

Making an art of failure:



I realise I have been forgetting the most important things, 2018 oil on linen on board 19 x 14 cm

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Hamilton Kennedy

I'm a user of mental health services. I have been for some time and, unfortunately, I probably will be for some time more. I am also a narrative practitioner and I'm wanting to smash the divide between these two things. Doing so will probably involve its ups and downs and its fair share of failures. This article is about making an art of failure and acknowledging lives that are not ordinary.

For me, learning any new skill or idea and applying it in my life or practice is challenging. It often poses two specific questions. "Am I doing this correctly?" and "If I am doing this correctly, am I doing it well enough?" These concerns are amplified if it involves doing it with other people. Further again, if I am doing it in the context of my work as a peer support worker in a psychiatric inpatient hospital and in the community. This is because it I know I am occupying a privileged position of sharing in people's lives, receiving stories of suffering and of hope and triumph.

As with many things, over time this has become easier as I have become more confident in narrative practice. It has also become easier due to a shift in my understanding. I have found a sort of confidence in knowing that I am utilising narrative practice in a way that is different from how it has been practiced in the past. I am innovating ways of being a peer support worker that are uniquely my own.

These are not ordinary lives

One of the dangers of an increasingly neoliberal world, or perhaps inherent to capitalism altogether, are particular dominant discourses. There are a few particularly prevalent discourses present in the field that I practice in. One is that medication is necessary (perhaps, mandatory) for addressing mental health concerns. Another is that people need to have a sense of structure, routine and sets of 'normal' behaviours and activities – which often means working and/or study. These are often just polite versions of the way people denigrate those who don't work by saying, "Get a job".

Of course, I've just made a couple of assertions, and if I was to explicitly pose these to the people I work with, if I was

to impose my worldview onto them, it would often be unrelatable. It is, however, important for dominant discourses to be rendered visible. And I've found that it's through failure that this becomes possible.

Michael White (2002) wrote that, "Never before has the sense of failure to be an adequate person be so freely available to people, and never before has it been so willingly and routinely dispensed" (p. 33). This rings true to me. Many people have indeed said to me, "I am a failure", or "I feel like a failure". And I also feel very much like a failure, insofar as I have not achieved many of the expectations placed upon me. However, there is at least some part of me that is buoyed as a broadly queer person, by reading Jack Halberstam's *Queer Art of Failure*:

...we will wander, improvise, fall short, and move in circles. We will lose our way, our cars, our agenda, and possibly our minds, but in losing, we will find another way of making meaning (Halberstam, 2011, p. 25).

I have been able to use my own experience of failure in the hopes of broadening other people's experiences. First, I have aimed to bring into our conversations that, if we feel that we have failed to live a 'normal life', this is not a reflection of us not succeeding or thriving in other ways.

David Denborough (2014) recounts his experience of a narrative gathering of people with 'mental health struggles'. The phrase they used that I found particularly astute was, "These are not ordinary lives we are living" (p. 163). This statement inspired me and allowed for transport in my own understandings of myself and those with whom I work.

My experience has been that those who experience psychiatric hospitalisation are readily able to recognise that their lives are not ordinary. Borrowing from this, I have begun to implement into my work, 'not ordinary lives' questions such as:

- "If we acknowledge that others' expectations of us do not fit well with us, what kinds of things do you now look forward to/want to work towards/are attracted to" and
- "how did you come to know that this is what you wanted for your life?"

'These are not ordinary lives'



'Spilt' by Rory Randall 2019

When we have taken time to explore this a little, people are readily able to enter into conversations about what indeed their lives are for, and their aspirations for their own lives. For example:

Hamilton: "You've spoken of not feeling able to continue studying at university this year. I, too, was unable to study for some time whilst I had been in a psychiatric hospital. I know what it meant for me, and I would be happy to discuss it more with you, but could you tell me a bit about what not continuing with study means to you?"

Jack: "Yes...well my family has not been happy with me, they care about me and want the best for me, but they aren't stoked about me not going back to uni."

Hamilton: "Is that an expectation they have of you?"

Jack: "Yeah, they think I should be studying and working towards getting a degree 'cos they know I used to really want to be a paramedic."

Hamilton: "You 'used to really want to be a paramedic', what does that say about what you aspire for yourself now?"

Jack: "It's not that I don't want to do that, I want to help people, but right now, I don't feel like I can get there, there's stuff I care more about".

Hamilton: "Yeah, would you tell me a bit about that?"

This conversation then went on to discuss the things which Jack wanted to bring closer into his life. Specifically, that loneliness had been all too present with him, whereas friends felt out of reach. Jack had also had some troubling experiences with 'visions', which had resulted in him being diagnosed with a psychiatric illness. We learnt that Jack's aspiration for his life was to bring friends more present into his life and that was what we worked towards. Inevitably, we confronted the looming expectations of others; however, when we connected to his expectations and aspirations for himself, the expectations of others held less power than his own.

The following conversation is another example of attempting to engage in a 'not ordinary lives' re-authoring conversation. It involves trying to assist Pandora in separating the goals foisted upon her by clinical services and the goals that she has for her own life.

Pandora: [crying] "They say I have to go to the gym and the cooking group today but I don't want to, I just don't see the point".

Hamilton: "Really? Why do you think that they have this plan for you?"

Pandora: "I don't know, they said I need to get ready for discharge, get some routine and start doing normal things again".

Hamilton: "Does this fit with your expectations for discharge and the routine of your life outside of hospital?"

Pandora: "No... there's nothing normal about my life outside of hospital. I don't go to the gym, I don't even get out of bed most the time".

Hamilton: "If these expectations aren't meeting that of your own and you say there's nothing normal about your life outside of hospital, could I maybe ask and learn a bit about what the desires are that you do have for yourself then?"

Through this line of questioning, we were able to see that, for Pandora, there was 'nothing normal' about her life, especially her life that was underscored by the persistence of a problem that made it difficult for her to achieve the expectations of others. We learnt that, more than normality, Pandora desired to reconnect with the 'fun' that was once in her life. Working towards this 'fun', had little to do with meeting the expectations of others.

As I continue to straddle dual roles, as a person with a lived experience of mental illness, and a person working with people with a lived experience of mental illness, I am developing my own skills in making practice that is uniquely my own. I am not quite a therapist, not quite a peer to those I work with. I am a mentally-ill narrative practitioner, one who is continually a

student, continually learning, but that's okay with me.

These are not ordinary lives we are living.

Note

This article is an extract from a longer paper that will be published in the *International Journal of Narrative Therapy and Community Work* and explore in more detail the possibilities and complexities of bringing together Intentional Peer Support (2018; Mead, 2014) and narrative therapy.

References

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'Going out towards Hackney Walking and talking together

Jacqui Henry, Bruce Edwards, Anita Finch, Stephanie Morrison

Walk and Talk is a peer-led initiative that is part of Hackney-based Shoreditch Trust Peace of Mind project. The group have been walking on a weekly basis for over seven years. We present the context and history of the group and members' accounts of its impact.

Walk and Talk began as a collaboration between Shoreditch Trust and the Black and Multi-ethnic Access Service of East London Foundation Trust. It grew out of listening to people's needs and finding ways to maintain levels of support in the context of reduction in public services. Whilst funding prioritised minimal, light-touch support and 'moving on', initiatives like Walk and Talk provided consistency, continuity and a trusted space to meet and develop long-term relationships with peers.

An atomistic, market-driven political approach to care has shaped increasingly short-term and individualised mental health services that negate the social isolation central to many experiences of emotional distress. Services have been constrained by neoliberal approaches that view recovery from mental health problems as the achievement of a set of individual goals with an emphasis on employability and therapeutic interventions as time-limited. In contrast, Walk and Talk highlights the importance of sustained, meaningful relationships with people and place.

Walk and Talk was one of the 'psychology in the real world' groups developed by Guy Holmes and colleagues in Shropshire (Holmes, 2010). They hoped to help people connect with nature and each other, walking weekly by the River Severn. Shoreditch Trust's Walk and Talk takes place far from this tranquil countryside, in Hackney, a densely-populated multicultural East London borough. Previously one of the most deprived boroughs, Hackney has undergone rapid gentrification, a process researchers have linked to displacement, loss and impacts on mental health (for example, Lees, 2018)

Shoreditch Trust runs a Healthy Living Centre focused on supporting people to improve their health, wellbeing, social networks and opportunities. Walk and Talk was introduced as part of their 'Peace of Mind' project which promotes emotional wellbeing and recovery. The first walk took place in August 2011 and has continued to take place weekly since that time. The group was initially facilitated by a community development worker from Shoreditch Trust and a clinical psychology trainee, leading walks along the canal and to local parks. Initial attempts to introduce approaches such as mindfulness were quickly dropped in favour of enabling the group to develop its own direction. The most significant development occurred after about a year, when the running of the group was taken on by participants themselves, facilitated by group members Bruce Edwards and Anita Finch, with ongoing support from Shoreditch Trust. Bruce draws on his local knowledge to design different routes and he describes how the group operates in Box 1. Often, the connections forged between group members extended beyond Walk and Talk. Anita describes a mutually-supportive friendship that went beyond the life of the group in Box 2.

Following research on the impact of Walk and Talk (Muir & McGrath, 2018), we would like to highlight two major aspects related to its success.

Collective connections

A core aspect of Walk and Talk that members value and view as therapeutic is the sustained sociality it facilitates. It is considered a supportive environment in which friendships can be formed as reflected in interviews with group members:



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