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If You Knew the End of the Story, Would you Still Want to Hear It?: The Importance of Narrative Time for Mental Health Care

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If You Knew the End of the Story, Would you Still Want to Hear It?: The Importance of Narrative Time for Mental Health Care

Abstract

The origins of this paper lie in our experiences of having heard too many stories with the same outcome or ending in the field of inquiry and practice described as “Aboriginal Mental Health.” This paper was written in an attempt to make sense of these experiences. It does so by focussing on another type of outcome or story ending in mental health care/research contexts more widely known as [Recovery]. Not to be confused with the term recovery as it is used in addiction studies, the concept of [Recovery] currently underpinning mental health care policies and reform is at once a philosophy, a practice orientation, and a guiding value and principle. This paper emerged from a range of discussions about [Recovery] as a practice orientation and a particular type of story-ending told by those who receive and provide Aboriginal mental health care in North Queensland. Poetic inquiry was used as a way to respond to the questions that arose from these discussions. In the research projects and discussions that foreground and underpin this paper, the use of poetic reasoning and writing, evolved from using poetry as a reflective tool, to a being used as a method of data collection, data construction, analysis and interpretation (even though none of these words appropriately inscribe these aspects of research within Arts informed research practices). It is also posited as an aesthetic and ethical way of (re)presenting the results of inquiring. This paper (re)presents and unpacks a particular generated poem to demonstrate the approach (as it is and was) used. As an arts-informed approach to social inquiry and to writing, the purpose of this text is to open or introduce an awkward pause in an ongoing dialogue or conversation about Aboriginal people in mental health care and to amplify the Aboriginal voices informing the development of this text.

Keywords

Aboriginal Mental Health, Recovery, Arts Based Research, Poetic Inquiry

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If You Knew the End of the Story, Would you Still Want to Hear It?: The Importance of Narrative Time for Mental Health Care

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The origins of this paper lie in our experiences of having heard too many stories with the same outcome or ending in the field of inquiry and practice described as “Aboriginal Mental Health.” This paper was written in an attempt to make sense of these experiences. It does so by focussing on another type of outcome or story ending in mental health care/research contexts more widely known as [Recovery]. Not to be confused with the term recovery as it is used in addiction studies, the concept of [Recovery] currently underpinning mental health care policies and reform is at once a philosophy, a practice orientation, and a guiding value and principle. This paper emerged from a range of discussions about [Recovery] as a practice orientation and a particular type of story-ending told by those who receive and provide Aboriginal mental health care in North Queensland. Poetic inquiry was used as a way to respond to the questions that arose from these discussions. In the research projects and discussions that foreground and underpin this paper, the use of poetic reasoning and writing, evolved from using poetry as a reflective tool, to a being used as a method of data collection, data construction, analysis and interpretation (even though none of these words appropriately inscribe these aspects of research within Arts informed research practices). It is also posited as an aesthetic and ethical way of (re)presenting the results of inquiring. This paper (re)presents and unpacks a particular generated poem to demonstrate the approach (as it is and was) used. As an arts-informed approach to social inquiry and to writing, the purpose of this text is to open or introduce an awkward pause in an ongoing dialogue or conversation about Aboriginal people in mental health care and to amplify the Aboriginal voices informing the development of this text. Keywords: Aboriginal Mental Health, Recovery, Arts Based Research, Poetic Inquiry

The origins of this paper lie in the experience of having heard too many stories with the same outcome or ending in the field of inquiry and practice called “Aboriginal Mental Health.” This story-ending is one we actively and deliberately choose not to inscribe, give voice or story in this paper. It is through the deliberate absenting of this story that its presence is (being) made apparent. The purpose for conducting the research projects that led to the creation of this paper was primarily to hear (or be able to hear), and to privilege, other outcomes and story endings in Aboriginal mental health care and research. In this way this paper is an active attempt to re-story, or reframe, through poetic inquiry, those outcomes that are more commonly presented in stories of Aboriginal mental health care and research. The significance of doing this, that is, of (re)presenting research poetically, lies within the eye of the beholder, the audience, the reader or the readers’ response (Rosenblatt, 1994).

The Story and story endings our inquiries sought, relates to the word [Recovery]. This word is increasingly being used to inscribe mental health care, research, policy and reform.

While there are many definitions for “Recovery,” (see for example Roberts & Boardman, 2013) here we use the term more generally to refer to the journeys that people take through, and with, ongoing experiences of mental illness and mental health care, and the ways life is lived well with these experiences.

The poem/s presented in this article draw on a series of conversations with Aboriginal people all with years of experience in receiving, providing and advocating Aboriginal mental health care. The main point of this particular article is to highlight that time, particularly narrative time is approached in different ways across cultures and that this has considerable implications for those who provide and receive mental health care. The moral and clinical point we are bringing forward here relates to the responsibility for clinicians to acknowledge and commit themselves to dealing with these types of differences in their practice and professional development. As an aspiration and rationale, empathic participation or wanting to share what we and others “see” (experience, know, or believe to be true) is a defining quality of being human and a fundamental feature of storytelling, research and poetic inquiry.

Starting with these somewhat vague assertions is deliberate, because it is Storying (as a methodological approach), and how Stories are heard, that forms the focus or centre around which this story revolves. What this means is that the word Story is used here to refer to both the research objective and its subject. As such, Story is approached as the research aim (that is, it aims to create a Story) and Story is also its’ topic (that is, the focus of the research are stories of Aboriginal Australian¹ experiences of recovery and mental health care). Storytelling and writing are approached as methods for research and an outcome of inquiry; and poetry is used in, and as, a storytelling and writing strategy.

An overview of poetic inquiry is provided, and supported by a poem, this paper illustrates a poetic approach towards the research topic – stories of recovery in Aboriginal Mental Health Care in NQ. A description of how poetic methods were employed to suspend preconceptions of Aboriginality, mental illness and recovery, and to make visible the unique and multiple viewpoints of the people who inspired our inquiry. The significance of inquiring this way lies in the readers’ response and within its aspirations to bring forward alternate or counter stories in Aboriginal mental health care and research. It also lies in the way poetry draws attention to the way storytelling traditionally unfolds in research and in mental health care. In doing so it highlights the role of narrative time in professional development and in practice.

Writing Poetry as Method

For Laurel Richardson (1990) *“Writing strategies are not just literary or scientific choices: they are moral decisions”* (p.38). As a moral decision, writing poetically involves deep reflection not just about the subject and findings of research, but also the feelings and ethical considerations that engaging with this topic generated. Poetry is used here as a summary of multi-layered learnings brought together in poetic form. Since poetry *“seeks to reveal and communicate truths via intuitive contemplation and creative expression”* (Elliot, 2012, p. 1) it *“emphasizes subjectivity rather than objectivity”* (p. 2), and is, therefore an *“extra-rational process”* (p. 2) that continually prompts the reader into recognizing that the text has been constructed. It is because all texts are constructed; that poetry therefore, *“helps problematize*

¹ *Aboriginal, Indigenous, Aboriginal and Torres Strait Islander people* are terms that are used to refer to peoples from the First Nations of Australia. In this paper the term Aboriginal is given preference as the inquiry specifically focused on Aboriginal Recovery and the central storytellers in the inquiry and two of the authors for this paper identify as Aboriginal Australians. The word Indigenous is used where there is a need to refer to, be more inclusive of, and respect the unique status of Torres Strait Islander peoples in Australia and peoples from other First Nations and Indigenous communities around the world.

reliability, validity, and truth" (Richardson, 1994, p. 522). Poetic inquiry and the arts informed research practices and activism that poetic representation is aligned within, are a way of "making the familiar strange" and of suspending preconceived assumptions (Mannay, 2010). In this context the need to problematize ideas of truth, reliability and validity, relates to the complexities of producing knowledge in cross-cultural contexts, especially in contexts where "*Indigenous knowledge systems and Western scientific ones are ... so disparate as to be incommensurable or irreconcilable*" (Verran, 2005 as cited in Nakata, 2007, p. 8).

While a poem may "prove" nothing, the use of poetry in and as research is particularly suited to those research agendas and situations where "*the production of rich, evocative data that attempt to address issues of social justice takes precedence over the emphasis on objective findings*" (Foster, 2012, p. 743).

Poetic Inquiry

The use of poetry in, and as, qualitative inquiry has increased in recent years (Prendergast, Leggo, & Sameshima, 2009). Although an emergent research practice, domain of inquiry and methodological perspective, the use of poetry in social inquiry is not new (Butler-Kisber & Stewart, 2009). Used as an analytic, reflective and interpretive approach, as well as a representational strategy in inquiry, the value of research poems lie in their capacity to engage the reader, and to express and/or evoke novel ways of seeing, knowing and storying experience and knowledge through writing. That is, poems are valued within qualitative inquiry for their potential to represent, or write into visibility, "novel" ways of seeing and of "saying." Since poetry is "*originally an oral art form deeply rooted in the sense of voice*" (Prendergast, 2009, p. xxiii), it aligns well with research involving Indigenous cultures where issues of voice and representation are centrally located in this field. They also make visible the experiential and affective elements of research (Furman 2006; Glesne 1997; Prendergast, Leggo, & Sameshima, 2009; Richardson, 1994; van Manen 1997) as well as the way those elements are conveyed (and not) in and through writing. Poetic writing in inquiry is more than "*another way of telling ... it is another way of interpreting and therefore of knowing*" (Brady, 2004, p. 633; see also Shidmehr, 2014).

As a research practice, poems are also valued for their capacity to engage the reader (and writer) in those spaces generally positioned at the "edges of knowing" (Stewart, 2012) – the liminal, or the "borderlands" (Gitlin, 2008) or "Edgelands" (Rapport, Wainwright, & Elwyn, 2005) of research – even though these edges can now be considered relatively inhabited and porous in qualitative inquiry.

In a way, the increasing use of poetry in research makes visible the unknowable, as well as the sub-textual and structural aspects of research narratives. That is, research poems are valued not just for their ability to engage with, and to express the feelings and experiences involved in research and the creation of "knowledge," but their ability to "say the unsayable"; the "things" that are not, have not, or cannot be said. Since the unknowable is always present, somewhat like the null hypothesis in quantitative inquiry, poetry is therefore valued for "*not shying away from either ambiguity or indeterminacy*" (Rath, 2012).

However, to use poetry as an approach, a methodology and an outcome of research often means engaging with (and in) a relationship with a reader, audience and discursive field that often does not value poetry or the poetic. Although many have outlined a role for poetry across a variety of social science traditions, including "*psychology, sociology, anthropology, nursing, social work, geography, women's/feminist studies, and education*" (Prendergast, Leggo, & Sameshima, 2009, p. xxi), and as a therapeutic and pedagogic intervention (for example, Archibald, Dewar, Reid, & Stevens, 2012; Elliot, 2012; Jeffs & Pepper, 2005), not everyone values or even likes poetry. Like the poetry of rap music, not everyone appreciates

this way of writing and storytelling research. Despite its relatively recent emergence as a research method (Prendergast, 2009), poetry (or poetic writing and poetic consciousness) has long played a role in the history of research (Berlin, 1985; Elliot, 2012).

This Story: Aboriginal Recovery

The Story and story ending this paper refers to, relates to a word that currently underpins mental health reform both in Australia and Internationally. It is a word that is increasingly being used in mental health care, research and policy contexts and also by consumers of the services that mental health practitioners provide. While there are many definitions for “Recovery,” here we are using it more generally to refer to the journeys that people take through, and with, experiences of mental illness and mental health care, and the ways life is lived well with these experiences.

Described as an “*idea, a movement, a philosophy, a set of values, a paradigm, policy and a doctrine for change*” (Turner, 2002, as cited in Bonney & Stickley, 2008, p. 140), Recovery at its’ core is conceived around ideas of hope and meaning (Roberts & Boardman, 2013). As a language and paradigm shift, Recovery is usually positioned as a response to the pathologising and pessimistic lens of mental health professionals (Walker, 2006). Most definitions of Recovery encountered in the literature, present or re-present the word hope in some way. In the places where Aboriginal individuals and communities manage experiences of mental illness and mental health care, hope is sometimes a difficult word to use.

Since mental illness is understood by Aboriginal and Indigenous peoples in different ways to that of non-Indigenous peoples, it follows there is a need to learn more about the meaning of Recovery in this context (Nagel, Hinton, & Griffin, 2012, p. 221). In some ways though, the topic of this inquiry could be said to be invisible, to not really exist. For instance, in the beginning the lead author was often asked if the topic she had chosen - “Aboriginal Australian Mental Health Recovery” was an illusion². She was asked a number of times by mental health practitioners if she thought she would find any Aboriginal Australian people who fit the “recovery” criteria. She was told by a psychiatrist with more than two decades experience in Indigenous settings that recovery, in the context of patients from remote Aboriginal communities who had been diagnosed with serious mental illness, demanded a much broader understanding than would be the case in metropolitan Australia or the wider non-Indigenous population. In those remote settings the developmental and social context of such disorders, he explained, is such that patients are much more likely to follow a relapsing/remitting course that challenges the concept of incremental recovery and as a consequence of which rather than “closing” cases his practice was to continue proactive monitoring.

She was also told by an experienced Aboriginal mental health practitioner, consumer and carer, in a tone that belied any chance of rebuttal, *there’s no such thing*. In the context of that conversation and reinforced in a range of other conversations, we can see how the non-existence, non-potential of “Aboriginal Recovery” in mental health care could constitute a truth for her and for others; as a generalisation, though it is one that is hard to sustain. That Aboriginal people do meet clinical and personal criteria for Recovery is not questioned here, it’s whether people believe they can, that is the underlying question. In the literature surrounding “recovery” there are frequent references to the difference between clinical and personal definitions of recovery. For example, clinical recovery is “*recovery from symptoms*

² Illusion here is defined ‘*as a perception that represents what is perceived in a way different from the way it is in reality. An illusion is a false mental image or conception which may be a misinterpretation of a real appearance or may be something imagined. It may be pleasing, harmless, or even useful*’ (Stein, 1982, p. 662, cited in Taylor & Brown, 1988, p. 194).

and difficulties in response to effective care and treatment as described in most evidence-based guidelines” and personal recovery is “recovery of a valued pattern of life and living, with or without ongoing symptoms and difficulties, linked to an active personal commitment to working on recovery” (Roberts & Boardman, 2013, p. 402).

In exploring and responding to various iterations of our questions with others, that is, whether Recovery and hope are illusions for Aboriginal consumers of mental health care, poetry was chosen as both research practice and result, because this way of inquiring (and storying inquiry) seemed the best methodological, aesthetic and ethical fit for the types of questions and responses that emerged while exploring the research topic. The choice to use poetic inquiry also reflects our belief that the ephemeral, illusory and affective nature of “Aboriginal recovery” as a concept and its’ association with *capacity for optimism* (Hunter, 2010, personal communication) requires a similar form of writing.

The originating questions for the inquiry were framed around placing or locating the word “Recovery” in Aboriginal mental health care. These questions were:

- Where are discussions and stories of “Recovery” in Aboriginal mental health care in North Queensland, Australia?
- What is the place of “Recovery” in Indigenous mental health care literature?
- How is Recovery understood and narrated in this context?
- How are Aboriginal stories of “Recovery” relevant for recovery-oriented mental health care practice, research and reform?

The evolution of these questions into a different way of questioning or a more rhetorical and poetic form of questioning, is re-presented here as a response to the moral questions we have been asked and asked ourselves. As result, this inquiry combines creative writing strategies as (or within) a framework of poetic questioning to address, and more authentically express, the experiences and challenges of engaging with a research topic that is not often storied or narrated when we began. This also presents the rationale for adopting a poetic stance – to amplify Aboriginal “voice” in this context.

This article is presented as our response, a reasoned, aesthetic and ethical response, to what has been said and not said in the “major scholarly industry” (Waldram, 2004) that inscribes “Aboriginal Mental Health” and in the communities from which it emerges as a concept. Poetic inquiry was therefore used as a way to interpret and capture our experiences and learnings whilst engaging with conceptions of Aboriginal Recovery that were co-constructed through the processes of inquiring; namely through yarning³, reading and writing in iterative cycles...it was also used to include our feelings about those constructions. As we listened, and re-learned how to listen to the Aboriginal stories that we saw, read and heard, our research questions as they were originally conceived and tested changed and as a result alternative methodologies were explored.

Over time the use of poetry in the inquiry that foregrounds this paper, evolved from a reflective writing tool for researchers, to a tool that also assisted with data collection, data construction, analysis and interpretation. Poetic inquiry also offered a way to synthesise and represent the main findings in a more concise and authentic way. The use of poetry loosens the meanings bound within certain words, and plays with “the straightjacket of English,” and rhetoric in poetic form to express other dimensions of inquiry – that are not usually storied or made visible in the shifting paradigms of research where the craft of writing for.... is learned

³ Yarning is a term widely used across Australia to refer to a story or an informal conversation. It is a term that is preferred by a number of Aboriginal scholars (see Geia, 2012). As a research practice it refers an informal interview where both the researcher and the participant share their viewpoint on a topic of interest (Bessarab & Ng’andu, 2010). It usually incorporates a relaxed and informal approach.

and re-learned. In using poetry, the analysis moved beyond thematic understanding into the expressive creation of meaning through text, where the focus is not so much on semantic meaning (or what the text says) but rather on mantic meaning (or how the text speaks (Van Manen, 1997 p. 346). In other words in moving through thematic meaning-making to meaningful expression, writerly/readerly questions shift from "What does/should this text speak about?" to "How does/should it speak?"

In the Time it has Taken to write this

In the time it has taken to write these words much has happened in the lives of the people who have inspired this paper and the inquiry that foregrounds it and many lives have been lost in communities in which we and they live/d; much more than should be expected. In this context, against this background, words (and placing yet more words in "the major scholarly industry" (Waldram, 2004) that stories "Aboriginal Mental Health") seems somewhat inadequate, irrelevant and at times immoral. However, words (and the stories that some words create) can, have and do, effect social change; and stories and storytelling are often viewed as containing a quality or power that can *be* therapeutic and healing. This is a fundamental premise for those who align their work with the philosophies of narrative therapy and narrative medicine in health care.

Drawing on the premise that writing and writing poetry can be therapeutic (Mazza & Hayton, 2006), this paper has considered the ways in which words can be written to "amplify voice" and to listen for stories of Aboriginal recovery in a therapeutic way. For those whose stories have inspired this paper, there is an oft mentioned and critical difference between listening and hearing. This difference is encapsulated in the title of a seminal training resource used widely in Aboriginal and Indigenous mental health care across Queensland and Australia – *Binan Goonj* (Eckermann, Dowd, Chong, Nixon, Gray, & Johnson, 1992). *Binan Goonj*, an Aboriginal phrase from southern Queensland⁴, translates as *they hear but don't listen* (Eckerman et al., 1992) or *they're not deaf but they're not listening* (Eckermann, 2014, pers. comm).

Since using poetry *invites us to listen* (Leggo, 2008, p. 166), and to listen deeply to how texts (and words) speak, poetry is approached here as one way of engaging with the critical difference between hearing and listening in Aboriginal mental health care. In this way, as Foster (2012) suggests, poetry can be used as a form of arts activism that can "*give voice to marginalised groups*" and "*provide a starting point for a different way of thinking ... challenge conventional wisdoms ...and identify oppression in a way that text [books] cannot*" (Foster, 2012, p. 753).

This paper in using poetry as a writing strategy draws attention to words and the challenges they pose at the cultural interface of Aboriginal mental health care, and it is a word that coheres the social movement and paradigm shift currently underpinning mental health care reform in Australia and Internationally. This word is "Recovery." While use of this word has been challenged (e.g., Davidson et al, 2006), it is through the processes of sharing and listening to personal stories of Recovery in mental health care contexts, and through "*the increasingly coherent voices of individuals who have experienced mental illness and used mental health services*" (Slade, Amering, & Oades, 2008) that change and the paradigm shift that is recovery-oriented care has occurred.

This "power," that is the power embedded in Story and storytelling, however can also manifest in "culturally toxic" ways (Abadian, 2006) and in the ways that some stories interfere with communal efforts for healing and cultural renewal. Since the topic of this paper, and the

⁴ Binan Goonj is a phrase from the Bidjara Language group in southern central Queensland, Australia.

words, “Aboriginal Recovery” and “Hope,” were not often “seen,” nor storied, in the communities we have worked and lived in, nor in the literature that was searched (at least in the beginning), the main challenges this raised related to being able to find the right words; and the right ways to use words for that being sought, re-searched and (re)presented. In written text, these challenges multiply. Using words in poetic form allowed these challenges to be made visible and addressed.

While this work started out as very different kind of project, a number of failed attempts to “research it,” led to alternate approaches to the words, story ending and phenomena that is “Aboriginal Recovery.” Through yarning and reading a diverse range of inter-disciplinary texts, our writing and reflections developed into images and poems. In the process of undertaking the research and using writing as a method/ology, we have learned that Story means different things in different places. We have also learned there are many ways to approach and re-present Story; and many ways to present, interpret and write the findings of research. Here we use a poem to re-present a word, story of social change and a story ending that we frequently found ourselves listening to...and for.

Applying Research Poetry

To review, the original questions for this inquiry involved understanding how Aboriginal people ground or narrate their experiences of mental illness/mental health care such that meaning and Recovery is made possible. To introduce this question in a different way, we use the following poem. This poem is informed by a number of statements or assertions made by Aboriginal and Indigenous peoples over the course of inquiry, about how the words “Aboriginal Recovery” are more generally viewed, and more particularly, how these words are storied. Writing these statements in poetic form allows us to express what many told us to say (and do) without repeating or revealing what it was that was actually said. It also allows us to express how their words “spoke” more than what it was said.

This poem is one of a series of poems that listening to Aboriginal stories of “recovery” created - as field notes, interpretations and reflective syntheses. Like Kathleen Galvin and Les Todres, who called their approach to poetic inquiry “embodied interpretation,” we wanted our words “...to provide an understanding that is both of head and heart, and as such, carry forward both the logical dimensions as well as the textural dimensions of experience” (2009, p. 309). Our interest in poetic inquiry centres on searching for words, and ways to use words, that more (faith)fully, capture the phenomenon and topic of this research in all its complexity and texture. As a way of demonstrating or expressing the interpretive nature of poetic inquiry, the following section unpacks the poem and provides an explanation of the discussions and conclusion it contains and yet does not quite say.

The poem is called “do you see what I see?”

Do you see what i see?

*Somehow i don't think that you do
For that to happen you'd have to “be” me
And I you*

Beyond care

*Clinically storied in logic
Are the aims of rhetoric,
Taled dialogic, synchronic
- not always diachronic*

*Beyond the limitations of the printed eye is the ear
When you can't see
You know, You perceive primarily
By what you feel and hear.*

The poem that is used to introduce (and contain) this section of the paper expresses something that could be reduced to a simple proposition but it does not do so in a straight forward way – because it is asking the reader to engage in the work of understanding or comprehension⁵. It also represents a poetic response to the stories that brings together the ideas and principles that created the research questions and that are posed here for “Aboriginal Recovery.”

The poem addresses a proposition oft cited in the literature surrounding Indigenous social emotional wellbeing – a proposition that involves listening to the voices of Aboriginal peoples involved in mental health care. It is a proposition inspired by the practitioners of narrative medicine and therapy (e.g., Charon, 2006 and White & Epston, 1990) and by researchers’ who have taken the “narrative turn” in qualitative research practices (Lincoln & Denzin, 2003), and by the paradigm shift called recovery-oriented mental health practice and research.

It is simply a statement:

...that there is therapeutic and non-therapeutic potential or power in stories; in the sharing and telling of them, and in reading and listening to the way that they “speak.”

As Charon (2006) the author of narrative medicine asserts there are narrative dividends for clinical practice to be found from investing in storytelling and narrative skills. However, as one of the storytellers who guided the development of this project suggests, there is value in banking some stories. At first we took this to refer to the value of the stories we shared...later we understood it to mean there are some stories that need to be locked away safely or banked. Later still we learned it meant that some stories function as values, like money – their value realisable only in the way they are used in, and through, the transactions and relationships that are mental health care.

In effect the poem is asking the reader to reflect on what they see and to listen to what is not quite being said in the poem – to listen not to the words written on this page, but to the words and Story that you hear/d as you read them.

Storytelling in general, begins this way...with a pause, the silence before a story unfolds. It is this silence that the poem is trying to draw attention to as it introduces the problematic that centres the inquiry *ways of listening*...and by extension *ways of seeing and storying* where listening is viewed as an active, non-silent process that connects experience through perception to knowing. Listening is also approached here as a way of seeing; that is the way worldviews, or embodied understandings are socially constructed and through these constructions, felt and understood. In this paper, worldviews and embodied understandings are how the reader and author make distinctions between self and others, between truth and fiction, between knowledge and evidence; between the words that we write and what it is you read; and between the words that can be seen and those that they convey and do not quite say.

⁵ We have concerns around using the word understanding here, in that it infers that you have experienced the same experience and that you understand the feelings, issues, etc. that it may have aroused. Comprehending or appreciating the experience is perhaps a better adverb to use in that it recognises you can't know exactly how another feels or experiences and event. Rather you may have an appreciation of how an issue is experienced and feels but you cannot have an understanding of that as you do not share the same body or emotions.

The Beginning of the Poem – The Problematic

*Do you see what i see?
Somehow i don't think that you do
For that to happen you'd have to "be" me
And I you*

The poem begins with a rhetorical statement about a seemingly irresolvable issue –you can't see through our eyes nor can we see through yours – this statement came from synthesising a number of the conversations that orient and position the stance and intent of the inquiry. This issue (and fact) suggests an inescapable gap within and between experience and perception that limit what it is possible to observe... and to know ...or to say or language.

The poem thus begins to relate how sense in this text is made of the world both within and between self and other ... and of the “othering” that occurs in healthcare (e.g., Browne & Fiske, 2001; Browne & Varcoe 2006; Canales, 2000; Johnson, Botorff, Browne, Grewal, Hilton, & Clarke, 2004). It is about the stories that we have listened to and now attempt to re-tell ... and which in turn enable an author, these authors, to be created, told, and written... and in being inscribed metaphorically “heard.”

From this perspective, it is the space that locates where the topic of the inquiry begins to be storied and in written form, transformed...from what we see...into something for you to see...and read.

Incidentally, it is in this space where, according to Henrietta Williams Pichon (2013) problems encountered by students without clearly defined research problems or the insight to realise how the researchers' experiences and self, influence data collection and a complete cycle of research, occur.

In this space is where student researchers tend to unravel and become stuck. It is also where this inquiry and its use of poetic inquiry began; or more correctly, arose as a response to address these problems. In some circles and discursive fields, these problems or challenges for students, are also related through the phases or stages of decolonisation (e.g., Laenui, 2007; Muller, 2010; Rigney, 1999; Sherwood, 2010; Smith, 1999; Young & Nadeau 2005).

It is in this space where poetic inquiry began to develop into a framework or strategy for inquiry, as both a site of resistance and an attempt at resolution through the creative use of words. The creative use of words in this text has been approached with therapeutic, persuasive, and methodologic intent. Monica Prendergast (2009) outlined twenty-nine ways that poetry is/has been used in research practice. Number nine offers one of the reasons why poetry has been used in this inquiry.

IX “Poetic inquiry is a response to the crisis of representation experienced in postmodern critical perspectives on traditional approaches to ethnography and other social science paradigms.” (p. xxxvi)

You cannot see what we see, nor can we see what you do as you read (or listen) to the meanings these words represent. As an aspiration and rationale, empathic participation or wanting to share and story what we and/or others “see” (experience, know, or want to show) is a defining quality of being human and a fundamental feature of storytelling, research and poetic inquiry.

The Middle of the Poem –The Aim

Beyond care

*Clinically storied in logic
Are the aims of rhetoric,
Taled dialogic, synchronic
- not always diachronic*

The second stanza is deliberately ambiguous using carefully placed words (logic, rhetoric, dialogic, diachronic and synchronic) to draw attention to, and locate the different ways in which stories are formulated (both clinically and beyond); and the purposes for which they are. In clinical care, where what is *seen* is *clinically storied in logic*, stories are formulated in proscribed ways (for e.g., case histories) for very clear purposes – to assist with the provision of care. The words allude to the persuasive use of words or rhetoric, where rhetoric is viewed as the “art of discourse” and a pervasive, ever present element of research and mental health care. The words allude to why and who it is that is being persuaded, and for what purpose. More indirectly these words refer to how time is an important feature in, and for, storytelling (and mental health care) and that across cultures, different storytelling traditions approach and use time in different ways. Time, and the way events/experiences are conveyed over time through stories, varies according to context and cultural traditions, whether they are written or spoken, and who they are written and spoken for and to. In storytelling and narratives, diachrony is the condition of time passing of being within sequence it contains frequency and repetition – diachronic it is a term for something happening over time. Synchrony according to Charon (2006) is the “*ephemeral state of having arrived. It is simultaneous and does not have habit or antecedent*” (p. 43), that is, there is no before in synchrony, just now, a sense of being in the moment. Another way to approach these words as Charon (2006) does, is to see diachrony as the longitudinal ordering of events and discourse in story, synchronically is where the time sequence is removed, it is an all at oneness, like a cross-sectional slice of a story.

These words are intended to make visible, through their unspoken and perhaps unfamiliar meanings, how Story is embedded, contained in words and the ways they are used. It focuses on the way events and experiences are related and ordered in narrative time...and into an ongoing (meta)Story that informs, and is, Aboriginal Mental Health care practice, research, and training.

What the poem introduces here is an idea that beyond the chronology of linear time there are other kinds of time such as narrative, fictional, introspective, psychological and story time (Charon, 2006, p. 43). For Aboriginal Australians, some of the qualities of time are translated sometimes in the English word “Dreaming.” For Professor Helen Milroy, Australia’s first Aboriginal psychiatrist, different notions of time are recognised as an important consideration and imposition in cross-cultural clinical practice, stating that

It is not only about cross-cultural understandings [of time], but about experience – about being in history. Colonisation, frontier violence, protection, assimilation, integration, self-determination... these are not just abstract terms suggesting some kind of progress – they relate to lived experiences with tangible and personal consequences, including a widely held sense among Aboriginal people that little has really changed. (Hunter and Milroy, 2013, p. 308)

For Professor Milroy, “[f]rom the inside looking out, the impression is of a systemic psychosis with little hope of recovery” (Hunter & Milroy, 2013, p. 308).

The poem introduces and alludes to the idea that beyond the different ways time is approached or experienced (and written about) across different cultures and within stories themselves, time is a pivotal aspect of mental health care. Here it is used to infer something about how “what” is heard– relates more to how stories remains over time, what is remembered

and how guided by these words we are persuaded and change. It also relates to what and how you hear.

This stanza in the poem simply presents an observation about what “we heard” as we listened to others and read the literature reviewed for the inquiry; as we encountered words that have been persuasive, inspirational, and sometimes offensive. Below we use an example from the literature reviewed to relate this observation with something that is commonly referred to in Aboriginal mental health care in North Queensland as *Murri time*, Aboriginal time, or where the lead author is from *Goorie* or *Murldi* time; and to tell a *Murri* story occurs in *Murri* time.

In the table below the words of the poem are placed alongside those written by Janca and Bullen (2003) to form an awkward relationship between the two texts and to make more visible the meaning contained in the words of the poem. The poem had already been written when this article was encountered. This poem was written to express what it was that those whose stories of Aboriginal (mental health) Recovery inspired this inquiry, couldn't quite “see.”

Table 1. Relating Texts

<i>Poem text</i>	<i>Peer reviewed text</i>
<i>Do you see what I see?</i>	Janca A and Bullen C (2003) The Aboriginal concept of time and its mental health implications Australasian Psychiatry • Vol 11 Supplement • Indigenous Populations.
<i>Beyond clinically posed Care much storied in logic</i>	<i>“The purpose of a standard and routine psychiatric interview is to obtain the most accurate possible account of the patient’s mental illness, and the events in the patient’s life that are relevant to it, within a reasonably short time.”</i>
<i>Are the aims of rhetoric</i>	<i>“Coda: People have different perceptions of time and life, which does not mean that they cannot or should not make an effort to find a common ground and develop mutual understanding. In psychiatry and related disciplines, it is up to mental health practitioners with a commitment to better quality mental health care to decide how to deal with these differences, and to acknowledge that there is more than one pathway to mental health.”</i>
<i>Taled discursively, synchronic not always diachronic</i>	<i>The Aboriginal concept of time differs from the Judeo-Christian perception of time in that Aboriginal people do not perceive time as an exclusively linear category (i.e. past–present–future) and often place events in a circular pattern of time according to which an individual is in the centre of time-circles and events are placed in time according to their relative importance for the individual and his or her respective community (i.e. the more important events are perceived as being closer in time). Such an important difference in perception of time contributes to the limited applicability of standard assessment procedures in psychiatry and creates numerous difficulties in providing culturally appropriate mental health services to Aboriginal people in Australia.</i>

The main point of this particular article was to highlight that time is approached in different ways across cultures and that this has considerable implications for those who provide and receive mental health care. The moral and clinical point the authors make relates to the responsibility for clinicians to acknowledge and commit themselves to dealing with these types of differences in their practice and professional development.

The End of the Poem –The Conclusion/Re-Solution

*Beyond the limitations of the printed eye is the ear
When you can't see
You know, You perceive primarily
By what you feel and hear.*

The poem ends by referring to a certain level of blindness that is to be accepted and expected. Leaving aside how time or the research topic is approached, or seen or posed in words for primarily academic audiences, and ignoring the paradox of word definitions (that is, the more precise the definition the more words are needed to provide that precision) and the multifaceted layered qualities that word meanings convey ... beyond all these limitations, if you can't see what you're looking for with your eyes then you tend to have to rely on the other senses.

...and the complex transitions between sensing and knowing, between “hearing” and “listening”...and between “listening” and “seeing.”

The printed eye alludes to how the image/ text can also “read the reader,” and guide what is heard from, and read into texts. Texts that emerge from a context and from stories that in this context are usually told orally and “heard” aurally by people...

In the statistics and texts that were searched (through the grey literature and more formally through Scopus and Medline), the word Recovery was not often used in the literature that in/forms Aboriginal mental health care nor does it appear visible or manifest as yet as a service orientation – although in the time it has taken to write these words, this is rapidly changing and has changed.

Conclusion

The purpose in (re)presenting it as, and through, Poetic Inquiry, and in using writing as a methodology, is to write “for” Aboriginal Recovery rather than “about it.” It was also done to bring forward an idea, an illusion, a word and a phenomenon, in a way that asks the reader (and the writer) to see things differently...

... and to ask ourselves and you, do we see what you see?

References

- Abadian, S. (2006). Cultural healing: When cultural renewal is reparative and when it is toxic. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, 4(2), 5-28.
- Archibald, L., Dewar, J., Reid, C., & Stevens, V. (2012). *Dancing, singing, painting, and speaking the healing story: Healing through creative arts*. (The Aboriginal Healing Foundation Research Series No. 978-0-9881274-1-8). Ottawa, Canada: Aboriginal Healing Foundation. Retrieved from <http://www.ahf.ca/downloads/healing-through-creative-arts.pdf>

- Berlin, J. (1985). Rhetoric and poetics in the English department: Our nineteenth-century inheritance. *College English*, 47(5), 521-533. Retrieved from <http://www.jstor.org/stable/376886>
- Bonney, S., & Stickley, T. (2008). Recovery and mental health: A review of the British literature. *Journal of Psychiatric and Mental Health Nursing*, 15, 140-153.
- Brady, I. (2004). In defense of the sensual: Meaning construction in ethnography and poetics. *Qualitative Inquiry*, 10(4), 622-644.
- Browne, A., & Fiske, J. (2001). First nations women's encounters with mainstream health care services. *Western Journal of Nursing Research*, 23(2), 126-147.
- Browne, A., & Varcoe, C. (2006). Critical cultural perspectives and health care involving Aboriginal peoples. *Contemporary Nurse*, 22(2), 155-167.
- Butler-Kisber, L., & Stewart, M. (2009). The use of poetry clusters in poetic inquiry. *Poetic Inquiry: Vibrant Voices in the Social Sciences*, 3-12.
- Canales, M. K. (2000). Othering: Toward an understanding of difference. *Advances in Nursing Science*, 22(4), 16-31.
- Charon, R. (2006). *Narrative medicine: Honoring the stories of illness*. London, UK: Oxford University Press.
- Davidson, L., O'Connell, M., Tondora, J., Styron, T., & Kangas, K. (2006). The top ten concerns about recovery encountered in mental health system transformation. *Psychiatric Services*, 57(5), 640-645.
- Eckermann, A., Dowd, T., Chong, E., Nixon, L., Gray, R., & Johnson, S. (1992). *Binan Goonj* (Unpublished doctoral dissertation). Armidale, University of New England
- Foster, V. (2012). What if? The use of poetry to promote social justice. *The International Journal of Social Work Education*, 31(6), 742-755. DOI: 10.1080/02615479.2012.695936
- Furman, R. (2006). Poetic forms and structures in qualitative health research. *Qualitative Health Research*, 16, 560-566.
- Galvin, K., & Todres, L. (2009). Poetic inquiry and phenomenological research: The practice of 'embodied interpretation.' In M. Prendergast, C. Leggo & P. Sameshima (Eds.), *Poetic inquiry: Vibrant voices in the social sciences* (pp. 309-319). Rotterdam, Netherlands: Sense Publishers.
- Glesne, C. (1997). That rare feeling: Re-presenting research through poetic transcription. *Qualitative Inquiry*, 3(2), 202-221.
- Hunter, E., & Milroy, H. (2013). Voices across the fence: Commonality, difference and respectful practice across a half century of change. *Australasian Psychiatry*, 21(4), 305-310.
- Janca, A., & Bullen, C. (2003). The Aboriginal concept of time and its mental health implications. *Australasian Psychiatry*, 11(s1), S40-S44.
- Jeffs, S., & Pepper, S. (2005). Healing words: A meditation on poetry and recovery from mental illness. *The Arts in Psychotherapy*, 32(2), 87-94.
- Johnson, J., Bottorff, J., Browne, A., Grewal, S., Hilton, B., & Clarke, H. (2004). Othering and being othered in the context of health care services. *Health Communication*, 16(2), 255-271.
- Laenui, P., (2000). Processes of decolonization. In M. Battiste (Ed.), *Reclaiming indigenous voice and vision* (pp. 150-160). Vancouver, BC: UBC Press.
- Leggo, C. (2008). Astonishing silence: Knowing in poetry. In J. G. Knowles & A. L. Cole (Eds.), *Handbook of the arts in qualitative research: Perspectives, methodologies, examples, and issues* (pp. 165-174). Thousand Oaks, CA: Sage.
- Lincoln, Y., & Denzin, N. (2003). *Turning points in qualitative research. Tying knots in a handkerchief*. Walnut Creek, CA: Rowman & Littlefield Publishers Inc.

- Mazza, N., & Hayton, C. (2013). Poetry therapy: An investigation of a multidimensional clinical model. *The Arts in Psychotherapy, 40*, 53–60.
- Muller, L. (2010). *Indigenous Australian social-health theory*. (Unpublished doctoral dissertation). Townsville, James Cook University.
- Nagel, T., Hinton, R., & Griffin, C. (2012). Yarning about Indigenous mental health: Translation of a recovery paradigm to practice. *Advances in Mental Health, 10*(3), 216–223.
- Nakata, M. (2007). The cultural interface. *The Australian Journal of Indigenous Education, 36*(Supplement), 7–14.
- Prendergast, M. (2009). Introduction: The phenomena of poetry in research. In M. Prendergast, C. Leggo, & P. Sameshima (Eds.), *Poetic inquiry: Vibrant voices in the social sciences* (pp. xix-xli). Rotterdam, Netherlands: Sense Publishers.
- Prendergast, M., Leggo, C., & Sameshima, P. (2009). *Poetic inquiry: Vibrant voices in the social sciences*. Rotterdam, Netherlands: Sense Publishers.
- Rapport, F., Wainwright, P., & Elwyn, G. (2005). “Of the edgelands”: Broadening the scope of qualitative methodology. *Medical Humanities, 31*(1), 37-42.
- Rath, J. (2012). Poetry and participation: Scripting a meaningful research text with rape crisis workers. *Forum Social Qualitative Research, 13*(1), Art. 22. Retrieved from <http://www.qualitative-research.net/>
- Richardson, L. (1990). *Writing strategies: Reaching diverse audiences* (Vol. 21). Newbury Park, CA: Sage Publications Inc.
- Richardson, L. (1994). Writing: A method of inquiry. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 516-529). Thousand Oaks, CA: Sage Publications Inc.
- Rigney, L. I. (1999). Internationalization of an Indigenous anticolonial cultural critique of research methodologies: A guide to Indigenist research methodology and its principles. *Wicazo Sa Review, 14*(2), 109-121.
- Roberts, G., & Boardman, J. (2013). Understanding recovery. *Advances in Psychiatric Treatment, 19*, 400-409. DOI: 10.1192/apt.bp.112.010355
- Rosenblatt, L. (1994). *The reader, the text, the poem: The transactional theory of the literary work*. Carbondale, IL: Southern Illinois Press.
- Sherwood J. (2010). *Do no harm: Decolonising Aboriginal health research* (Unpublished doctoral dissertation). Sydney, University of New South Wales.
- Shidmehr, N. (2014). *Poetic inquiry: A responsive methodology in research and education* (Unpublished doctoral dissertation). Vancouver, University of British Columbia.
- Slade, M., Amering, M., & Oades, L. (2008). Recovery: An international perspective. *Epidemiologia e psichiatria sociale, 17*(2), 128.
- Smith, L. T. (1999). *Decolonizing methodologies: Research and indigenous peoples*. London, UK: Zed Books.
- Stewart, S. (2012). Poetry: The edge of knowing. *Creative Approaches to Research, 5*(2), 105-118.
- Taylor, S., & Brown, J. (1988). Illusion and well-being: A social psychological perspective on mental health. *Psychological Bulletin, 103*(2), 193-210.
- Van Manen, M. (1997). From meaning to method. *Qualitative Health Research, 7*(3), 345-370.
- Waldram, J. (2004). *Revenge of the windigo: The construction of the mind and mental health of North American Aboriginal peoples*. Toronto, Canada: University of Toronto Press.
- Walker, M. T. (2006). The social construction of mental illness and its implications for the recovery model. *International Journal of Psychosocial Rehabilitation, 10*(1), 71-87.
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. London, UK: W. W. Norton & Company.

- Williams Pichon, H. (2013). Telling their stories: The use of autoethnography as an instructional tool in an introductory research course. *The Qualitative Report*, 18(23), 1-8. Retrieved from <http://nsuworks.nova.edu/tqr/vol18/iss23/2/>
- Young, A. E., & Nadeau, D. (2005). Decolonising the body: Restoring sacred vitality. *Critical Studies in Gender, Culture & Social Justice*, 29(2), 13-22.

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