reappraisal of self and future

Five studies described how fiction engagement enabled participants to reconsider how they saw themselves and their future. Feeling connected to characters within the fiction was

key in this process. All studies referencing identification noted the value participants gained in seeing characters go through relatable struggles. Such struggles could be mental health-related or emotional responses to difficult life experiences, and participants described a reappraisal of themselves as “not alone” and “normal”. Such reappraisal suggested previous experiences of feeling alone and different. This seemed to be reflective of others in their lives not sharing such experiences, or of such experiences not being visible in and verbalised by such others. Connecting with fictional characters’ stories thus seemed to play a role in counteracting a sense of being different or isolated, and allowed them to redefine what “normal” meant.

“They just normalise it and they... it makes me feel better and like knowing, because even if you don’t necessarily see it in the people around you, you know that like, okay, this is normal even though it’s in a fictional setting and it’s not real.” (Tribe et al., 2019, p. 6)

For reading-group members, such reappraisal also seemed to increase their confidence in sharing experiences (more detail regarding this in the following subtheme). This may have helped other group-members to reappraise their own experiences, through connecting with and relating to the shared experience.

“I say to myself ‘well, if this person experiences, you know, these forms of differences then it’s quite normal for me also to express those differences’.” (Gray et al., 2015, p. 257)

Gaining the confidence to contribute, read aloud and share stories within the reading-group also helped participants challenge negative perceptions of their intelligence and ability

to engage in literary content. This confidence may have been further strengthened by the sense of acceptance and understanding by the group.

“Not getting the education, that is what developed is, the reading, my spellings and then from them but I feel more comfortable because I am in a group and nobody insults me or anything like that...It’s like if you were in school you know you would have somebody digging at you, and here it’s just friendly.” (Billington et al., 2016, p. 68)

Connecting to fictional characters and stories also helped participants positively reappraise their future. Characters finding a way through struggles left participants feeling “inspired” (Troscianko, 2018b, p. 14), and “imbued with a sense of hope” (Tribe et al., 2019, p. 5), about their own future. Learning from characters’ experiences and finding new ideas for coping was key to this, a process that may have been bolstered by participants being able to escape into the characters’ world and live through them.

“that also helps, to see those characters go from, going through things...people are lost or, or relationships break down, but at the end even though some of those things are not repaired, everyone is going to be okay [...] It just gives people hope, in a realistic way.” (Tribe et al., 2021, p. 5)

Whilst identification with characters seemed key in enabling such reappraisal, when such connection came with triggering portrayals it seemed to have the opposite effect, holding participants back from growth and pulling them further into their experience of distress.

‘When I was younger I actively sought out these books [ED fiction] and used as deliberately triggering/pick up tips – or guide my fantasy of being ‘really sick’ with AN. (Troscianko, 2018b, p. 11)

Self-expression and sharing with others

Four studies exploring reading-groups referenced an increased ease with which participants could share their views and experiences with others following fiction engagement. Participants described a benefit of groups being the natural way in which group-members, who may initially have said little, eventually shared their own stories during group discussions. Rather than preventing personal discussion, having the alternative focus on the text rather than MHPs was perceived to provide a safe base in which such personal stories could be shared. Content within the literature often sparked this discussion, with participants identifying with plots, themes or characters.

“You end up talking about something you never thought you’d ever talk about to [...] a group of strangers” (Gray et al., 2015, p. 252)

Sharing may have been made more possible by the sense of acceptance and connection, alongside comfort within the group, with participants noting the sense of shared experience, safety and support as key in promoting these discussions.

“It’s like a sort of a non-threatening environment, because you are talking about like the story...and it makes it easier for people to open up about things which it may well remind them of you know it’s, it’s amazing how it happens.” (Billington et al., 2010, p. 67)

Discussion

This review aimed to appraise and synthesise existing qualitative literature exploring how adults with MHPs experience fiction engagement. Whilst study quality varied, overall the quality appraisal showed good results with all studies fully meeting the CASP criterion on at least half of areas of appraisal. Three themes were identified through the synthesis – **Seen and Connected, Escaping Distress** and **Growth and Exploration**. These will now be discussed in turn.

Whilst fiction engagement could be considered a solitary activity, the theme “seen and connected”, described interpersonal aspects of their experience. Through fiction engagement, participants could gain a sense of acceptance of who they were, and a connection to others within the fiction and real life.

Participants reported feeling seen and connected with fictional content through identification with characters. The importance of identifying with characters is highlighted in both psychodynamic and systemic perspectives on fiction engagement (Androutsopoulou, 2001; Morawski, 1997). The sense of catharsis and connection described by participants in response to identification fits well with Shrode’s (1950) psychodynamic model, which posits that these processes can affect mental health through enabling individuals to reflect on their own difficulties and feel less isolated. Whilst participants in this review did not report connecting with personal challenges through identification, reduced isolation may have been experienced, with participants reporting feeling “not so alone”, and more connected to others in their life. Within reading groups, identification through shared experience with fellow members was also experienced, and led to a sense of community within groups and

willingness to share experiences. Positive relationships and feelings of belonging are considered central to positive mental health (Pilgrim et al., 2009), and thus through such processes, fiction engagement may be helpful for those with MHPs.

An important aspect of this theme, not reflected in these theoretical models, was the indirect impact fiction may have on individuals' mental health through its perceived and actual effects on other people's understanding. Participants described how accurate portrayals that humanised MHPs were valuable in raising awareness and debunking stereotypes, and left them feeling understood within their everyday lives. With feeling understood considered to be important in improving outcomes for those with MHPs (Shattel et al., 2006; Sells et al., 2006), this aspect of fiction engagement may also be helpful for their mental health. In contrast, portrayals playing into such stereotypes were described as harmful for public perceptions of their MHP. Several studies have demonstrated that negative fictional portrayals can reinforce public stigma and prejudice (Stuart, 2006; Smith, 2015), and the experience of stigma can significantly worsen physical and mental health outcomes for those with MHPs (Corrigan & Kleinlein, 2005; Sickel et al., 2019). Thus, this indirect effect of fiction engagement may have the potential to be both helpful and harmful, depending on the accuracy and quality of the portrayal.

'Escaping distress' was a theme capturing the extent to which fiction provided participants with some relief, distraction or escape from personal distress. Participants described how the stimulating nature of fiction could provide them with an alternative focus, distracting them from difficult emotions and experiences. Whilst in a therapeutic context, distraction can be viewed negatively, as a form of avoidance (Wolgast & Lundh, 2017), it can also serve as a therapeutic technique, providing respite from distress and halting overthinking or rumination (Lineham, 1993). Participants' reflections on the therapeutic aspect of their distraction suggest that fiction may be helpful in providing such respite. Such a process may

have been particularly powerful for those who described being transported into a different world through fiction engagement. This experience, in which participants described escaping to the fictional world or back to comforting childhood memories, was welcomed by all those reporting it, and may be particularly salient when one considers the role of entrapment in the development of distress (Brown et al., 1995). Thus, this potential for escape and transportation that fiction provides may serve as a valuable release or relief from distress for those experiencing MHPs.

For some participants engaging with portrayals of their own MHPs invited further distress through triggering painful memories or exacerbating MHP symptoms. The exacerbation of MHP symptoms described by participants with EDs in Troscianko's (2018b) study may reflect a detrimental effect of the identification and transportation process described above, as through identifying with characters, participants were transported further into the world of the distress. In keeping with a systemic perspective, fiction engagement in this case could be viewed as strengthening those more destructive stories driving their distress, and thus have harmful effects on their mental health and wellbeing (Androutsopoulou, 2001). Furthermore, having painful memories triggered reflects a further detrimental function of these processes, as participants connect with characters' experiences and are taken back to distressing times in their lives. This may be particularly harmful for those who have experienced trauma, as fictional content related to such experiences may have the potential to trigger flashbacks to traumatic events and cause significant distress (Ehlers et al., 2004). Considering the high rates of trauma in those living with MHPs, caution may best be exercised when considering the role of representative fiction in supporting some people with MHPs.

The theme 'Growth and Exploration' described the level to which positive personal change and exploration was experienced through fiction engagement. A key change

highlighted across studies was participants reappraising themselves as “normal” and “not alone” in their experiences. In line with theories underpinning a cognitive-behavioural approach, fiction seemed to act as evidence against automatic thoughts and beliefs, and thus enabled participants to redefine what normal looked like and how they saw themselves in society (Hunot et al., 2013). Normalisation of experiences has been identified as a key aspect of mental health peer-support spaces which contributes to increased self-confidence and sense of hope for the future (Dos Santos & Beavan, 2015; McLeish & Redshaw, 2017). These findings suggest fiction engagement may have the potential to serve such a helpful function in relation to mental health.

Theories of identity may also be useful to draw on when considering this reappraisal process, particularly in relation to the role of identification. Erikson (1968)’s ego identity reflects the conscious sense of self developed through social interaction, which guides actions, beliefs, and behaviours. Whilst considered the key challenge of adolescence, Erikson considered identity to evolve and change throughout adulthood in response to new experiences and information. More recently, psychologists have described identity as an integrated and constructed life story or narrative identity, which unfolds over time, and can change in response to the influence of relational and cultural factors which provide individuals with alternative narratives (McAdams & McLean, 2013; Singer, 2004). Within this review, identification with characters and group-members could be considered to provide new experiences or alternative narrative for participants to draw on, with the perception of the relatable other being incorporated into their own identities and thus their beliefs about themselves within the future.

Participants also described reappraising the future through fiction engagement. Participants were able to learn from fictional characters' experiences and struggles, gain different perspectives and consider new ways of responding within the 'real' world. This provides support for the problem simulation theory of storytelling (Gottschall, 2012), and suggests that fiction can act as both a practice run for real life, and an opportunity to change course and direction. With certain MHPs considered to be experienced as a loss of possibility and shrinkage of imagined futures (Ratcliffe, 2014), such processes could have real benefits in reconnecting individuals with hopeful possibility for their future.

Findings provide insight into the factors which may make reappraisal processes possible. Through being seen and understood within stories and reading groups, fiction engagement could provide evidence against self-perceptions of being different (Wenzel, 2018). In contrast, misrepresentative portrayals or those failing to show participants' realities lacked such evidence and thus may have prevented the opportunity for such reappraisal. Furthermore, identifying with characters and being transported into the fictional worlds where they could 'live through' characters and take on their perspectives also seemed key for participants' reappraisal of their future. From a systemic perspective, this process could be understood as a powerful form of 'altered perspective', as participants could reflect on their experiences and see possibility for their own futures through taking on the perspectives of the characters (Androutsopoulou, 2001). Fictional engagement that offered comfort rather than triggering distress may have been important in ensuring the safety necessary for such reappraisal.

A key area of growth and exploration described in all reading group studies was participants beginning to share their views and experiences through fiction engagement.

Identification once again seemed key in enabling this, as participants connected to themes within the narratives. However, they also may have needed the sense of comfort, safety and acceptance that was cultivated within the group to take the step of sharing what they had connected with. Thus, in keeping with an attachment model, the group could be understood as a secure base from which to explore (Bowlby, 2012). This experience was not described within studies exploring experiences of individual fiction engagement. Thus, it is unclear whether fictional content alone can act as a means by which such self-expression can be fostered, or whether it is a function of a reading group environment.

Limitations of this review

This review does have various limitations. All studies were conducted in Western countries, with non-English language papers excluded. When reported, most participants were white. Thus, it is uncertain whether findings are transferable beyond a limited population. Whilst overall, the quality of studies was moderate to good, one study which was key in highlighting more harmful aspects failed to meet CASP criterion in three areas. Therefore, such findings should be considered with more caution. Furthermore, with consideration of researcher-participant relationship absent across most studies, and some studies only considering potential benefits of fiction (e.g. in their research question or in their recruitment), it must be acknowledged that the majority of findings reflecting beneficial aspects of fiction engagement may be due to issues of bias or lack of consideration for alternative experiences.

Four of the nine included studies examined experiences of those attending reading groups. The remaining five examined experiences of solitary engagement with fiction. There

are significant differences between those two experiences, with the process of discussing fiction in a group setting with others who with shared experiences having not only a key social component, but also likely influencing how participants experience and interpret the fiction itself (Peterkin & Grewal, 2017; Hilhorst et al., 2018). A limitation of the review is thus that it is difficult to determine whether identified experiences of those in reading groups were a reflection of being in the group (e.g. social interaction, different physical location, facilitated discussions, hearing others perspectives on the narrative) or engaging with the fiction or some combination. This is a particular challenge when one identified subtheme (*self-expression and sharing with others*) was only described by those attending groups. Thus, it cannot be assumed that the benefits participants ascribed to their experience would have been experienced had they not been engaging with fiction in a group setting.

Research implications

This review begins to highlight the aspects of fiction engagement which may influence mental health. In light of the previous reflection on the difficulties establishing the factors driving experiences within reading groups, further qualitative research would be helpful that considers how engagement with fiction outside of group settings is experienced. More insight into the experiences of such engagement both provide more insight into which experiences are a result of the engagement itself, but also improve ecological validity, as engagement outside of a group context is arguably more accessible to wider populations and reflects how fiction is engaged with most often.

Whilst overall, the studies are of moderate-good quality, evidence of consideration within specific areas, namely the researcher-participant relationship, were lacking across studies. With such factors important for ensuring credibility of findings, consideration of such factors should be key within future research.

Whilst some participants described more challenging and potentially harmful experiences with fictional engagement, most responses suggested that experiences of fiction engagement were positive and facilitated personal growth. However, this may have been affected by researchers' influence towards therapeutic outcomes, or the way in which participants were recruited or interviewed about their experiences. Thus, future studies should hold consideration for the range of potential perspectives, including not just participants with positive experiences and asking more open questions in relation to fiction engagement.

Furthermore, studies demonstrating experiences which were challenging all explored participants experiences of representative portrayals of their own MHP. Future research would benefit from exploring both experiences with relatable portrayals and those unrelated to participants' MHP, to further establish whether these more harmful effects seem to relate more to portrayals of the same MHP or are more general across fiction engagement.

An additional area that would be useful to consider is how fiction engagement is experienced by different age groups. Across reviewed studies, participants had a wide age range from 19-71. Evidence suggests that the prevalence and severity of MHPs differs across stages of adulthood, and different age groups may vary in the type and frequency of fiction they engage with (Höguld et al., 2020; Mares et al., 2006; Smith, 1996). Furthermore, a scoping search prior to this review found a paucity of research exploring the experiences of fiction engagement for young people with MHPs. This group have been identified as most vulnerable to MHPs, and engage with high levels of fictional content on different platforms to that of older generations (Kessler, Chiu, Demler & Walters, 2005; Roberts & Foehr, 2008). Thus, it may be the case that age has an affect on how individuals experience fiction, and understanding this would be valuable for considering more tailored support to different groups.

Clinical implications

The review findings suggest that fiction may have promise as a therapeutic tool. Participants seemed to benefit from engaging with fiction that gave them a sense of acceptance and connection amongst others, and an escape from their own distress. Such experiences have been highlighted as important for good mental health (Pilgrim et al., 2009; Shattel et al., 2006). Thus, the incorporation of fiction engagement into treatment plans and support methods may be beneficial for some through encouraging such experiences.

Relating and identifying to characters seemed key in enabling such processes, and in encouraging the growth and exploration that the factors above may have driven. However, caution must be applied by clinicians when considering the recommendation and use of portrayals reflecting participants' own MHPs. For many participants, accurately represented portrayals reflecting their own experiences helped participants to feel seen and connect perhaps more strongly with stories. However, for some, portrayals triggered traumatic painful memories and exacerbated MHP-related thoughts and feelings. Thus, clinicians would benefit from knowing the fictional content and the experiences of their client prior to any recommendations, and monitoring how fictional portrayals are being received by clients.

Conclusion

The current review sought to explore experiences of fiction engagement for those with MHPs by reviewing and synthesising existing qualitative literature in this area. Three themes were identified through the analysis of the nine papers identified – “Seen and Connected”, “Escaping Distress”, and “Growth and Exploration”. Each theme reflected the extent to which such positively appraised experiences were gained through fiction engagement, with the latter theme appearing to be influenced by the two former themes. Whilst for most

participants, such engagement was experienced as beneficial, for some, poorly represented portrayals and those which triggered painful memories and emotions seemed to be perceived negatively and considered unhelpful.

Such findings can be understood from various theoretical perspectives and suggest that fiction has the potential to be both harmful and helpful to mental health. However, the findings need to be treated with some caution due to limitations with generalisability and the potential impact of researcher influence. Further research is needed to address such limitations and develop a stronger understanding of which aspects of fiction engagement may drive beneficial outcomes. However, this review provides novel insight into how influential fiction may be for those with MHPs, and its potential to be used as a therapeutic tool for this population.

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Section B: Empirical study

Section B: A modified grounded theory of how young people with mental health problems experience and are affected by fictional representation.
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Abstract

Young people living with mental health problems are increasingly exposed to representation of such difficulties within fictional content they engage with (e.g. books, films and television). Whilst representation could theoretically be both helpful or harmful for young people, little is known about how they are affected by such content. This study aimed to use modified grounded theory to develop a preliminary understanding of how young people experienced and were affected by fictional media representation. 14 interviews were conducted with nine young people responding to a research advertisement. The developed theory suggested that fiction was experienced as a reflection on their own reality, a process which was made up of two key stages, identification with fiction and transferring beyond fiction, whereby the representative portrayals led to both helpful and harmful impacts within their real lives. Such effects seemed to depend on both personal context and the nature of fiction, contextual factors which affected how participants interpreted and responded to portrayals. Findings are discussed in terms of relevant theory and outcomes for wellbeing, with study limitations and implications for practice and research considered.

Introduction

There is a long history of representation of mental health problems (MHPs) within fiction, dating at least back to 450 BC, where such difficulties were central to Ancient Greek mythology and narratives including Ajax and Narcissus (Fink, 1992). Today this representation is increasingly commonplace, with a wealth of fictional characters shown dealing with MHPs across various mediums (Biddy, 2018; Knapp & Knapp, 2020; Durham & Wilkinson, 2020). Representation within fiction refers to how social groups or ideas are presented to audiences through fictional media and has been demonstrated to have powerful effects on both public attitudes and the wellbeing of those portrayed (Asare, 2017; McInroy & Craig, 2017; Muhammad & McArthur, 2015). Understanding how such representation may affect individuals with MHPs may be useful for clinicians supporting those affected.

Many psychotherapeutic theories could be drawn on to consider the potential impact of fiction on those with MHPs, including how fiction may be helpful or harmful. A more detailed discussion of these is in Section A, p. 4. Due to space constraints these are summarised briefly below with focus on how representative portrayals may impact audiences who share such struggles. From the perspective of cognitive behavioural theories (e.g. Beck, 1993; Bandura, 1992), fiction can present alternatives to audiences' negative automatic thoughts and beliefs, thus potentially aiding with cognitive re-evaluation (Hunot et al., 2013). Furthermore, it could provide audiences with social models they can identify with and imitate the behaviours of (Yilmaz et al., 2019). As may be the case with representative portrayals, these processes are likely stronger when there are perceived similarities between characters and audiences (Schunk & Usher, 2012; Broom et al., 2021). Such effects could potentially be helpful or harmful depending on the nature of cognitions and behaviours reinforced, e.g. encouraging more positive beliefs and help-seeking, or reinforcing stigmatised views and harmful behaviours.

From a systemic, narrative perspective (e.g. White, 1998), the development of an altered point of view following fiction engagement is theorised to be stronger when fictional stories contain similar themes to audience members' lives (Androutsopoulou, 2001). This process could be helpful or harmful, depending on the perceived point of view strengthened and its impact on the individual and their system. Similarly, from a psychodynamic perspective, representative fiction has been theorised to offer the opportunity for identification and resultant catharsis, which Shrode (1950) perceives are integral in enabling individuals to approach their own difficulties (Morawski, 1997). Depending on the nature of storylines and extent to which individuals feel ready to approach their difficulties, such representation may be helpful or harmful for their wellbeing.

Identification may be a particularly important concept when considering the potential impact of representation on those with MHPs. Present across different academic disciplines and psychological theories (Grusec, 1994; Meuret et al., 2016), identification has long been considered key in driving media effects on audiences (Morley, 1992). It refers to the process by which portrayals are internalised and experienced from one's own perspective (Cohen, 2001), and is considered one of the main mechanisms by which self-perception, identity and attitudes are developed (Erikson, 1968; Cohen, 2014). Identification is encouraged by story creators to maintain engagement and tends to occur most often when individuals perceive there to be similarities between themselves and the other (Iguarta et al., 2010; Maccoby & Wilson, 1957). Thus theoretically, through identification, representative fictional characters could have long term effects on how audiences see themselves and the world.

Turning to the empirical literature, a recent review considered findings of studies exploring the experiences of adults with MHPs when engaging with fiction (see Part A). Studies included those exploring reading groups, and individuals engaging with fictional content. In summary, findings suggest that fiction was broadly perceived as helpful, enabling

participants to escape from their distress, identify with characters and feel accepted for who they were (e.g. Roberts et al., 2018; Tribe et al., 2021). This appeared to impact their lives more generally - enabling them to share their experiences with others and to reappraise themselves and their future. However, some participants in studies exploring engagement with representative portrayals of their MHP described being negatively affected. This was either directly through feeling triggered by content, or indirectly, through misrepresentative, stigmatised portrayals reinforcing negative stereotypes (e.g. Hoffner & Cohen 2018). Thus, fictional representation seemed to have a varied impact on participants' mental health.

The review highlighted the relative lack of literature concerning representative portrayals, with most studies exploring experiences with fictional content without a mental health focus. In addition, scoping searches for the review identified a lack of literature on young people's experiences. Arguably, exploring this topic in relation to young people is particularly important as this group are especially vulnerable to MHPs. Specifically, 75% of MHPs begin before individuals turn 25, and they affect more 16-24-year-olds than other age-groups (McManus et al. 2016; Kessler, et al., 2005). Young people tend to engage in a range of fictional content, and fictional depictions of MHPs targeted towards this age group have increased in recent decades (Roberts & Foehr, 2008; Monaghan, 2016). Whilst fictional representations of MHPs have historically been considered more frequently negative (e.g. Anderson, 2003; Pirkis et al., 2006), evidence suggests content has changed, with efforts to move away from stigmatising stereotypes, and story advisors consulted more regularly to increase the realism of portrayals (Johnson & Olson, 2021; Carter 2015). Thus, the portrayals young people are engaging with may differ to those of previous generations.

Furthermore, the process of identification and its effects on identity may be particularly powerful for young people (Erikson, 1968). Whilst a comprehensive theory of this process in relation to fictional portrayals is lacking, identity development theories can be

drawn on to provide a framework for understanding the role that identification with fictional characters plays for young people with MHPs. For example, within Erikson's developmental stage theory (1994), identity construction and consolidation are viewed as key tasks of adolescence and young adulthood. Identifying with and imitating characteristics of others are considered part of the process of building a stable identity (Erikson, 1968; Mead, 1934). Within McAdam's narrative identity theory (2011), identity reflects an internalised and evolving life story consisting of a reconstructed past and imagined future, developed through telling and sharing stories. This sense of self is considered to develop during late adolescence and early adulthood and may be influenced by external narratives the individual relates to, including those from fiction (Cohler & Hammock, 2007).

For young people with MHPs, challenges associated with their experience, including stigma, isolation and missed opportunities, can make developing a coherent identity more challenging (Leavey, 2009). Finding positive images depicting their situation is thus considered key in building or rebuilding a positive sense of self (Davidson & Strauss, 1992). Therefore, engaging with fictional characters with relatable experiences may be especially impactful for this group, with the helpfulness (or otherwise) of the impact depending on their perception of the portrayal (Cohen, 2001; Kokesh & Sternadori, 2015). Engaging with portrayals perceived positively may foster the development of a healthier sense of self, whilst stigmatised representations may be damaging for developing identity, and thus young people's overall mental health and psychosocial development (Leavey, 2009).

As such, understanding how young people experience and are affected by fiction would be valuable for gauging how to support them to navigate such content. With an absence of empirical literature into these experiences, qualitative research was considered a valuable approach to begin developing this insight, with a modified grounded theory selected as the method of analysis after consideration of different qualitative approaches.

For example, whilst interpretive phenomenological analysis (IPA) was considered as it would have enabled a close exploration of young people's lived experiences, looking for similarities between them was not a key goal of the research and as the group of interest were heterogenous, the sample could encompass people with very different experiences. With the question based more on understanding the processes participants experienced when engaging with fiction, and existing theories not fully capturing that experience grounded theory seemed the most useful approach to apply (Mills et al., 2014). With time and resource based-limitations of the doctoral process impacting the possibility for participant numbers and robust theory development, a modified grounded theory was applied.

Aims

This study aims to develop a modified grounded theory of how young people with MHPs experience and are affected by representation of MHPs within fiction, across media types including books, films and television. Theoretical underpinnings and empirical evidence suggest fiction could be both helpful and harmful for young people's wellbeing, and developing an understanding of the processes and impact perceived by young people has clinical value. In line with the NHS value of working together for patients, findings may inform clinicians how fiction can influence their wellbeing, what young people's needs may be to manage difficulties associated with such effects, and how it may be utilised to support them.

Methods

Design

A qualitative research design using individual interviews was used to enable detailed exploration into participants' experiences and insights (Moen & Middelthun, 2015). As there

are likely specific processes involved in how fictional representation affects young people, and little existing theory, modified grounded theory was used to develop a model grounded in the data retrieved (Strauss & Corbin, 1998; Charmaz & Smith, 2003). Interviews were employed to protect participant anonymity and enable exploration of individual experiences in greater depth than would be permitted by methods such as focus groups. Due to the study's exploratory nature, semi-structured interviews were employed to provide focus whilst allowing interviews to be guided by the participants' responses and subjective experience.

Epistemological position

The researchers adopted a critical-realist epistemological position in approaching this study (Oliver, 2012). In line with positivist approaches, critical realism assumes that there is a reality that exists and regularities in how people experience the world. However, in contrast to purely positivist approaches, it acknowledges that such realities cannot be fully known, and our understanding of them is partly constructed through lenses of language and social context (Oliver, 2012). With MHPs often understood through a positivist, medical lens, and specific processes and regularities likely experienced in how representations of those are perceived by young people, Strauss and Corbin's (1998) grounded theory approach was utilised in line with this critical realist position.

Sampling strategy

In accordance with grounded theory principles, sample size was not determined prior to recruitment. Data collection and analysis were conducted concurrently until the point where new concepts were not emerging from interviews and theoretical sufficiency was deemed by the research team have been reached (Dey, 2004). Theoretical sufficiency refers to the analytic stage in which there was a sufficient depth of understanding to develop a theory with good explanatory power.

The inclusion criteria are provided in Table 7. After opportunistic sampling to recruit the first four participants, theoretical sampling was employed. This occurred in two ways. First, it influenced who was subsequently targeted for recruitment. For example, the emerging theory suggested that contextual factors may differ between older and younger participants within the age range. This meant it would be helpful to hear the views of younger participants after the first four interviewees were 23–25-year-olds. Secondly, interview questions were revised to theoretically sample theoretically relevant aspects of the participants' experience. This will be discussed further in the **Interviews** section below.

Participants and recruitment

In total, 14 interviews were conducted with 9 participants (details in Table 8). Participants were recruited through digital advertisements (Appendix 4) posted on Twitter, Instagram, Facebook and Reddit. The charity Anxiety UK also posted the advertisement on their social media platforms following contact from the lead researcher. Respondents to the advertisements were sent an email (Appendix 5) including the participant information sheet (Appendix 6) and the eligibility criteria. Interviews were then set up with those who were interested and able to participate. The consent form (Appendix 7) was emailed to participants and filled out at the beginning of the interview enabling the researcher to answer any questions.

Table 7.

Inclusion Criteria

Aged between 16-25 years old,

Current or previous experience of mental health problems

Feel comfortable and stable enough to talk openly about experiences

Fluent in spoken and written English, to be able to understand the participant information sheet, provide consent and participate in the interviews.

Live in the UK

Have watched television programmes, films, heard radio programmes or read books including fictional stories of mental health difficulties.

Interviews

Interviews took place over video link, with participants asked in advance to be somewhere comfortable to openly share their experiences. Before the main interview, a brief questionnaire was given to capture participants' demographics and mental health experience. Following this, participants were asked about their experiences engaging with fiction, including specific examples of representation that had been striking, or absent. Open prompts about their experience and its impact could be given, depending on participants responses (see Appendix 8 for the full schedule).

Theoretical sampling was applied as interviews continued, with topics that appeared to be of relevance to (or absent from) the emerging theory explored in more depth in subsequent interviews, with the same and different participants. For example, following the analysis of the initial interviews, questions were added around the impact of lockdown and other life contexts on fiction engagement, as well as how experiences of fictional representation compared to that in non-fiction sources. With consent from participants, interviews were audio-recorded and transcribed by the researcher.

Table 8.*Participant Characteristics*

| Participant | Age | Gender | Ethnicity | Mental health problems | Problems past or ongoing | Current or past treatment | Fiction preferences | Key titles mentioned | Number of interviews |
|-------------|-----|--------|----------------|--------------------------------------------------|--------------------------|---------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------|
| Alice | 25 | Female | White British | OCD | Ongoing | Past | Books and TV | ‘Pure’ (Book and TV); One flew over the cuckoo’s nest (TV); Ratched (TV) | 2 |
| Jess | 25 | Female | White British | Anxiety | Ongoing | Current | TV and online fiction (fanfiction, gaming) | ‘This Way Up’ (TV); Pure (TV); Crazy Ex Girlfriend (TV); The Only Living Boy in New York (Fanfiction) | 2 |
| Fiona | 23 | Female | White British | Anxiety, Depression, Panic, Anorexia | Ongoing and Past | Current | Books and TV | The works of Patrick Ness (Books) ‘Harry Potter’ (Book); ‘Doctor Who’ (TV) ‘It’s a Sin’ (TV) | 2 |
| Eesha | 23 | Female | British Indian | Anxiety, Panic, OCD, Disordered Eating, Low Mood | Ongoing and Past | Past | TV (online streaming) | ‘Spinning Out’ (TV); The Perks of being a Wallflower (Book); ‘The Crown’ (TV)’ ‘The Yellow Wallpaper’ (Book) | 2 |
| Cassie | 20 | Female | Black British | Depression, Anxiety, PTSD, OCD, EUPD, ADHD | Ongoing | Current | TV (online streaming) | ‘Dynasty’ (TV); ‘Jane the Virgin’ (TV) ‘Orange is the New Black’ (TV); ‘13 Reasons Why’ (TV) | 2 |
| Declan | 17 | Male | White British | Anxiety, Depression | Ongoing and Past | None | Books | ‘Turtles All the Way Down’ (Book); ‘Paper Towns’ (Book) ‘The Capture’ (TV) | 1 |

| | | | | | | | | | |
|-------|----|--------|------------------|-------------------------------------------------------|---------|---------|----------------------------------------|---------------------------------------------------------------------------------------------------------------|---|
| Ben | 19 | Male | White British | Depression, Anxiety | Past | Past | TV (online streaming) and gaming | 'Neon Genesis Evangelion' (TV); 'Beserk' (Graphic Novel) | 1 |
| Grace | 20 | Female | White British | Anxiety, Depression, Eating Disorder, BPD | Ongoing | Current | Books and TV (online streaming) | 'Girls Under Pressure' (Book); Girl in Pieces (Book); '13 Reasons Why' (TV); 'Greys Anatomy' (TV) | 1 |
| Lucas | 22 | Male | White Other | Depression, Anxiety | Ongoing | Past | Books and Films | 'Metal Head' (TV); 'Perks of being a Wallflower' (film); 'Mazalan Book of the Fallen' (Book series) | 1 |

Ethics

Ethical approval was sought and granted by the Salomons Ethics Panel (Salomons Institute of Psychology, Canterbury Christ Church University; Appendix 9). Ethical practice within the study was guided by the British Psychological Society's Code of Human Research Ethics (Oates, 2021).

Potential participants were given time between expressing interest and the interview to consider and discuss with their participation with the researcher. Information about confidentiality and consent was provided in the participant information sheet and at the beginning of the interview. Prior to the interview, the researcher talked through the consent form with the participant, with forms completed electronically and emailed to the researcher.

Due to the sensitive nature of the interview topic, steps were taken to reduce the risk of distress to participants. The inclusion criteria stated that individuals should only participate if considering themselves sufficiently comfortable talking about their experiences. At the beginning of interviews, participants were reminded that they did not have to answer any questions they did not want to, and could pause, end, or withdraw from the interview at any point. As interviews were conducted remotely, participants' contact numbers were requested in case participants became distressed and/or lost connection. These were deleted after the interview. Following the interview, the researcher went through the debriefing information and gave participants the opportunity to discuss their experience. Debriefing information included sources of support and was sent to participants following the interview (see Appendix 10).

Data analysis

Transcribed data was imported into NVivo (QSR International Pty Ltd, 2020), which facilitated data analysis. In line with Corbin and Strauss (2015), data analysis involved three

stages of coding – open, axial and selective (see Table 9 for details of the coding process and Appendix 11 for an open coded transcript). Following grounded theory principles, data collection and analysis were conducted concurrently. Data analysis begun after the first four interviews, with theoretical sampling guided through the process of coding and memo-ing, as detailed above.

Consistent with the constant comparison process, codes and categories were reviewed throughout the data analysis process to best reflect the data represented. Memos were written throughout, to record thoughts and relationships between concepts raised in interviews (example in Appendix 12). Diagramming was used to assist with conceptual analysis and consider the relationships between defined categories (Appendix 13).

Table 9.
Description of the coding process

| Coding stage | Description | Examples |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Open coding | Interviews were open-coded line-by-line, breaking down the data into segments. This aided the constant comparison process, enabling the research to compare and contrast experiences across interviews. During open-coding, the researcher took care to stick closely to the data and reflect on their own assumptions when developing codes (Corbin & Strauss, 2015). | <i>“I think it’s definitely helped me learn about myself, erm, and the ways my anxiety manifest and it’s definitely helped me accept that about myself. And to feel less alone because you know if other people are so clearly putting to words what I’ve been feeling then they must have been feeling it too.” (Jess)</i> Coded as: learning about self feel not alone |

| | | |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Axial coding | <p>Axial coding was used to group open codes into categories which represented the data at a more abstracted level (Corbin & Strauss, 2015).</p> <p>Categories and subcategories were developed through exploring links between codes which seemed related in terms of their properties (Goede & Villiers, 2003).</p> <p>Connections between and within categories were explored by considering the relationship between them, leading to the linking of categories into an emerging theory (Corbin & Strauss, 2015)</p> | <p>Subcategory: reappraisal of self, others and society. Examples of codes:</p> <p>acceptance</p> <p>feel not alone</p> <p>feel understood</p> <p>not at fault</p> <p>provides hope</p> <p>questioning own presentation</p> <p>reappraisal of self</p> <p>validation</p> <p>Some categories (e.g. personal context) were created based on an existing code, with other associated codes included. Others (e.g. recognising self in fiction) were abstracted based on the group of codes they compassed.</p> |
| Selective coding | <p>The core category was established and defined in relation to existing categories (Corbin & Straus, 2015).</p> <p>Diagramming and the storyline technique was applied to facilitate the conceptual development of the core category and overall theoretical integration (Corbin & Straus, 2015; Birk & Mills, 2015)</p> | <p>Core category: Reflection on their reality established through observing links between existing categories.</p> |

Reflexivity and study quality

Various procedures were applied to maintain quality throughout the research process.

In line with the critical realist positioning, researcher reflexivity – sensitivity to the effects of

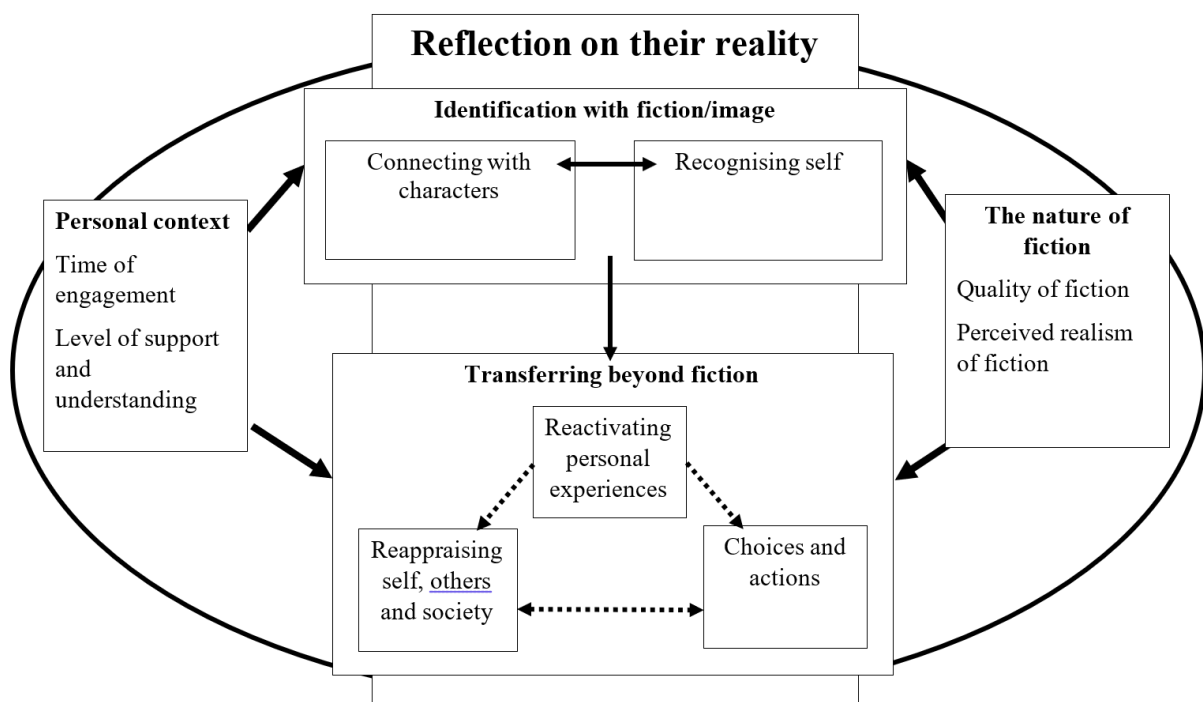
the researchers' assumptions and biases on the research process, was considered throughout (Mays & Pope, 2020). Procedures were undertaken to raise awareness of the researcher's assumptions, so that these were held in mind during the analytic process to ensure that findings were grounded in the data rather than the researcher's assumptions. These included partaking in a bracketing interview prior to interviews (Appendix 14), and recording thoughts and responses to data in a research diary (Appendix 15). Theoretical memos were also recorded (Appendix 12), capturing thoughts and ideas in relation to developing categories and the emerging theory. Codes, categories, and diagrams of the developing theory were shared and discussed with research supervisors throughout the analytic process, to ensure the emerging theory was grounded in the data.

Results

Figure 2 and Table 10 illustrates the developed model with categories and subcategories highlighted in bold.

Figure 2.

The developed theory – Fiction as a reflection on their reality.



Note. Arrows reflect directions of influence. Categories in bold and subcategories in plain font. Broken lines signify links not described by all participants.

Table 10.

Categories and subcategories of the theory - Fiction as a reflection on their reality

| Categories | Subcategories |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Contextual category: Personal context | Time of engagement Level of support and understanding |
| Contextual category: The nature of fiction | Quality of fiction Perceived realism of fiction |
| Main category: Identification with fiction | Connecting with characters Recognising self |
| Main category: Transferring beyond fiction | Reappraising self, others and society Choices and actions Reactivating personal experiences |

Note. Categories in bold, subcategories in plain font.

Core category: Reflection on their reality

The core category linking the data together was fiction as a **reflection on their reality**. This referred to participants perceiving fiction to mirror their actual or potential life and experiences. As this reflection may reveal things participants had not considered before, it showed alternative possibilities and could change how they saw their future and acted within their lives. The overall process by which fiction was experienced as a ‘reflection’ had two stages represented as main categories. Firstly, participants experienced **identification with fiction**, emotionally connecting with characters and recognising their own experiences within such characters. This led to a process of **transferring beyond fiction**, whereby the

impact of this identification transferred into participants' lives. This impacted their experiences and actions, with consequences for their wellbeing. The effects of this 'reflection' on their experience of fiction and subsequent wellbeing seemed dependent on two contextual categories: participants' **personal context**, and **the nature of the fiction** presented to them. Categories are now considered in detail.

"I was like 'mm this (character's experience) is a pattern, this is a trend that looks very like mine' ... it's that kind of reflection" (Eesha)

"I was like oh my god I actually am going through something, that I'm feeling so much like this girl in the book...I was like that could be me. I'm feeling this same way as her and then she's going through this and doing this." (Grace)

Contextual categories: Personal context and The nature of fiction

Across fiction types, representation acted for participants as a **reflection on their reality**. The effects of this reflection occurred within the wider context of participants' personal experiences and the nature of the fiction engaged with. There were two contextual categories reflecting this.

Contextual Main Category: Personal context

Whilst the fiction they engaged with remained the same, participants' personal context and thus their interpretation of stories changed over time, changing the impact of the stories. This main category comprised of two subcategories.

Time of engagement.

Many participants described being particularly affected by fiction engaged with during their early-mid teenage years, often a time when they were initially experiencing

MHPs. For both portrayals perceived as helpful and harmful, there was a sense that if engaged with at different times, the story's impact may have been different.

"I haven't read it in a really long time but if I were to read it now I'd probably, would still feel understood, but I think I would potentially feel slightly different." (Eesha)

Participants also reflected on how day-to-day changes in their mental health impacted the way they interpreted and were thus affected by portrayals.

"...when I'm more down in like, in my life, like I'll look at things in a, like generally just more negative." (Ben)

Level of understanding and support

The effect of fiction was influenced by the extent to which participants felt supported, accepted, and understood in relation to their MHPs at the time of engagement. Whilst some described valued support from those close to them, *"my step-mum was on it, read loads of books, really like really supportive."* (Alice), most participants described feeling isolated and misunderstood.

"...when I first was realising I was not really, I don't really feel right, my family, like my family don't, I don't think in the old days they really saw mental health as a thing. It was kind of like "you're just being weak so just get on with it". (Cassie)

Isolation amongst peers seemed to be reflective of a culture of silence about MHPs in school environments. Some older participants wondered whether this was a function of their age, noting that conversations about mental health were more prevalent today.

"...many of my peers were anxious or depressed...but it, it just wasn't talked about. But then looking at my brothers who are 15 and 17, one of them has been doing an online course about mindfulness and managing anxiety and resilience." (Jess)

The younger participants described how mental health was talked about at school, with assemblies and classes raising awareness and promoting help-seeking, “*we’d always have like PSHE or whatever and these sorts of social lessons*” (Declan). However, such conversations did not transfer outside the classroom, and participants described a similar silence amongst peers, and subsequent sense of isolation.

“I’ve spoke to people who I’d known from sixth-form again, and literally they’d all been through the same thing... everyone was so uncomfortable to talk about it. It was really, it was an isolating experience. Even though we saw each other every day, we were all like friends we just. There was this community of fear that had just formed when no one wanted to open up, no one wanted to be vulnerable”. (Ben)

Limited access to support services was acknowledged as key to this isolation. Whilst many were accessing professional support services, finding that support was challenging.

“I remember trying to get in contact with the school nurse and they said there was a waiting queue of six months and I was like, what?” (Ben)

Thus, for many participants, representation within books, tv and film seemed to be the first place where they felt sense of support and understanding.

“...to feel understood in a way that you maybe aren’t getting from elsewhere. It’s nice. It’s comforting, it’s kind of like oh well if I can’t get comfort from so-and-so when I’m feeling a bit crap, then I’m gonna read this book and I’m gonna feel better”. (Eesha)

Contextual Category: The nature of fiction

Quality of fiction

The quality of fiction, that is, participants' perceptions of whether it had been "*well written...well acted*" (Eesha), was seen as key in determining its effects. Whilst high-quality portrayals may not always have been perceived as realistic (see subtheme **perceived realism of fiction**), quality seemed necessary for drawing participants' engagement and interest, and thus the extent to which they identified with characters. Contrastingly, realistic portrayals within poor-quality fiction seemed to have minimal impact on how participants saw themselves and their experiences, perhaps through reducing the extent that fiction was perceived as a reflection on their reality.

"...if I'm watching something that like, you know I, like a Hallmark Rom-Com like, if it was like "oh well I have anxiety", I wouldn't go into that like expecting it to be a good representation, so it doesn't, it doesn't even bother me." (Jess)

"Riverdale isn't triggering for, for like mental health stuff because I'm like this is, this bad. This is bad writing, this is bad everything." (Eesha)

Perceived realism of fiction

Perceived realism, the extent to which participants perceived portrayals to reflect their experience of reality, also varied.

"I think that show does a very very good job of describing what that is and, and how it manifests, and the work that needs to be done in order to you know, manage it." (Jess)

Stories which lacked realism through what they depicted, or what they failed to depict, related to portrayals of MHPs alongside aspects of identity intersecting with them such as race.

“...if it’s a black woman she’s crazy, she’s deranged, she’s psychotic. Or she’s really strong and independent. And it’s like well that’s not what black woman are like. That’s not what brown women are like, we’re not like that.” (Eesha)

“I’ve never seen mental health properly portrayed from like someone who’s, in like black characters, I haven’t really seen that.” (Grace)

Unrealistic portrayals seemed more detrimental than those of poor quality. In contrast to poor-quality, realistic portrayals which seemed to not engage participants and thus not affect them, unrealistic portrayals that were ‘well-acted’ or ‘well written’ seemed to present them with a distorted mirror that they expected their life to reflect. Whether through being “*extreme*” (Eesha), or “*missing out elements of it*” (Cassie), these representative portrayals could provide participants with false messages and expectations around their own future with an MHP (see also main category **transfers beyond fiction**).

“...it shows this picture that everyone that has mental illness, oh my god they’re gonna be sectioned... causes fear for people who have mental health, of speaking to anyone, coming out to anyone. Cos I used to be scared, I used to be very scared of talking to anyone and letting anyone know.” (Cassie)

Whilst most participants described realistic portrayals to be most helpful, enabling identification and understanding, two participants reflected on the damaging effects of uncensored, realistic depictions through triggering painful emotions (see also main category **transfers beyond fiction**).

“I watched the show and it really like, I don’t know just the final scene where she actually kills herself, really really affected me because it was so graphic.” (Grace)

Whilst fiction could be experienced as a reflection on their reality, participants did reflect on the challenges that came with showing a realistic portrayal when the overall aim of the medium was to be marketable to audiences.

“I’d love to see something that, that’s, there is no resolution at the end. But I understand that that is not well it is still story-telling, but I wouldn’t imagine they’d sell many copies of the book or film.” (Fiona)

Main Category: Identification with fiction

Whilst various experiences of engaging with fiction were described, for all participants, it was identification with the characters – caring about what happened to them, connecting with their emotions, and relating to their experiences, that seemed key in engaging participants and impacting their lives outside of fiction. Two subcategories, **emotional connection** and **recognising self**, reflected this process.

Emotional connection

Central to the process of identification seemed to be participants' ability to build emotional connections with and an understanding of the fictional characters. Whilst characters were not real, participants empathised with them and cared about what happened to them.

“...fully like when people die, I cry...If I’m, if I’m invested in the tv show or the book. And I’ve you know gone 20 hours in, I’m there. I’m you know, they have died for me” (Fiona)

Fiction offered the opportunity to “*get inside the characters head*” (Fiona), gaining an insight into their lives and the reasons behind their actions in a way that may not be

possible from hearing the account of another person in real life. This ability to understand the characters “*from the inside looking out*” (Alice) seemed to strengthen this connection..

“...you tend to follow one person around for a whole series or a whole book. And erm, you, you’re the whole time you’re learning more and more about them. And gradually you become just emotionally invested in the characters.” (Declan)

The perceived quality of fiction (subcategory of ‘**the nature of the fiction**’) seemed important in determining the extent to which this connection was felt by participants, and consequently, how impactful it was on their lives.

“I think fiction is, depending on how it’s written, is probably going to be more impactful, emotionally. But then if it’s written really badly, then maybe not.” (Eesha)

Recognising self

In addition to emotionally connecting to characters, all participants described that recognising themselves and their experiences in characters was a powerful part of engagement. The perceived quality and realism of fiction (subcategories of ‘**the nature of the fiction**’) were key in this recognition, strengthening the extent to which the story reflected their experience.

“I remember watching that I remember going “yeah, you’ve got that spot on”. Yeah, it’s more gratifying to, to see it and go “yeah I know what you’re feeling, love”. (Fiona)

Recognising themselves seemed to enhance the **emotional connection** participants felt with characters, with empathy perhaps being more natural when stories felt closely in line with their own experience.

“She’s getting stressed eating, feeling bad about it and puking...I was like this is it they’ve nailed, this is what it’s like... I empathised so much with the character. I felt bad for her and I was like if I could give you a cuddle I would, you know.” (Eesha)

Main Category: Transferring beyond fiction

Participants’ accounts suggested the effects of identifying with representative fiction did not end once they finished engaging with stories. The experience of fiction as a ‘reflection’ transferred beyond the page or the screen, and impacted participants’ lives outside it. Three subcategories, **reactivating personal experiences**, **reappraisal of self, others and society** and **choices and actions** described this process.

Reappraisal of self, others and society

All participants described experiences of representative portrayals leading to them reappraising how they saw themselves, others in their lives, and wider society. This process seemed to lead on from identification with such characters, as they used the characters’ experiences as a reflection to how they saw their own reality and visualised their future.

All participants described how a key benefit of engaging with representative portrayals was realising they were “*not alone*” (Ben). For many, it came alongside a reappraisal of themselves as “*not crazy*” (Grace) and not having done things “*that badly or stuff like this*” (Lucas).

Through recognising themselves in characters and viewing portrayals as reflections of reality, they learnt they were not the only person going through this experience and were thus ok; “*she’s doing it and she’s ok. So maybe I could be ok.*” (Cassie). Therefore, representation served as a source of validation and hope for their lives. **Personal context** was important in

this experience, as this reappraisal came within a context of feeling alone and different from others.

“I grew up thinking that I was like, I dunno just like a bit odd or I wasn’t, I was only. I dunno I just didn’t fit in kind of thing...it made me just feel like, like it’s ok, like you’re not the odd duck...Like ok you’re a bit different but different is not the worst. It’s not, you know completely condemned” (Cassie)

“Maybe I accept myself a little bit more. Seeing like this is like normal.” (Lucas)

Aspects of fiction that enabled participants to form **emotional connections** with characters by getting into their heads and following their journey seemed important in this reappraisal. Being able to connect with characters’ stories in this way seemed to provide a powerful source of validation for participants who may have felt isolated in their experience amongst peers (contextual category **‘personal context’**).

“...that realisation that you’re not the only one in this. Even if someone tells you that, if someone tells you you’re not alone, you can take so much from it. But until you experience that in someone else or in a story, then I don’t think you can truly accept that.” (Declan)

Reappraisal was not always positive for participants’ wellbeing. Portrayals that differed from their experience, were stigmatised or poorly received could lead to worries about their own experience and behaviours, thus negatively impacting on their wellbeing. This was the case even when participants acknowledged such portrayals were unrealistic (contextual category **the nature of fiction**).

“...when they’re portraying it and missing out elements of it, you’re not really giving an effective image of what it is it. You’re concealing half of it, and...like me at home, who knows

the reality of, of something, and you're showing half of it. Maybe it's making me feel even more of a weirdo and not normal, even more nuts". (Cassie)

"...in the show, they talk about her being really selfish.... I think that also had an effect on me. Because I was like, am I being really selfish too? Does everyone hate me because of what I'm going through...now I feel even worse because everyone hates me as well.". (Grace).

For one participant, who had well established support outside of fiction, and thus perhaps a sense of community, representative fiction did not have such a powerful impact on their self-appraisal.

"I can't get much out of a fictional book. I, don't get me wrong I like, I'm like "oh my god, look someone else who feels like me, feel less alone", but arguably I could get that from a self-help group, book or whatever experience" (Alice)

Choice and actions

Most participants reflected on how identifying with fictional portrayals led to evaluations of and changes in their choices and actions. **Personal context** seemed key in determining the ways participants evaluated and acted in response to portrayals. Their mental health state (subcategory **time of engagement**) and level to which they had support to understand to manage experiences (subcategory **level of support and understanding**) affected their interpretations of representative portrayals, and thus their choices and actions. For some participants, these actions seemed detrimental to their overall wellbeing.

"I think it was because I was at the end of my tether when I watched it...I reached that conclusion of where I'm going to off myself" (Ben)

"...in the book she talked about kind of cutting herself with glass and how it made her feel so much better. How it made her feel a bit more free. And I was holding in all these really

horrible emotions, and I was like, well I've never even come across this before...then I want to now do the same because I want to emulate what this character's doing. Cos clearly she's got it figured out." (Grace)

Whilst some participants emulated characters' actions, others recognised themselves in characters' experiences and did not want their own lives to reflect the characters'. In these cases, portrayals acted as a reflection of what not to do, allowing them to choose a different path.

"...you see them doing something really dangerous. Really, you know, harmful, and you think oh god I can't, I couldn't do something like that, I mustn't do something like that, I must get help." (Eesha)

Many participants described how engaging with representative fiction was *"like a gateway"* (Eesha) to initiating conversations about their mental health with those close to them. With many participants having felt isolated in their experience, such conversations were valued by participants and beneficial to their wellbeing. Reappraising themselves as 'not alone' and not 'at fault' in their experience (subcategory **reappraisal of self, others and society**) may have helped increase their confidence in having these conversations.

"...it usually just helps as a conversational bridge... Like [tv show] I was watching, I convinced some of my mates to watch that. And we all sat down and had a big talk about that like over a couple of drinks, a couple of weeks ago. And that was nice just to talk about that, like just our own personal experience and how we related to the show. That was, just sitting in a Spoons and talking about that. And it just felt I suppose, you know it was emotional but fun." (Ben)

“It is that confidence boost that kind of you know that someone else out there is, is doing something different. And talking about things that are different. And if he can do it I can do it...in terms of talking to other people” (Fiona)

Reactivating personal experiences

For many participants, engaging and identifying with representative portrayals had a triggering effect, reactivating personal experiences associated with MHPs. This seemed to be a step beyond empathising with characters’ emotions, as participants moved from the fictional story and were reliving their own struggles.

“...it kind of pushes you into feelings like that again. Even if it’s not a genuine feeling of that, it makes you think “oh my god, am I spiralling again”. Even if you’re not... for all I knew I could have been in the middle of it again.” (Eesha)

The perceived realism of the portrayal (contextual category **‘the nature of the fiction’**) seemed key in the extent of the reactivation and the effects of it. When experiences were reactivated around self-harm, being presented with portrayals that were graphic, and perhaps too realistic, could trigger the urge to emulate those behaviours (subcategory **‘choices and actions’**). This had a detrimental impact on wellbeing through exacerbating their difficulties.

“...if I see something that’s kind of very much about kind of like self-harm, or anything like that, it brings back kind of those feelings. And when it’s such a graphic image, it just makes me feel like...it triggers something in me where I’m like oh my god look at that. I want to do the same, I need to do the same.” (Grace)

However, an identifiable, realistic portrayal with a story arc that seemed possible and positive seemed to provide a blueprint for participants’ possible future, leading to a reappraisal of themselves in line with that experience (subcategory **‘reappraisal of self,**

others and society). Whilst the reactivation of personal experiences was challenging, the reappraisal could be one of hope and validation, which seemed beneficial to participants' overall wellbeing.

"...if they're having a panic attack and you know what that feels like, it can bring up that phantom feeling. If y'know, if it's done well. And that, that obviously doesn't feel good in that very moment, but then y'know when you come away from it...this is a person who's going about their life and they'll be ok, that's like a "ahh yeah. Yeah I'll be ok. They'll be ok and I'll be ok" (Jess)

Discussion

Summary of findings

For the young people in this study, representative fiction depicting MHPs were experienced as reflections on their reality – mirroring their actual or potential lives and experiences. The effects of these reflections depended on participants' personal context, and the nature of the fiction engaged with. The process by which fiction was experienced as a reflection had two stages – identification with fiction, whereby participants developed an emotional connection with characters and recognised themselves within them, and transferring beyond fiction, whereby identification led to processes with implications for how they experienced their own lives.

In reappraising themselves, others and society, participants used characters' experiences to reconfigure their understanding of who they were and how others saw them. This appeared to impact their choices and actions, e.g. a sense of validation increasing their confidence in discussing their experience with others. Furthermore, in recognising themselves in characters, participants' subsequent choices could be based on wanting to emulate

characters' actions, or avoid them. This seemed to depend on participants' appraisal of the consequences for characters, and extent to which they wanted their lives to follow suit.

These processes fit well within cognitive-behavioural perspectives with representative content serving as an alternative to existing thoughts and beliefs, which appeared to facilitate cognitive re-evaluation and subsequent changes in behaviour following identification with characters (Beck, 1993; Hunot et al., 2013). Social learning was also apparent, as participants used relatable characters as models to imitate or deviate from based on perceived consequences (Bandura, 1992). This study adds to these perspectives, suggesting it is not just perceived similarity to characters that informs the identification process, but also the emotional connection developed with characters. This aspect of the process, whereby participants appeared to need to empathise with and care about characters to be impacted by stories, was also evident in the review outlined in Section A (p. 34a). Participants within this study noted how this emotional connection developed from being able to get inside characters heads and follow their lives closely. As this is not as possible when connecting with people in real life, such a connection may be a unique and important aspect of audience engagement with representative fiction.

From an identity perspective, processes demonstrated in this study are in line with McAdam's (2001) narrative identity theory, with participants incorporating the external fictional narratives into their own stories and using such narratives to inform their responses. When new narratives disconfirmed their current story or presented an unwanted narrative for their future, they reappraised their past narrative, and developed a new story for their present and future.

This study adds to this perspective by suggesting the extent of this impact depended on the contexts within which participants were engaging. One aspect of this was the level of

support and understanding they experienced in their everyday lives. Many participants felt isolated in their mental health difficulties, experiences shared by participants in the studies reviewed in Section A (p. 33, 40) and considered within previous research on young people (Leavey, 2009). Despite participants within this study noting increases in conversations about MHPs, they described an ongoing sense of silence and stigma amongst peers. Subsequently, shared difficulties were not always talked about. Thus, fiction could serve as a rare place where participants felt seen and understood. With limited other ‘reflections’ to draw on, representation within fiction may have been particularly important and impactful for participants, thus having a stronger impression on their lives.

For some participants, the identification process transferred into their life by reactivating personal experiences related to their MHPs. This triggering effect of fiction fits well with Shrode’s (1950) psychodynamic model, whereby emotional tension is released in response to characters’ struggles. Whilst some participants found this release led to catharsis and was thus helpful, for others, the process seemed damaging through triggering emotions that were too painful to manage, or behaviours associated with their mental health struggles. Differences in response may have related to whether such emotions were repressed or related to experiences of trauma (Holdsworth, 2011), and demonstrate that fiction may act as a powerful trigger for emotions and experiences.

As shown in relation to the reactivation process above, the ways that identifying with fictional content transferred into participants’ lives seemed to have both helpful and harmful implications for their wellbeing. For some, the reappraisal was one of self-acceptance and validation, providing them with a sense of hope for the future. For others, the effects were harmful, bringing up new worries about who they were and how others saw them. Similarly, choices and actions in response to identification ranged from help-seeking and sharing their experiences, to emulating self-harm behaviours demonstrated by characters. Whilst this

helpfulness or harmfulness seemed to depend in part on participants' own history and experiences, the nature of fiction engaged with also seemed key. Stigmatising, overly-dramatic portrayals, or those which minimised experiences of MHPs were harmful to participants in triggering painful memories and giving themselves and others a false and distorted reflection of their lives and futures. As a consequence, such portrayals could incite fear, silencing and disappointment, amongst other detrimental outcomes. Such effects were still felt when participants were aware portrayals lacked realism.

Whilst stigmatised portrayals were not reported as extensively within this study as in previous research, such unrealistic, stigmatised portrayals were still described and as stated above, were detrimental to how participants perceived themselves. The current finding that stigmatised messages were apparent in portrayals of non-white characters with MHPs corroborates with findings from existing literary analyses that highlight fiction's role in perpetuating stereotypes that people of colour are dangerous, overly strong, or unaffected by MHPs (Golder, 2020; Junior, 2021). Such research highlights the potential long-term damage of such representation in relation to individuals' mental health, through maintaining oppression, influencing public attitudes, and deterring people of colour from seeking help. To the researcher's knowledge, research is lacking into people of colour's experiences with fictional representation of MHP, and within the current study (where most participants were white) there was little comment on how stereotyped portrayals impacted participants' self-appraisals and actions. Thus, further research would benefit from exploring the experiences of young people of colour who may be more regularly met with this lack of realism and perpetuation of stigma.

Whilst being mindful of the potential for graphic portrayals to have a triggering effect, having fictional portrayals of MHPs be as realistic as possible may help to reduce the above harmful effects, and increase the helpfulness that can be drawn for portrayals. However, the

variation in people's experiences of MHPs, and the necessity of fiction to entertain and maintain audience interest may make doing so more challenging. Portrayals which lack realism may generate more profit by being pacey and fitting into traditional story arcs, and narratives cannot reflect everyone's experiences through one character's story (Henderson, 2007; Henderson, 2018). However, when young people do not feel seen elsewhere, such portrayals may be their only source of representation and thus more impactful. Therefore, it seems important that alongside a range of realistic and non-stigmatising fictional portrayals to engage with, young people have other support within their lives to draw on and are able to access support and understanding from those around them and professional services.

Limitations

This study had limitations which are important to acknowledge when considering findings. Most participants were white, with only two participants being people of colour. Whilst within interviews, there was acknowledgement of the lack of, and stigmatised portrayals of people of colour, less was considered about how this affected young people of colour engaging with fiction. On reflection, this was likely influenced by the researcher's own positioning as a white person, both in which interview prompts were considered, and what participants felt comfortable sharing during interviews.

Whilst efforts were put in place to include diversity within the sample, it is likely that the sort of people who were drawn to take part in this study may be those for whom engagement in fiction had been particularly impactful. Although some participants within the present sample did describe being less affected by fiction, the advertisement asked explicitly for participants who had been impacted by fiction and most participants did describe it as having a considerable effect on their lives outside the stories. This limits the transferability of

findings and suggests that the developed model may be more applicable to those particularly affected by fiction.

Whilst the analysis was discussed in supervision and a bracketing interview was performed to raise awareness of biases and assumptions, analysis of data was performed primarily by one researcher. The use of an additional coder, and respondent validation may have been valuable in insuring the validity of findings (Mays & Pope, 2000).

Clinical implications

For mental health practitioners and other professionals working with young people with MHPs, it is important to consider that outside sources of representation, including fiction, can have real implications for how they understand themselves and their experiences. Therefore, exploring what kinds of fictional content young people have engaged with, and how it may be impacting them within the assessment process of therapy, will both help draw insight into their experience and generate key concerns (e.g. that they will immediately be sectioned if they share their experiences) that could be discussed and resolved.

Furthermore, findings suggested that for all participants, some fiction had been a helpful and validating source of representation, which for many had valued effects on their self-appraisal and subsequent actions. This suggests that, if used carefully, with awareness of the content and consideration of how it may interact with the young person's own context, representative fiction may be a helpful adjunct to use when supporting young people to understand and manage MHPs. There are various ways in which fiction could be practically integrated into the process of therapy across different therapeutic modalities. For example, within CBT, fiction could be used to explore alternative perspectives and possibilities to existing cognitions. Within systemic and narrative approaches, fictional characters that might relate specifically to characters could be used where appropriate within the thickening of alternative

stories. Furthermore, the ability of fiction to provide important social context and meaning to characters' experiences may allow individuals to make sense of their own lives in less critical or distressing ways (Bruner, 2003). Such processes are key within many therapeutic modalities including narrative therapy and compassion-focused therapy (White, 1998; Gilbert, 2010), which may thus benefit from the inclusion of fictional content.

Research implications

With the current findings suggesting that the perceived helpfulness and harmfulness of representative fiction was influenced by contextual factors relating to both the young person and the fiction, further research aiming to develop further understanding of these factors and how they influence outcomes is warranted. For example, as stated above, studies exploring young people of colour's experiences more specifically would be useful. This group are likely exposed to more stigmatised ideas than their white peers both within and outside of fiction, due to the intersection of their racial identity and MHP experience (Bhui & Bhugra, 2002). Gaining an insight into how they are impacted by such representation would thus be useful in being able to tailor support more to their needs.

With the type of fiction identified as key in influencing its effects, further research may benefit from exploration into how the different modalities of fiction may influence its impact on mental health. As noted in Part A, p. 6, it has been considered that the lack of multisensory information within narrative fiction may elicit different experiences of engagement and connection in audiences than visual media such as television and film (Troscianko, 2018a). Furthermore, with many participants in this study engaging in virtual media through streaming platforms and research suggesting this style of engagement may have different psychological outcomes (Ahmed, 2017), it would be valuable to consider the way media is engaged with (e.g. streaming a whole tv series through the phone or watching

individual episodes live on television) may affect the experiences and impact of fiction for young audiences. Furthermore, with the current study employing a modified form of grounded theory with a small sample of participants, further research exploring the experiences of a larger group, using constant comparison and theoretical sampling throughout would enable the development of a stronger grounded theory of the processes involved in young peoples' experiences (Corbin & Strauss, 2015).

If the current findings were corroborated in such research, there would be value in studies quantifying those contextual factors and the identification process. Such research would enable clearer evaluation of how such factors may interact and influence outcomes. Such knowledge would be helpful for clinicians in aiding with the selection of helpful fictional content for young people.

Conclusion

This study drew on the insights of young people with MHPs to develop a preliminary theory of how they experienced and were affected by representation within fiction. The developing theory suggested that whilst young people knew that fiction was not real, it was experienced as a reflection of their reality, a process whereby identifying with fictional characters in stories led to real consequences for their own lives, through its impact on their emotions, identity, and actions. The effects of this identification and extent to which it was helpful or harmful for those engaging, seemed to depend on aspects of their personal context and the fiction itself, with such portrayals being particularly impactful when young people had minimal other reflections to draw on for representation and support. Whilst further research is required to develop stronger understanding of how such factors may effect outcomes, findings suggest that fiction could act as a useful adjunct to traditional support as a source of validation and hope for the future.

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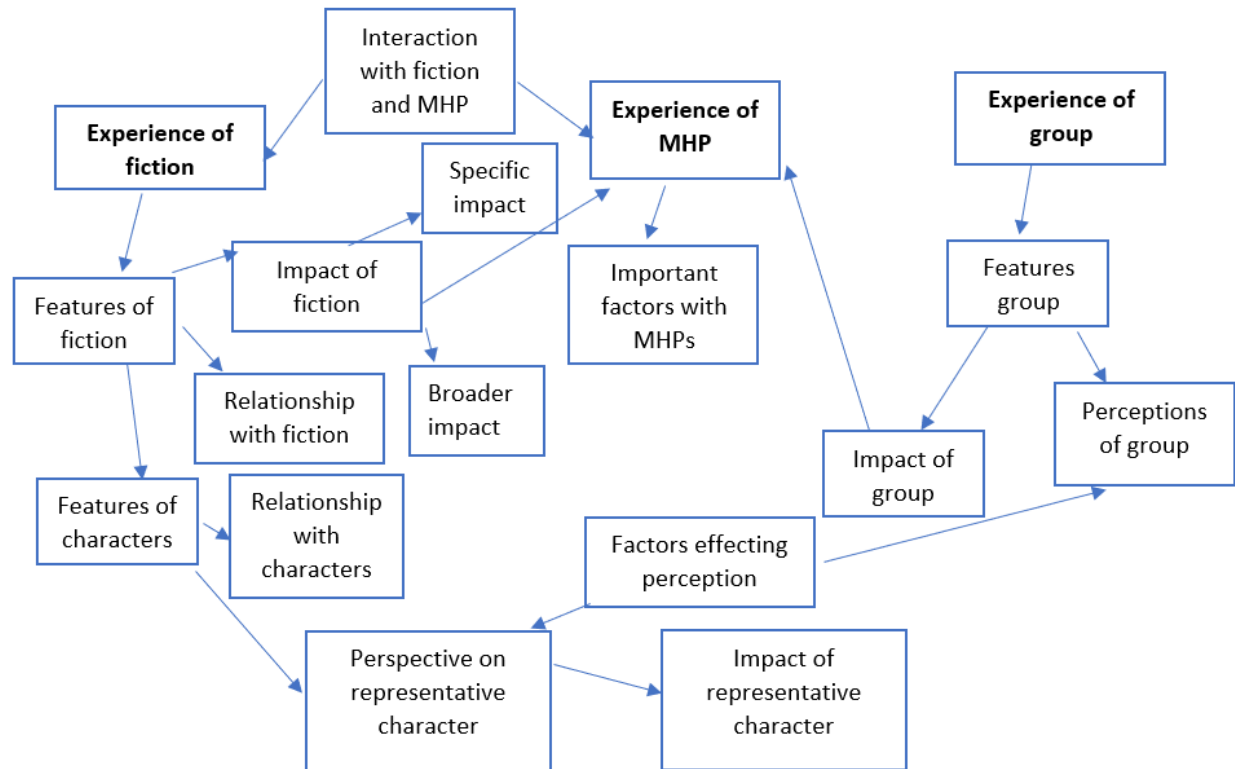
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Appendices

Appendix 1 *CASP qualitative study appraisal tool*

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Appendix 2 *Descriptive themes from thematic synthesis*

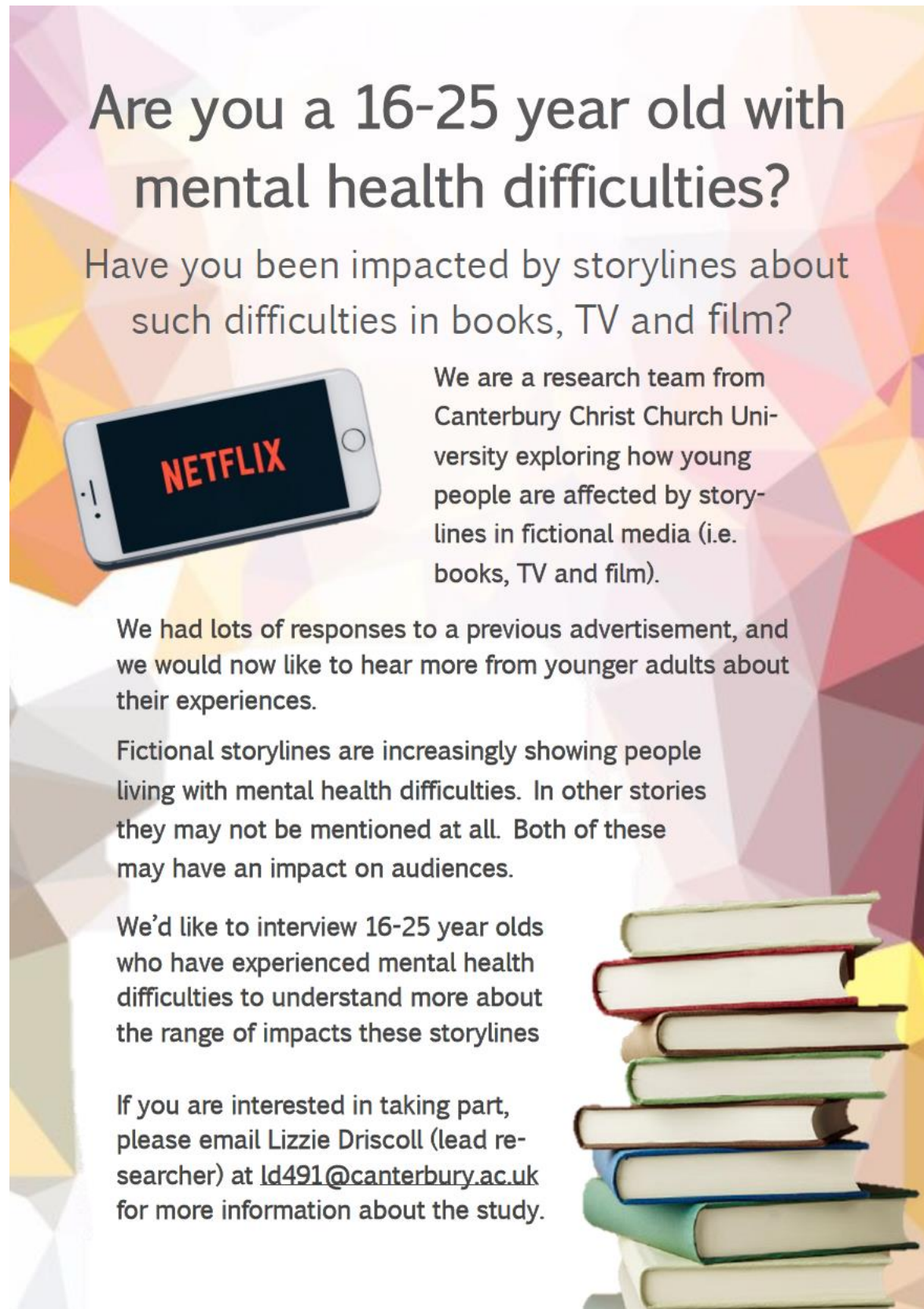


Appendix 3 *Section A themes across papers*

| Theme | Subtheme | Brewster (2016) | Chamberlain (2019) | Dowrick et al. (2012) and Billington et al. (2010) | Gray et al. (2015) | Hoffner & Cohen (2018) | Roberts et al. (2018) | Shipman & McGrath (2016) | Tribe et al. (2021) | Troscianko (2018) |
|---------------------------------------|---------------------------------------------------|--------------------|-----------------------|-------------------------------------------------------------|-----------------------|------------------------------|--------------------------|-----------------------------------|------------------------|----------------------|
| Seen and connected | Accepted and understood | | x | x | x | x | x | | x | |
| | Connected to others | | x | x | x | | x | x | x | x |
| | Experience not reflected | | | | | x | x | | | |
| Escaping distress | An alternative focus | x | | x | x | x | | x | | x |
| | A transportive experience | x | x | x | x | | | x | x | x |
| | A source of comfort | x | x | x | x | | | x | x | x |
| | Triggered by portrayals | | | | | | x | | | x |
| Growth and exploration | Reappraisal of self and future | | x | x | x | | | | x | x |
| | Self- expression and sharing with others | | x | x | x | | | x | | |


Appendix 4 Research advertisements

Advert 1:



Are you a 16-25 year old with mental health difficulties?

Have you been impacted by storylines about such difficulties in books, TV and film?



We are a research team from Canterbury Christ Church University exploring how young people are affected by storylines in fictional media (i.e. books, TV and film).

We had lots of responses to a previous advertisement, and we would now like to hear more from younger adults about their experiences.

Fictional storylines are increasingly showing people living with mental health difficulties. In other stories they may not be mentioned at all. Both of these may have an impact on audiences.

We'd like to interview 16-25 year olds who have experienced mental health difficulties to understand more about the range of impacts these storylines



If you are interested in taking part, please email Lizzie Driscoll (lead researcher) at ld491@canterbury.ac.uk for more information about the study.

Advert 2:

Are you a 16-20 year old with mental health difficulties?

Have you been impacted by storylines about such difficulties in books, TV and film?



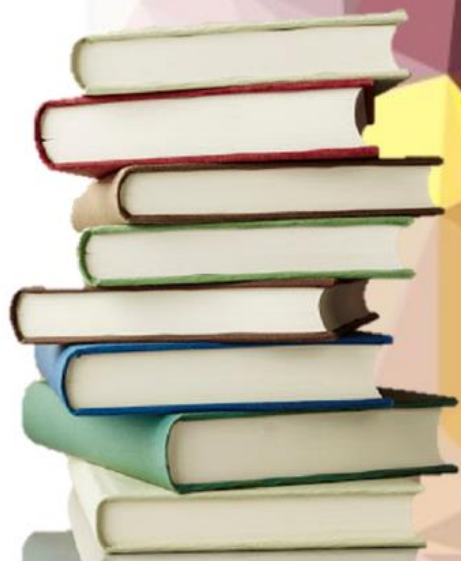
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We had lots of responses to a previous advertisement, and we would now like to hear more from younger adults about their experiences.

Fictional storylines are increasingly showing people living with mental health difficulties. In other stories they may not be mentioned at all. Both of these may have an impact on audiences.

We'd like to interview 16-20 year olds who have experienced mental health difficulties to understand more about the range of impacts these storylines

If you are interested in taking part, please email Lizzie Driscoll (lead researcher) at ld491@canterbury.ac.uk for more information about the study.



Appendix 5 *Email to participants*

Hi [Participant],

Thanks a lot for getting in touch, that's great to hear you'd like to take part.

I've attached the participant information sheet, which explains more about the study's purpose and what taking part will involve. If you meet the criteria below and are still happy to take part after reading the participant sheet, please email back and we can arrange a time to have the video interview.

Criteria:

- You are 16-25 years old,
- You have or have had mental health difficulties, and currently feel stable enough to talk openly about this without it being too distressing.
- You are fluent in spoken and written English, to be able to understand the participant information sheet, provide consent and participate in the interviews.
- You live in the UK
- You have watched television programmes, films, heard radio programmes or read books including fictional stories of mental health difficulties.

Please let me know if you have any questions before deciding to take part. I can answer them either over email or a phone call if you would prefer.

Best wishes,
Lizzie

Appendix 6 Participant information sheet

Project Information Sheet

Project title: **How young people who have experienced mental health difficulties are affected by storylines about mental health difficulties in fictional media (i.e. books, TV and film).**

My name is Lizzie (pictured), and as part of my clinical psychology training, myself and my supervisors; clinical psychologists Fergal Jones and Charlotte Hartley-Jones, are conducting a project exploring how fictional (made-up) media storylines affect young people with mental health difficulties.



Before you decide if you would like to take part, we would like you to read the following information. Please feel free to talk to others about the project if you wish to. If you have any questions, please ask me (contact details at the end). Thank you for your time.

Participant Information Sheet

1. Purpose of the project

In films, books, on television, streaming platforms, and on the radio, fictional stories are increasingly told about people struggling with mental health difficulties. This may have an impact on those reading, listening to or viewing these stories. We'd like to understand more about this impact for young people who themselves have experienced mental health difficulties.

The project therefore will involve interviewing young people (aged 16-20) who have experienced mental health difficulties, and seen, watched or heard fictional media stories depicting characters with mental health difficulties.

The project aims to understand more about how fictional media affects young people as they live their lives. It may also help to develop more understanding around how to support young people manage difficulties associated with this, as well as ways in which media could be used to support them.

2. Who can take part?

To take part, you would need to:

- Be age 16-25.
- Have watched television programmes, films, heard radio programmes or read books including fictional stories of mental health difficulties.
- Either currently experience or have had past experiences of mental health difficulties.

If the following is the case, we would recommend that you don't take part at this time:

- Are not currently fluent in written and spoken English.
- Do not currently feel stable enough to talk openly about your experiences.
- Feel that discussing topics relating to your experience with mental health difficulties may be too distressing.

3. Do I have to take part?

Participation is voluntary and you do not have to take part. If you choose to take part, you will be emailed a copy of the consent form to complete electronically.

4. What does taking part involve?

You will be invited to take part in a one-off interview with myself. It will take around 45-90 minutes, and will be conducted via the telephone or video link (e.g. Skype).

During the interview, I will ask you a little bit about yourself. This will include things like your age, gender and experiences with mental health difficulties. I will then spend most of the interview asking you about your experiences with television programmes, films, radio or books telling fictional stories about characters living with mental health difficulties.

You are welcome to stop taking part at any point before and during the interview. You may also ask for all your information, including the answers you have provided, to be deleted up to two weeks after the interview by contacting me. You do not have to give a reason for this.

5. What are the possible disadvantages of taking part?

During the interview, you will be asked to talk about experiences relating to living with mental health difficulties. For some people, talking about their experiences with mental health can be distressing. You can choose to not answer any questions and the interview can be paused or stopped at any point. You will not have to give a reason for this. If you think that talking about your mental health and how it may be shown within fictional media might be distressing for you, we would recommend that you do not take part at this time.

6. What are the possible benefits of taking part?

Whilst there may be no direct benefits from taking part, some people can find that talking about their experiences is helpful. The information gained from the project may also help develop understanding of the aspects of fictional media that can be used to support young people to manage mental health difficulties, as well as aspects that may be causing difficulties. We hope this may be helpful for both health professionals working with young people, as well as for young people themselves.

7. Will my taking part be kept confidential?

What you say during the interview will be kept confidential - private and not traceable to yourself, and stored securely. It will only be accessible to the research team (myself and my supervisors) and staff from Canterbury Christ Church University who are checking that the research is being done properly. After the interviews are finished, they will be typed up. The typed interview will be made anonymous. This means that personal and identifiable information about yourself and those you

mention (e.g. names, places) that was mentioned will be removed. However, the names of media source (e.g. TV programmes) will be kept in to ensure the effects of particular types of media are understood.

The only instance where your privacy may have to be broken would be if you mention something that suggests that there is a significant risk of harm to yourself or others. If this happens, I will pause the interview and talk with you about it, what help you can get, and who I will have to inform about what you have told me.

8. What will happen to the results of this project?

The results of this project will be written up for a thesis - a long essay as part of my training. It will be published on Canterbury Christ Church's website and may also be published in scientific journals - documents made up lots of research studies. It may also be presented at academic conferences. You will not be identifiable in any report or publication. Quotes from interviews will be accompanied by false names in any publications.

9. Who is organising and funding the research?

Canterbury Christ Church University is the sponsor and will be funding and supporting the organisation of the research.

10. Who has reviewed the project?

The research has been reviewed by The Salomons Ethics Panel, Salomons Institute for Applied Psychology, Canterbury Christ Church University.

11. Compliance with General Data Protection Regulation (GDPR)

The law around data protection requires that the following information is included within this sheet to ensure you have the information about how your information will be protected. We are aware this information can be hard to follow, and if you have any questions about it, please let me know.

It is required to have following information Canterbury Christ Church University is the sponsor for this project based in the United Kingdom. We will be using information from you in order to undertake this project and will act as the data controller for this project. This means that we are responsible for looking after your information and using it properly. Canterbury Christ Church University will keep identifiable information about you for 10 years after the project has finished. Your rights to access, change or move your information are limited, as we need to manage your information in specific ways in order for the research to be reliable and accurate. To safeguard your rights, we will use the minimum personally-identifiable information possible. You can find out more about how we use your information by contacting Deborah Chadwick who is the named data custodian for Salomons Institute for Applied Psychology, Canterbury Christ Church University on 01227 927074 or by emailing deborah.chadwick@canterbury.ac.uk. Individuals from Canterbury Christ Church University and

regulatory organisations may look at your research records to check the accuracy of the research project. The only people in Canterbury Christ Church University who will have access to information that identifies you will be people who need to contact you to audit the data (participant information and interview content) collection process. The people who analyse the information will not be able to identify you and will not be able to find out your name or contact details. Canterbury Christ Church University will keep identifiable information about you from this project for 10 years after the project has finished.

12. Contact for further information

If you have any questions or require further information please contact:

Lizzie Driscoll

ld491@canterbury.ac.uk

If you have any concerns or complaints about the project you are welcome to tell me, or you can contact my lead supervisor:

Fergal Jones

fergal.jones@canterbury.ac.uk

For more formal complaints, you can contact the head of Salomons Institute for Applied Psychology.

Margie Callanan

margie.callanan@canterbury.ac.uk

Thank you for reading this information sheet and for considering taking part in the project.

Appendix 7 *Consent form*

Consent Form

Participant Consent Form

Version number:

Date:

Consent Form

Please complete this form after you have read the Participant Information Sheet.

Title of Project: **How young people who have experienced mental health difficulties are affected by storylines about mental health difficulties in fictional media (i.e. books, TV and film).**

Name of Researcher: **Lizzie Driscoll**

Please initial box

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>1. I confirm that I have read and understand the information sheet for this project [version number ____]. I have had the opportunity to ask questions and have been given contact details for the researcher.</p> | |
| <p>2. I understand that my participation is voluntary and I am free to withdraw my consent without giving a reason.</p> | |
| <p>3. I understand that data collected during the project may be looked at by the research team and those within Canterbury Christ Church University checking the project is being done properly I give permission for these individuals to have access to my data</p> | |
| <p>4. I confirm that the following is true:</p> <ul style="list-style-type: none"> • I am age 16-25 • I have watched television programmes, films, heard radio programmes or read books including fictional stories of mental health difficulties. • I either currently experience or have had past experiences of mental health difficulties. • I am fluent in written and spoken English. | |

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <ul style="list-style-type: none"> • I currently feel stable enough to talk openly about my experiences. • I do not think that discussing topics relating to my experience with mental health difficulties will be too distressing. | |
| 5. I understand that findings from this project, which will have no identifiable information, will be used for a research thesis, and may be published in scientific journals and presented at conferences. | |
| 6. I give my permission for the use of anonymous quotes in publications and presentations. | |
| 7. I consent to my interview being audio recorded. | |
| 8. I agree to take part in the project. | |

Name of Participant (electronic signature or typed name)

Date _____

Signature _____

Name of Person taking consent _____

Date _____

Appendix 8 Interview Schedule

Just to start off it'd really helpful to have some information about you, just so I've got some idea of your context. It's always helpful to get a sense of peoples experiences before beginning with the questions.

- **How old are you?**
- **How would you describe your gender?**
- **Where do you live? (City/Town)**
- **What is your ethnicity?**
- **Is English your first language?**
- **How would you describe your sexual orientation?**
- **Do you identify as having a disability?**

As much as you're ok doing, can you tell me a bit more about your experience of mental health difficulties.

- **What kind of mental health difficulties have you had?**
- **Are these difficulties past or ongoing?**
- **Have you/Are you seeking any support for these difficulties?**
- **How long have you/did you have these difficulties?**

It'd also be really helpful to get brief overview of the different ways that you engage with fiction at the moment. So that could include books, magazines, films tv etc ...Could you give me a sense of fictional media you engage with at the moment..

Specific examples of engaging with fictional media

- Can you think of some fictional media you've noticed has shown people with MHPs?
- Are there particular examples that are most striking or memorable for you?

First example:

- What drew you to this book/show on the first place?
- Can you tell me a bit about what the representation was?
- How did you experience that?
- What was that like seeing it?
- What impact did that have on you? What impact does have on you now?
- Did that effect how you saw yourself/see yourself now?
- Did that effect what you did? In what way?

Are there other examples that come to mind?

- Could you tell me a bit about that one?
- Repeat of previous prompts.

And/or: Are there examples where the experience was somewhat different?

- Could you tell me a bit about that one?
- Repeat of previous prompts.

And/or: Are there times where mental health difficulties haven't been mentioned in stories or you've noticed an absence of representation?

- Have there been times when an absence of consideration of mental health difficulties has had some impact on you?
- What has the impact at been?
- Whether experienced an absence of representation?

Broader, overall questions around views on fictional media representation:

- Having talked through some of those specific example, more generally what's your sense of how fictional media might have impacted you?
- What perhaps have the positives and negatives been? (Of course things aren't quite as clear cut in real life).

Closing questions, check in, going through the debriefing sheet, query around results summary:

The interviews drawing to a close now, but I'm wondering if there's anything about this topic would want to share? Anything we haven't covered that feels important?

That's all questions I have. Thank you so much for taking part, that's been really valuable.

Some of what you've described sounds really difficult, so I just wanted to check in with how feeling now? – *go through debriefing sheet.*

Appendix 9 *Ethics Approval*

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Appendix 10 *Debriefing sheet*

Debriefing sheet for participants

The project you have taken part in is called:

How young people who have experienced mental health difficulties are affected by storylines about mental health difficulties in fictional media (i.e. books, TV and film).

Thank you for taking part.

What if I want to withdraw my data?

You can ask for your data to be deleted for up to two weeks following the interview by contacting me. You do not have to give a reason for withdrawing.

What if I would like to be further involved?

We may contact participants for some follow up questions over the next few months. If you are happy to be contacted with some further questions on the topic, I will contact you to arrange a suitable time with you for this.

What if I would like more support?

If the topic has affected you and you feel you would like some more support, speaking to your GP or accessing the NHS 111 service online (<https://111.nhs.uk/>) or via phone (dialling 111) is a useful first step.

The following websites can be useful for accessing support:

<https://youngminds.org.uk/find-help/>

<https://www.mind.org.uk/information-support/guides-to-support-and-services/>

<https://www.anxietyuk.org.uk/get-help/>

<https://www.samaritans.org> or call: 116123.

Where can I find further information?

The websites below provide useful information and stories about peoples' experiences with media representation of mental health difficulties:

<https://www.mind.org.uk/information-support/your-stories/?tag=7014>

<https://www.time-to-change.org.uk/category/blog/media-tv-and-newspapers>

If you have any further questions, would like to provide feedback on the project, or would like to receive the summary information on the project's findings once it is completed, please contact me at ld491@canterbury.ac.uk

Thanks again for taking part in this project.

Best wishes,

Lizzie Driscoll.

Appendix 11 *Coded interview transcript*

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Appendix 12 *Example of memo*

Memo – change in how discussed over time?

Interview 3 - Eesha

“I found out recently that all of my friendship, all of my friend group, friendship group? Friend group. All of my group basically had something wrong with them, but erm at the time I don’t think it was. It wasn’t really fashionable to talk about it when I was in school. *It was getting there, but it wasn’t.* You didn’t, you didn’t really. Unless you were like, like so far depressed that it was like the school knew about it, and parents, and the parents. But none of my group were like that so it wasn’t really a thing that we discussed. We would just say ah I’m feeling. I don’t even think we’d have said oh I’m feeling a bit down today, *it wasn’t a thing we really.* Yeah no.

Ok. So even though it was there, it wasn’t something that you knew was there around you.

Yeah exactly. *God that makes me sound really old doesn’t it.”*

In this extract, Eesha describes how as adolescents, her and her friends did not discuss their mental health, despite all struggling with it. She refers to talking about not yet being fashionable whilst she was at school, later saying this culture of not talking about it makes her sound old.

This suggests that things have really changed this then, and if so, the experience of those younger than her might be different.

Eesha is discussing this in relation to her experience of being an adolescent and finding relatable figures in fiction, noting the value of feeling understood and less alone when reading about a character who she related to. It would be interesting to find out if younger participants, who perhaps are growing up in environments with more discussion of these topics, are as effected by relatable media content.

The interviews I have conducted so far have all been with individuals aged between 23-25. This comment from Eesha highlights how individuals more towards the younger age of my range (e.g. 16-21) might have had a different experience in adolescence in relation to the discussion of this topic amongst their peers.

Appendix 13 Diagrams from conceptual analysis

Diagram 1:

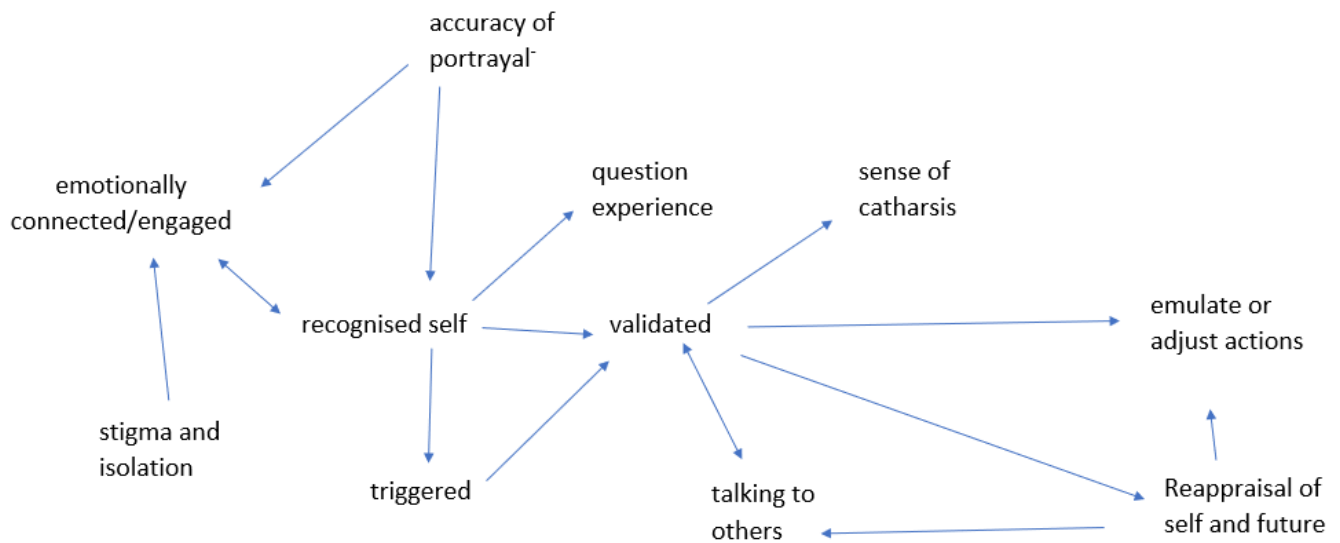
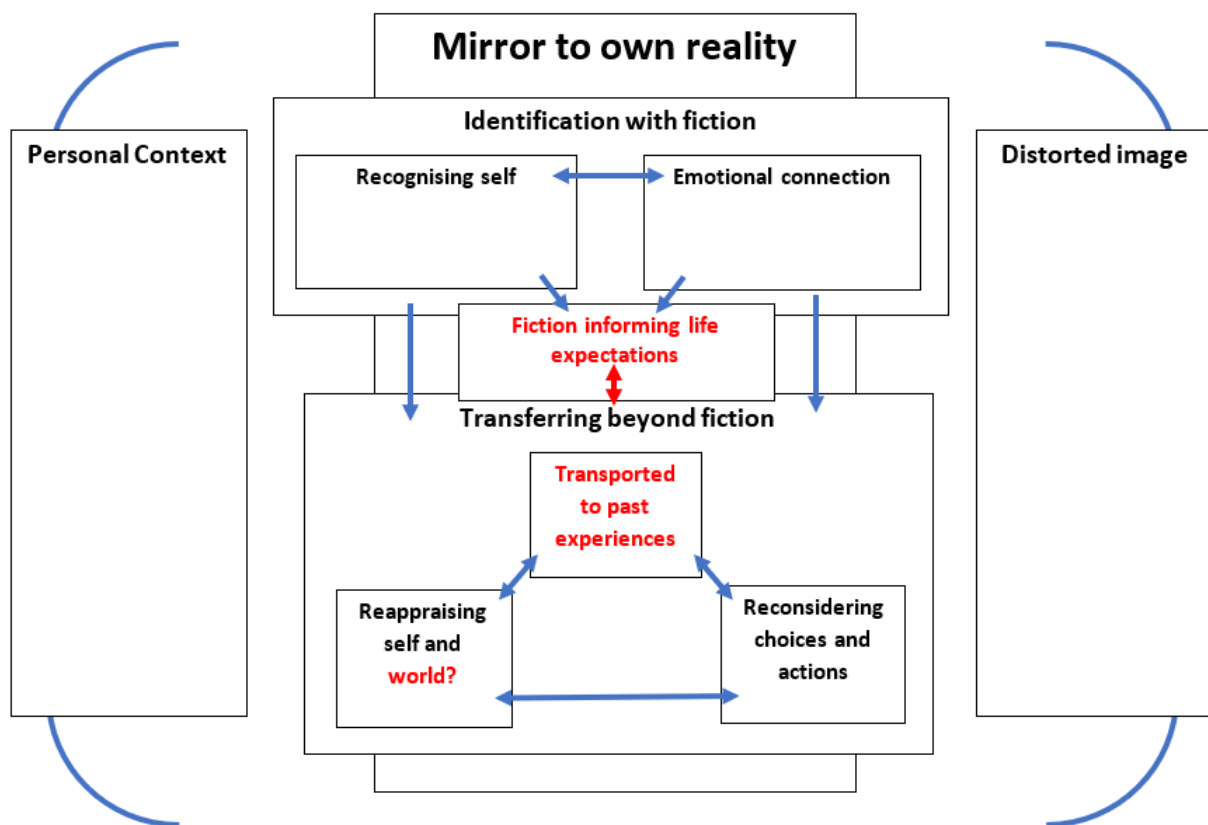
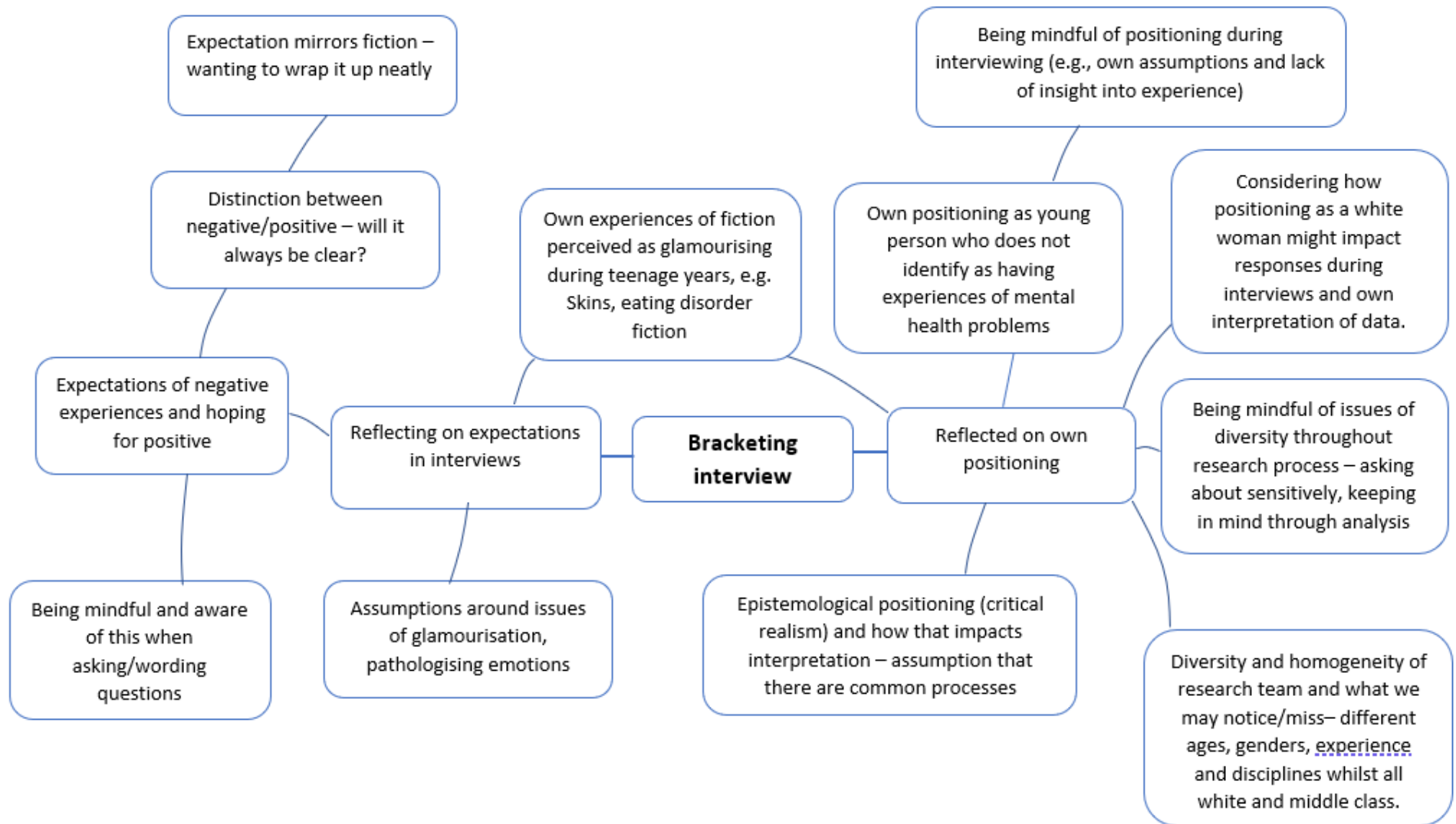


Diagram 2:



Appendix 14 Themes raised in bracketing interview



Appendix 15 Abridged research diary

Abridged research diary:

March 2020:

I have been reflected on my current research area and topic in light of COVID-19 and the challenges that there may be conducting hospital-based research. My current broad question for MRP has been: ***How are representative picture book literature used by families and staff supporting children with chronic conditions? How do they perceive they may impact wellbeing?***

During a meeting with supervisors, we decided that it would be sensible to reconsider the research area prior to submitting my proposal. We also considered how focusing on adolescent age-groups or above may be more appropriate if conducting remote interviews.

April 2020

After exploring literature around fiction and representation, I have decided the focus of the research will instead be young people with mental health problems and their experience of representation within fiction. Whilst this is not the project I originally chose, I am happy with the new topic as it's still an area I am interested in, and continues to look at representation and the role of fiction. Although I did not experience mental health problems myself as a young person (having just turned 25), I definitely engaged with lots of fiction portraying it, and from a professional perspective would be really interested in finding out how it affects young people experiencing it today.

January 2021:

My adverts are up! A few people have been in touch about taking part and so Charlotte and I had our bracketing interview and a practice interview. It was interesting to have that space as I didn't even explicitly know some of the assumptions I was holding. I feel more confident going into the interviews with awareness of these. Through the practice interview, we've tweaked some of the questions slightly so I've emailed Margie to gain approval for these.

February 2021:

Having conducted my first two interviews, I have been reflecting on what's come up and the similarities/differences in the participants' experiences. It is interesting how whilst one participant found a triggering experience when engaging in the fiction really challenging, and had to stop engaging, the other was maintained engagement and came away feeling a sense of catharsis. On discussing this with my supervisors, we considered different factors that may contribute to such differences and would be worth keeping in mind as I go in for my next interviews. These included differences in mental health experience, differences in level of emersion and absorption and differences in the content engaged in.

March 2021:

I have now conducted four interviews and have started the analysis process. Through this I have noticed certain areas that it would be helpful to explore in more detail with future participants (e.g. differences in engagement with fiction/non-fiction, times where there's an absence of engagement, and what the emotional/physical effects of connecting with characters might look like). Having gained consent to recontact all four participants following the interviews, I am now noticing things I'd wished I'd asked about in more detail and considering inviting them for a follow-up interview. During a meeting with my supervisor, we have made some changes to the interview schedule to be

able to explore the above areas in more detail, and discussed inviting some participants back for a follow-up interview.

April 2021:

As I have been transcribing and coding the data, I've noticed several participants bringing up the changes in how mental health problems are discussed and considered within society as a whole and in more immediate environments such as schools. Some have reflected on how they may have felt differently in their mental health experience if they were growing up today. As so far my participants have been towards the higher age range, it would be really useful to hear younger people's perspective on this.

Following discussion with my supervisors we have decided to employ theoretical sampling in line with this, and send out the adverts with a lower age-range to try and gain this understanding. I have contacted Margie to gain approval for sending out my new advert.

July 2021:

I have started to explore the literature in aim of finding a research question for my part A. I have developed a spreadsheet compiling literature that is related and existing reviews. There's a real lack of literature on young people with mental health problems and fiction/representative content and so I'm exploring other areas including other aspects of diversity and other age groups. It's proving quite tricky!

October 2021:

As I continue to code my Part B data, I have been reflecting on my role as a researcher during interviews and how that may be influencing what's come up. Two participants have been people of colour and whilst both have referenced a little in relation to their experience, I've noticed there's less included within the interview about how the intersection has affected them around representation. It feels likely that my positioning as a white interviewer may have impacted this. For example, one of the participants referred to the representation of people of colour only when I commented on it after she referred to diversity. She mentioned how she wasn't previously going to go into it but it was an issue. I'm aware that I may not have raised it if she hadn't referred to diversity, and I clearly did not ask enough further questions about it in relation to impact. Furthermore, my participants may not feel comfortable bringing it up with me as a white person. It seems that it is not just my whiteness, but also the lack of consideration for this issue (which is an affect of my whiteness but not a inevitable one) has influenced what's been present within the interviews. I would definitely re-think how I approached this if conducting the interviews again.

January 2022:

I am finding the process of conducting a qualitative literature review much more labour-intensive than the quantitative review I conducted for my Critical Review earlier this year. The process of developing a thematic model takes a bit of time, as I work through the steps and discuss ideas with my supervisor. Whilst this is likely normal, it feels like I'm running out of time and I'm starting to get a bit more worried about the deadline in April.

February 2022:

I've got my draft for Part A in! I feel really pleased about this but now must get on with Part B. Moving from using thematic synthesis back to Grounded Theory has been a bit confusing, and I'm trying to read lots of Grounded Theory papers to get back into the groove. In some ways this is slightly adding to my confusion as different people approach the analysis in different ways but I think I'm getting back into the mindset.

March 2022:

Working out the structure of the introduction for Part B has been quite tricky, as whilst justification for my Part A to Part B makes sense in my head, it's hard to not use 3000 explaining each step in my introduction. I've also been looking at the literature to try and incorporate some more theory into my introduction, and have got myself a bit stressed at the variety of approaches I could take and models I could draw on when the topic area is so multidisciplinary (e.g. should I be going down more a philosophical or literature path?). I met with my supervisors and shared these worries and they were really helpful in sharing that it is hard when there's lots of different routes you could draw on but you can't possibly put them all in, make it coherent, and get it within the word count. I've decided to stick with what I've got, keep in mind the relevance to clinical psychology and write a Part B that is coherent.

April 2022:

I am aiming to get the project in for the deadline, and feel both proud of myself, and lucky that the stages of the process have gone as smoothly as they have.

Appendix 16 *End of study summary for ethics panel*

Summary of the research project for ethics panel

Dear ethics panel,

Re: A grounded theory of how fictional media representation effects young people with mental health problems

I am writing with an update and summary of my major research project, titled above, which was granted full ethical approval in December 2020. The project has now been completed and ran to plan. Recruitment begun in January 2021 and finished in July 2021. All nine participants who initially consented to an interview took part. The title of the project has changed slightly since ethical approval was granted, to better capture the inclusion of both the experiences of fiction and its effects on participants. The title is now: **A grounded theory of how young people with mental health problems experience and are affected by fictional representation.**

Please see a summary of the project below:

Introduction:

Representation of mental health problems are commonly featured within fiction including books, television and films and have powerful effects on the wellbeing of those portrayed. Little research has been conducted into how young people living with mental health problems experience such representation. Understanding how young people are affected by such representation will be valuable in considering how to support them navigate such content. The study aimed to develop a grounded theory of how young people with mental health problems' experience, and are affected by, representation of mental health problems within fiction.

Method: 14 interviews were conducted with nine young people (aged 16-25) who responded to a research advertisement posted online. Interviews lasted between 30-90 minutes. Theoretical sampling was used to guide recruitment and the interview schedule. Participants towards the younger end of the age range recruited towards the end of the study based on emerging theory. Interview questions were revised to theoretically sample aspects of experience emerging through data analysis. Follow-up interviews were conducted with five interviewees with their consent. Data collection and analysis were conducted concurrently, with three stages of coding used in line with Corbin & Straus' grounded theory approach.

Results: The developed theory suggested that fiction was experienced as a reflection on participants' own reality – a reflection of their own lives and experiences. This process was made up of two stages: identification with fiction and transferring beyond fiction. Through transferring beyond fiction, identification with characters seemed to have both helpful and harmful impacts on participants' lives with respect to how they saw themselves, their choices and actions, and their emotional experience. Such effects seemed to depend upon participants' personal contexts and the nature of the fiction they engaged with.

Discussion: Findings are discussed in terms of relevant theory and existing empirical research, with consideration also provided into what this study adds to current understanding on this topic. The limitations of the study, including the diversity of participants and the influence of researcher assumptions is considered. Clinical and research implications are also reflected on, particularly in relation to what further understanding is needed and how clinicians working with young people may be able to explore fiction engagement and use it in their practice.

Best wishes,
Lizzie Driscoll

Appendix 17 *End of study summary for participants*

Dear participant,

Between January – July 2021, you took part in interviews for the above research project and asked to be updated with the project findings. The project explored how young people (aged 16-25) who have experienced mental health difficulties are impacted by fictional stories about mental health difficulties within media such as films, books and television. The project aimed to understand more about how fiction affects young people as they live their lives.

Overall, the project found that for those fictional stories where characters dealt with mental health problems that participants also related to, the stories could be like a reflection of real life. This experience could have more long term affects on life outside fiction, in both positive and negative ways. Experience of stories and the impact on participants' lives varied depending on personal experiences and the quality and realistic-ness of the stories themselves.

Different things seemed to help stories feel like a reflection of real life. It was important that participants were able to connect emotionally with characters – caring about what happened to them and empathising with their experiences. Relating to characters' experiences was also useful, as this helped to really connect with what they were going through. The quality of the fiction was important for this, as connecting with characters was more difficult if stories were poorly written.

Connecting with characters in these ways had a range of effects on life outside the stories. Well-written, realistic stories could provide a sense of hope for the future, allowing participants to realise they weren't alone and that things could be ok. Talking about these stories with others also helped open up discussions about mental health difficulties with friends and family, which had at times led to them sharing their own related experiences.

However, sometimes stories which were too graphic and perhaps over-realistic could trigger difficult emotions and experiences. The impact of this varied. For some it was cathartic, but for others it could trigger exacerbations of aspects of your mental health difficulties or make it impossible to continue engaging with the story.

Not all stories were realistic, and many participants described stories which missed out important elements of living with mental health difficulties or were extreme and stigmatising in how they portrayed them. This could leave participants with worries and concerns about their own experience and whether it should look the same as the characters in the story.

Overall, the project suggested that fictional stories can really help young people understand themselves and their experiences. However, they can also be harmful if portrayals are unrealistic, or trigger difficult emotions and experiences. Whilst fictional stories may be a useful tool to use to support young people, doing so requires caution and understanding of the potential harm of certain stories on young people's lives.

Thank you very much for taking part in this project and sharing your experiences and insight. I really appreciate your contribution to the research.

Best wishes,
Lizzie Driscoll
Canterbury Christ Church University

Appendix 18 *Journal author guidelines*

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