“It could be the slight little crack in injustice’s grip on people’s lives and identities”.

A Grounded Theory exploration of how narrative-informed practitioners draw on a creative stance in their practice.

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Thesis declaration form

I confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

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Overview

This thesis explores the perspectives of narrative-informed practitioners drawing on creativity in their practice in disrupting dominant discourses. It explores whether and how creativity as a stance or way-of-being can support practitioners to engage in anti-oppressive, social justice-informed practices.

Part one is a Conceptual Introduction, which aims to introduce and define key concepts and summarise the existing research relating to each concept. This introduces key issues associated with drawing on narrative-informed practices and creativity within systems such as the NHS and community/voluntary sectors. It also highlights gaps in the literature, whereby the main focus is on creative techniques and methods. The researcher's position and study rationale are also introduced.

Part two outlines the Grounded Theory qualitative methodology, exploring the meanings of creativity in participants' practice. 26 narrative-informed practitioners took part in semi-structured interviews. It explores the ethical positioning and values that creativity invokes for participants and what this 'creative stance' enables in practice. The analysis produced a conceptual framework, organised around one core category, 'Finding the Cracks', and six main categories: 'Creativity as a Stance', 'Creativity as Energy', 'Creativity and Narrative Therapy', 'Conditions for Creativity', 'Expanding Practices', and 'Engaging in Movement'. Part two then examines how the framework met the study's aims, critique, and limitations, concluding with recommendations and questions to encourage practitioner reflections.

Part three presents a critical appraisal of the research process, reflecting on the topic, preparation, recruitment, data collection and analysis, the development of the conceptual framework, and impact. It also reflects on the researcher's personal and professional experiences throughout the research.

Impact statement

The study provides a novel exploration of narrative-informed practitioners' perspectives and experiences of using creativity in practice. It examines creativity as a stance in disrupting dominant discourses and aiding AOP/SJP. Rooted in poststructuralism and social constructionism, the study offers one construction of the data, seeking to collate diverse practices but not claiming to be the only way to use creativity.

Shifting from focusing on creative methodologies, the study offers insight into what values and ideas a metaphor of creativity invokes for participants that are in support of justice-doing and anti-oppressive practice, such as: drawing on creativity's meaning in own lives and histories, questioning assumed truths, finding expression, valuing life as precious and centring deep connection, drawing on playfulness, disrupting 'rules and shoulds', stretching beyond what is known, drawing on different knowledges and collaborating to co-create.

Creativity was a generative vehicle for moving between ethical positioning and actual practice. Literature shows that less attention is given to values/ethics in mainstream psychology, focusing more on theories and methods. This study offers ideas to help practitioners explore and make explicit their values and ethics, and whether these are actualised in practice. It highlights the value of examining one's relationships with creativity, values, and ethics and what this could enable in practice. It stresses that this process is relational and reminds us to engage in collective, dialogical process to co-research and craft therapeutic projects.

The study contributes insight and ideas for noticing and growing awareness of embodied experiences. Participants reflected on the ways in which creativity connects them with embodied experiences and memories. Creativity, as connecting with embodied experience, was an ally in practice, for example, in noticing when misaligning with values, drawing on embodied memories of creative resistances or role of creativity in their own life.

The study offers practitioners engaging with narrative practice reflections about how to remain critical to imposing narrative ideas on people seeking help and resist drawing on narrative

ideas as techniques. It explores how practitioners can take up narrative ideas in relationship with justice-doing, local context and knowledges.

Beyond narrative-informed practices, the study offers ideas for clinical psychology, presenting varied ways people use creativity in practice. The metaphor of "finding the cracks" reflected practices that disrupt dominant discourses across different contexts. It provides examples of how participants use creativity to find possibilities, not for practitioners to "copy and paste," but to reflect on in their own practice. Reflective questions support practitioners in considering these ideas.

This project profoundly impacted me and is shaping how I am practicing. One participant described creativity as "political sustenance" and another as "pockets of disruption". They reflected on how learning about and witnessing others' creativity can spark our own. I hope reading about their practice and relationships with creativity can inspire and spark creativity for people reading this.

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To the rivers and oceans. For moving in the ways you do.

It's a creative endeavour to speak about our lives like they matter.

To insist that human life is valuable.

It's more than this.

It's more than a smart goal.

It's more than a category.

It's more than a binary.

It's more than an illness.

We must do intelligent, humane, compassionate, creative, imaginative and wise work.

Because human life is precious.

And we must, we must value it.

Participant

Part 1: Conceptual Introduction

Abstract

The Conceptual Introduction (CI) will outline the empirical study's rationale and introduce key concepts and terminology used throughout the thesis. The paper defines injustice, oppression, power, and how oppressive ideologies and structures are constructed and upheld through dominant discourses. It then discusses how injustice and oppression impact mental health and wellbeing and how the psychological profession can uphold oppressive ideologies. It introduces key ideas within anti-oppressive and social justice-informed practice, as well as creativity's relationship with social justice. After defining these concepts, the paper explores the ethics, practices, and critiques of narrative-informed practice and the study's potential contribution. It concludes by introducing the researcher's positionality and aims for the study.

Rationale for the empirical paper

There is extensive evidence of the disparities faced by marginalised individuals and groups within UK mental health systems (Grey et al., 2013). Research shows the significant impact of oppressive structures and dominant discourses on people's mental and physical wellbeing (Fernando, 2017). Narrative Therapies (NT), grounded in poststructuralism, focus on how power structures are maintained through these discourses, aiming to engage in practice that is ethical, respectful and "justice-doing"[1] (Reynolds, 2019; Lindemann Nelson, 2001; Combs and Freedman, 2012). While NT often incorporates creativity to challenge dominant discourses (e.g., Kaldor, 2020), less attention is given to how practitioners embody a creative stance. Whilst NT is increasingly being drawn on in mainstream psychotherapy, the emphasis on techniques can mean that the guiding intentions that orientate the practitioner may be lost.

Beyond psychotherapy, creativity has a longstanding relationship with activism and resistance (Moralli et al., 2021). Discussing anti-oppressive, justice-doing practice, Reynolds (2019) calls for closer attention to an ethical stance that shapes how we are in practice and whether these ethics are realised moment-to-moment. This study aims to draw from cross-disciplines, creativity, social justice/anti-oppressive practice, and NT to explore creativity as a stance that orientates practitioners. It will examine how creativity supports the disruption of dominant discourses, aiding anti-oppressive practice and supporting NHS transformation plans to reduce health inequalities.

Epistemology: poststructuralism and social constructionism

The study and NT are underpinned by poststructuralism and social constructionism, with key concepts introduced through these lenses. 'Poststructuralism' emerged in the 1960s as a response to structuralism (Williams, 2005). Structuralism posited that fundamental, unchanging structures exist, and objective scientific exploration provides universally applicable knowledge (Simmons, 2002). Poststructuralism challenged this, emphasising the fluidity of meaning, identity, and knowledge (Nichterlein and Morss, 2016). Deleuze (1968) argued that everything in the interconnected universe is in a process of creating and differentiating. Poststructuralists assert that meaning evolves, and those with more access to power shape dominant understandings (Foucault, 1994).

[1] Reynolds (2013): describes justice-doing as a frame for community work and therapy, considering intersections, tensions and affinities between community work practice, therapy and social justice activism.

This links with 'social constructionism', which posits that social realities are constructed through language and shaped in social, cultural contexts (Burr, 2003). Within social constructionism, words are metaphors attempting to describe lived experience (Burr and Dick, 2017). Certain metaphors become dominant ways of understanding life, e.g., medical/diagnostic metaphors for mental health, subjugating other constructions. Thus, discourse and language shape and construct realities, and the study will highlight the real-life, profound effects of dominant ideologies and power structures.

Introducing the key concepts and context

Drawing from cross-disciplinary research and practice, the study will define the key concepts and contexts (and associated terminology) and situate them in the literature.

- Injustice and oppression
- Power and dominant discourses
- Injustice and oppression in mental health systems and psychological professions
- Anti-oppressive practice
- Creativity and social justice
- Narrative Therapies
- Clinical Psychology and Narrative Therapies

Key terminology

Power: Batliwala (2020) argues that power is at the heart of issues of injustice and oppression. Power refers to the capacity of individuals/groups to decide who does what (i.e., distribution of productive/reproductive labour); who gets what (i.e., distribution of resources, opportunities, rights and privileges); who sets the agenda (i.e., deciding what is normal/important/visible) and who decides what (i.e., the distribution of decision-making) (Batliwala, 2020). For Prilleltensky and Nelson (2002), power is relational, operating from within the self, between individuals, groups and societies.
Proctor (2002) describes different types of power:

- Power-over, referring to domination, coercion or authority, having direct and indirect control over others.

- Power to, referring to agency and our capacity to act for ourselves or for others towards a personal, collective or political goal.
- Power from within, referring to personal resources, abilities, knowledges, values, access to information, social support.
- Collective power, referring to the power to challenge injustice by finding, mobilising and joining with others.

Identity: refers to different visible/invisible aspects of identity such as race, class, gender, ethnicity, sexual orientation, age, disability, Indigeneity, immigration status, language, social class, and education attainment (Timothy and Garcia, 2020; Burnham, 2012, Totsuka, 2014).

Intersectionality: coined by legal scholar Crenshaw (1989) to address how Black women, straddling two oppressed identities, face discrimination in ways that cannot be addressed by a single aspect of the law and face intersecting impact of both sexism and racism. Thus, intersectionality examines the interconnected experience of identities, including where structures produce overlapping and interdependent vectors of oppression and privilege (Hill Collins and Bilge, 2020).

Social locations: refers to how individuals and groups are placed differently within systems of power based on categories such as race, Indigeneity, gender/gender identity, ethnicity, sexual orientation, disabilities, socioeconomic status, class, age, spirituality/religious affiliations (Hill Collins, 2015). From an intersectional perspective, 'social locations' are inherently related to the systems of power and dominance that give meaning to them (e.g., racism, colonialism, sexism, misogyny, homophobia, heterosexism, transphobia, ableism, and classism) (Timothy, 2019).

Marginalisation**:** "Marginalised communities" refers to groups that are excluded from mainstream social, economic, educational and/or cultural life, including, but are not limited to, people from racially minoritised backgrounds, homeless individuals, LGBTQ+ communities, those with substance misuse issues, those facing immigration issues, disabled people, and children and adults known to the criminal justice system (Marmot et al, 2020;, Purdham et al, 2008; Croall, 2012; Ranmal, Tinson and Marshall, 2021).

A note on terminology: The terms used in this study to describe groups based on aspects of identity are constructed within social contexts and are always changing. Language requires careful consideration because categorisations constructed through discourse have upheld oppression and enabled violence and atrocities (Rose, 1990). It is important to question the effects of these terms in how they

construct/reconstruct norms, whether they make visible/obscure power, who they centre, exclude and what treatment they elicit. It also highlights that there is no ideal or universal way of describing identities, and language is deeply personal (Stonewall, 2024). The study will use the following terms unless others are chosen by the study author and participants.

For instance, the term 'racially minoritised' will be used where possible in the study because, from a social constructionist lens, it highlights that people are actively minoritised through oppressive structures, discourses and interactions (Milner and Jumbe, 2020). The term links with critical race theory, positing that 'race' is a fundamental organising principle in society, socially constructed to maintain the interests of those who created it. However, it still groups all people not racialised as white into one category, potentially reinforcing whiteness as the norm (Phillips et al, 2015). The term 'People of Global Majority' will also be used, highlighting that people who are not racialised as white make up the majority of the world's population and are not 'minorities' (Ahsan, 2020).

The term 'disabled person' will be used, based on the social model of disability (Disability Rights UK, 2025), which states that people have impairments, not disabilities. The term highlights that disabilities are caused by society's discrimination of people with impairments and challenges the medical model's negative view of disabled people (Clark and Marsh, 2002). 'Disabled person' is thus a political description of the shared, disabling experience people with impairments face in society (SPECTRUM Cil, 2018).

The term LGBTQ+ (lesbian, gay, bisexual, transgender, queer, questioning with the plus symbol to be inclusive of non-cisgender and non-heterosexual identities) seeks to be inclusive of diverse sexual and gender identities (Stonewall, 2024). However, it is not without issues, subsuming diverse identities into one acronym and risking conflating sexual orientation with gender identity.

'Western' will be used to describe theories, cultures, psychologies, ideas and epistemologies associated with European, American and Australian (not Indigenous) societies, to denote that Western refers to a culture, not the norm. The term 'minority world' is also used in the literature to reflect that, while holding the most wealth and power-over, the Western, white world makes up the minority of the global population (Oppong and Dombroski, 2024).

Injustice and oppression

There is extensive global literature from fields including activism, human rights, social work, psychology and education, discussing oppression and injustice (Amnesty International, 2024; hooks, 1994; Friere, 1970). Gil (1998) defines 'injustice' as:

"Coercively establishing and maintaining inequalities, discrimination, and dehumanising, development-inhibiting conditions of living…imposed by dominant social groups, classes and people upon dominated and exploited groups, classes and peoples" (Gil, 1998, p10).

'Oppression' refers to a process and system of imbalanced power, where privileged groups prosper at the expense of others, systematically marginalising and silencing disadvantaged groups (Goodman, 2015; Prilleltensky & Gonick, 1996). Van Wormer (2004) distinguishes injustice as a lack of rights or justice, and oppression as mistreatment, though these terms are closely linked and often used interchangeably (Charura & Winter, 2023). They will be used in the study in line with the literature and participants' language in the empirical paper.

For Timothy and Garcia (2020), understanding the mechanisms of injustice and oppression requires examination across intersecting systems of oppression (e.g., colonisation, racism, patriarchy) and across local, national, global and historical contexts. Al-Murri and Childs-Fegredo (2023) highlight that oppression occurs across individual, family/community, services/systems, society, social media, trans-national and global contexts (Bronfenbrenner, 1979). Scholars posit that psychological distress is directly related to and caused by experiences of historical and contemporary violence such as African Enslavement, colonisation of Indigenous communities, holocausts, eugenics, genocides, apartheid, physical and sexual violence, infanticide and femicide, climate injustice, homophobia, transphobia, ableism, hate crimes, police brutality, and violence based on spirituality/religious affiliation (Ansloos et al, 2001; Timothy and Garcia, 2020). Thus, any examination of injustice and oppression needs to take a trans-national and trans-generational lens to understand the ongoing, profound impacts.

Extensive research has shown the ways in which injustice and oppression operate via intersecting oppressive systems of power such as white supremacy, colonisation, capitalism, racism, patriarchy, heteronormativity, homophobia, transphobia, classism and ableism (Abraham, 2024; Reynolds and

Hammoud-Beckett, 2018). White supremacy culture is a racist ideology and primary system of domination, based in the belief that white people are superior to and therefore should be dominant over people of other races (Abraham, 2024). Saad (2020) explains that while white supremacy is often linked to far-right extremists, it forms the dominant structures, norms and laws of white-centred countries, and via colonisation is how the world has been organised. Okun (2021) argues that white supremacy culture is the 'norm', ingrained across societal and institutional attitudes, worldviews and relationships. This is evident through ongoing colonisation, which presents minority world culture as the model for all others (Afuape, 2011), leading to the cultural imperialism of Western values worldwide, disregarding language and cultural diversity (Gilbert, 2006).

To illustrate the interconnected mechanisms of oppressive systems, Vergès (2019) demonstrates how colonisation, patriarchy and capitalism create hierarchies, with racially minoritised women overwhelmingly in low-paid labour, under conditions dangerous to their health. Their 'invisible', precarious and exhausting work, e.g., cleaning offices, hospitals, in caring roles, is indispensable to how the world works.

"It is on these precarious lives, these endangered lives, these worn-out bodies, that the comfortable life of the middle class and the world of the powerful ultimately rests. Vergès (2019, p2)."

Power and Discourse

Key to examining the ways in which power and injustice operate is looking at how social realities are constructed, organised and maintained through narrative and discourse (Rose, 1990). As aforementioned, poststructuralism and social constructionism offer important contributions to examining the ways in which power, injustice and oppressions operate (Freedman and Combs, 1996).

Freedman and Combs (1996) posit that dominant ideologies are shaped through processes of categorising and reifying certain ways of being into 'universal truths'. These truths become dominant ways of understanding and being – 'dominant discourses', reflecting prevailing social and power relationships (Hare-Mustin, 1994). Dominant discourses have upheld and privileged white-European, cis-gendered, heteronormative, non-disabled identities, subjugating and oppressing those deemed 'other' (Paljakka and Carlson, 2024). For Foucault (1994), knowledge is shaped by power dynamics, influencing what is considered 'true' or 'normal'. Foucault (1994) discussed that 'modern power' is pervasive throughout

society via ‘normalising truths’, embedded in everyday practices, interactions, and institutions, e.g., healthcare. Thus, psychiatry and psychology are powerful actors in constructing and regulating identities, perpetuating ‘normalising truths’ that have people governing each other and themselves (Rose, 1990).

A significant way that discourses uphold oppressive structures is by making power invisible, and dominant cultures and ideologies become ‘taken-for-granted’ ways of being (Freedman and Combs, 1996). This means that dominant power structures and the ideologies they uphold go unquestioned, remaining evasive and escaping inquiry, which helps to maintain them (Paljakka and Carlson, 2024). For example, Ahsan (2020) describes how whiteness goes unquestioned by its benefactors, while remaining an oppressive reality for People of the Global Majority. While discourses are socially constructed, they create and uphold oppressive power structures that organise society (and the world), e.g., who is afforded human rights, safety, secure housing, food, resources, opportunities, and healthcare (Amnesty International, 2024; Young et al., 2020; Hoggart and Henderson, 2005). Lindemann Nelson (2001) argues that oppression deprives people of resources and opportunities and profoundly impacts their sense of identity through the internalisation of oppressive discourses. Thus, oppression affects everything: material realities, safety, subjectivities, and identities.

Oppression and injustice within mental health and psychology

There is extensive evidence demonstrating that marginalisation, oppression, and injustice have detrimental and lasting effects on the mental health of individuals and communities (Fernando, 2017; Kattari, 2020; McGibbon, 2025). Oulanova, Hui and Moodley (2023) highlight how racially minoritised clients face disproportionate health outcomes due to unique stressors such as identity-based harassment, discrimination, and violence. Research shows that people from working-class backgrounds and those in poverty are more likely to be diagnosed with mental health conditions but are less likely to access talking therapies and experience poorer outcomes (Goodwin, 2023; Delgadillo, 2018). Furthermore, LGBTQ+ communities face high rates of hate crime, violence, and discrimination (Stonewall, 2018), yet trauma related to minority stress and violence (Meyer, 2003) is often overlooked within therapy, leading to poorer mental health outcomes (Just Like Us, 2021; Neves, 2023). It is crucial to take an intersectional lens when examining the effects of injustice and oppression on mental health (Timothy, 2019). Research in psychology often focuses on individual/group problems, which upholds dominant ideologies by obscuring the broader context of intersecting systems of oppression (Davies, 2021).

Many scholars have discussed the history of the psychology profession and its role in upholding intersecting systems of oppression, e.g., research into eugenics (Fernando, 2017); the creation of the 'schizophrenia' diagnosis during the civil rights movement, disproportionally affecting Black individuals (Metzl, 2009); diagnosing LGBTQ+ people as 'mentally ill' in the DSM until 1973 and ICD until 1990 (Drescher, 2015; Cochran et al., 2014); developing torture methods used during genocides and wars (Fanon, 1963). The psychological professions often position these violences as historical, distancing themselves from ongoing harm (Wood and Patel, 2017). Extensive research shows how oppression and injustice continue to operate within mental health systems and psychological professions (e.g., Fernando, 2017). This thesis cannot do justice to the wealth of evidence showing how the profession upholds oppressive structures. Instead, it will focus on a key concept: how systems of oppression and dominant discourses are woven into psychological theories, policy, and practice, introduced through three examples.

One significant example of psychology upholding oppression is the imposition of Western models of mental health globally via what Todd and Wade (1994) labelled 'psychocolonisation'. Cultural, spiritual, and Indigenous knowledges of healing have been subordinated to Western understandings of mental health (Lee, 2023). The 'expert position' granted to therapists (particularly from the dominant culture) further reinforces cultural dominance, especially when working with marginalised groups (Freedman and Combs, 1996). Tapping and colleagues illustrate this:

"Our secularised concepts of mental health, of individualism and identity, of nuclear family structure and dynamics, of generational boundaries, of 'welfare' and child rearing practices, can to people whose cultures and spirituality are very different from our own, be every bit as unjust and harmful as the shotguns and poisoned waterholes of our ancestors" (Tapping et al., 1993, p8).

Another way the psychology profession can uphold oppressive ideologies is by constructing itself as "moral" with "good intentions", evading critical examination of its practices (Pollack and Mayor, 2022:4). Scholars highlight how white saviourism and 'help' are embedded in psychology, a profession primarily made up of white cis-gendered females (Pollack and Mayor, 2022). Paljakka and Carlson (2024) argue that counselling and psychology teaching recruit students into "nice white lady culture," where they are taught to be empathetic, validate, work towards SMART goals, and value neutrality and objectivity. They highlight the effects of this dominant professional culture in upholding oppressive power structures. Reynolds (2019) argues that this culture privileges smoothing over discord, silence over critique, and harmonious relationships over ethical ones, preventing challenges to unethical practices. When staff or trainees act outside this culture, particularly those from minoritised identities, they are seen as troublemaking or

difficult (Wood & Patel, 2017). This culture reinforces the professional 'norm' as white, middle-class, and female, othering or requiring conformity from those who do not fit this (Ahsan, 2020; Patel, 2022).

This dominant professional culture can also "temper social justice passion into dazed and nice passivity" (Paljakka and Carlson, 2024:34), helping people feel better momentarily but doing little to challenge and dismantle oppressive power structures. Thus, therapy can become a form of social control, upholding dominant systems of oppression by influencing people to adjust to and live with oppression (Nylund and Nylund, 2003). Cross (1994:8) argues that the psychology profession "adjusts individuals to that which is unjust."

A final example of how psychology can uphold power structures is the way dominant models of mental health individualise distress, de-politicising and pathologising the lives of people subject to injustice and abuse (White, 1995). Freedman and Combs (1996) argue that neoliberal ideologies and medical discourse have individualised problems, placing the responsibility on individuals to address and improve. Paljakka and Carlson (2024) argue that dominant discourses upheld via medical discourse (e.g., DSM / ICD), combined with other systems of oppression, impose pathologising, internalising narratives on marginalised people, stripping them of authorship over their lives. Further, White (2007:9) argues that 'normalising gazes' are internalised, causing people to believe that the "problems of their lives are a reflection of their own identity". The power of medical language is evident in the proliferation of the DSM and ICD as dominant ways of understanding and treating psychological distress worldwide (Watters, 2010; Davies, 2021). The effects of the medical model are seen throughout the mental health system, framing disability as a medical "deviation and subordination from normal" (Ingham, 2023:105). This constructs disability as something fundamentally disempowering and 'defective,' denying potential for choice and control (Ingham, 2023).

This individualising of distress has also been noted in contemporary discussions on 'trauma' (Reynolds, 2019). Wade (1997) argues that the language of trauma focuses on individualised symptoms and 'treatments,' rendering invisible the relational, colonial, and patriarchal violence of its creation. For example, Epston (2019) reflects on working in a marginalised area in Sydney, Australia, where staff are provided with manuals for working with anxiety, depression, psychosis, and trauma. He comments on the lack of manuals on responding to "poverty, racism, asylum seekers, refugees who have fled war zones, unemployment, or for Indigenous Aboriginal people" (Epston, 2019:10). Thus, the violence of oppression becomes individualised into 'trauma,' formulated as faulty memory processing, with treatment focusing on the individual (Coates and Wade, 2007).

Anti-oppressive practice and social justice-informed practice

Anti-oppressive practice (AOP) and social justice-informed practice (SJP) are umbrella terms, often used interchangeably, covering a multitude of concepts and drawing from rich and diverse practices, communities and theories (Charura and Winter, 2023), including liberation psychology (Friere, 1973, Martín Baró, 1994), critical race theory and intersectionality (Crenshaw, Gotanda & Peller, 1995; Crenshaw, 1989), power and resistance (Afuape, 2011), decolonising practice (Turner, 2025; Enriquez, 1990), critical psychology (Fox, Fox & Prilleltensky, 1997), ethics (Reynolds, 2019), poststructuralism/narrative therapy (Deleuze, 1968; Foucault, 1994) and social constructionism (Gergen, 1992). AOP/SJP are shaped in social contexts and there are no fixed, set principles that comprise them (Afuape, 2011). Attempts to come to a fixed definition of AOP/SJP can create 'orthodoxies', or set principles to follow, which is exactly what AOP/SJP seeks to dismantle (Afuape and Hughes, 2016). Reynolds (2019:5) reminds us that when we enact justice in therapeutic practice, we are not in 'new territories but are weaving ourselves into rich, diverse histories'. However, these histories are rarely told, taught, or honoured by psychology and are often presented as 'new' ideas (Reynolds, 2019).

Martín Baró (1994) argued that it is the responsibility of all helping professionals to engage in practice that seeks to challenge and transform society. AOP/SJP seeks to dismantle and transform oppressive structures across different levels of society, including within ourselves, interpersonal relationships, communities, and wider society (Friere, 1973). Advocacy is an important aspect of AOP/SJP, involving using one's access to power to challenge injustice and connect people with the collective power and resources they need, e.g., immigration, housing. This involves advocacy and systems-change across all levels of practice, e.g., referral processes, multi-disciplinary team meetings, service development, research, clinical training (Lee & Humphrey, 2023; O'Hare & Meheux, 2023). Advocacy requires problematising psychology's relationship with neutrality as supporting the status quo (Reynolds, 2019).

AOP/SJP requires practitioners to engage in a continual, critical process of reflecting, acting, unlearning and learning, or 'praxis' (Friere, 1970). Critical reflection involves interrogating one's identities, relationships, positions within systems of oppression, and role in perpetuating or challenging these realities (Friere, 1970). Reflection leads to action directed at changing conditions and dismantling systems of oppression (Reynolds, 2019). This cyclical relationship means AOP/SJP is never something completed but requires a continual process of reflecting and acting (Afuape and Hughes, 2016). Praxis assists us in making

visible the ethical stance that underpins our practice and helps us examine whether these ethics are realised by others moment-to-moment (Winslade, 2018; Reynolds and Polanco, 2012). Praxis is not isolated but relates to a 'dialogical' and collaborative process (Reynolds, 2019).

Critical reflection involves 'deconstructing' experience (Derrida, 1978) so that oppression becomes visible, no longer seen as 'natural' (Martín Baró, 1994). This can validate experiences of intersectional violence and trauma, locating internalised effects of oppression into the contexts in which they were created (Lindemann Nelson, 2001). Deconstruction also enables new possibilities for action to emerge (Martín Baró, 1994). With a different knowledge of the social world, people can construct new understandings of themselves and their identity (Afuape and Hughes, 2016).

AOP/SJP critiques the ways in which 'Western psychology' has been known as *the* psychology, with no examination of the 'cultural niche' from which it emerged (Waheed and Skinner, 2022). AOP/SJP draws on decolonial practices calling for acknowledging and addressing how the violence of colonialism extended to the occupation of mind, body and being, with the erasure and subjugation of Indigenous knowledges, wisdoms, and healing methodologies (Bulhan, 2015). Decolonial practices seek to centre Indigenous psychologies, rooted in their own paradigms, knowledges and ways of healing (Enriquez, 1990; Dudgeon, 2017). AOP/SJP calls for 'cultural democracy' between knowledges (Akinyela, 2014), whereby local cultures can critique, absorb and reject methods/products of other psychologies (polanco, 2013).

AOP/SJP is concerned with connecting people with their social histories and contexts, assisting in recovering identities that are liberating rather than limiting, e.g., connecting with familial, collective and ancestral memories of resisting oppression (Afuape and Hughes, 2016). It connects people with their roots and an understanding of themselves that sees their strengths, resources, and values, fostering hope and possibilities (Ncube, 2006). AOP seeks to make visible the subjugated ways people have found expression, survived, and responded to lived injustice (Wade, 1997). Making resistance visible can assist in connecting people with potential sources of constructive and creative power, e.g., power from within, collective power (Afuape, 2011).

Critiquing AOP/SJP, scholars call for scepticism about how some of these ideas, claiming to be aspects of AOP, are taken up in ways that perpetuate oppression. Afuape (2011) reminds us that we often say we are engaging in liberatory practice but are enacting the politics of domination we claim to challenge. For example, Tang Yan and colleagues (2022) argue that 'reflexivity', a hallmark of critical practice, has become about declaring whiteness and privilege as self-congratulatory, confessional practice. Self-

reflexivity has enabled practitioners to position themselves as 'good' and 'progressive', without examining the actual harm they cause (Tang Yan et al, 2022; Ahmed, 2004). Another critique comes from Pollack and Mayor (2022), who caution how Western psychology co-opts, decontextualises, and appropriates practice while purporting to be decolonising. Thus, engagement with AOP/SJP requires ongoing critical engagement (Reynolds, 2019).

Creativity, social justice and resistance

Creativity is a hugely expansive concept, with vast meanings across time, cultures and contexts. The thesis will focus on introducing creativity and its relationship with social justice and resisting oppression.

A poststructuralist lens posits that creativity is always happening, that we are always in a process of creating and differentiation, and that everything is in construction (Deleuze, 1968). This lens offers hope for different, alternative, more just stories and ways of constructing reality (Freedman and Combs, 1996). It also implicates us and makes visible our roles in co-creating both just and unjust realities through our interactions with each other and power structures (Foucault, 1985). Poststructuralism highlights that what we mean by 'creativity' is socially constructed and informed by social locations and context (Nichterlein and Morss, 2016). Thus, creativity is not implicitly aligned with social justice and is often used to uphold oppression (Haiven, 2014). Therefore, poststructuralism invites a critical lens to exploring creativity and the types of creating we engage in.

Afuape (2011) describes the potential relationship between creativity and resistance, opening up possibilities for something different to emerge. This relationship can be seen in histories of creativity aiding protest, resistance, and activism (Capous-Desyllas & Morgaine, 2018). Creativity connects people with self and collective expression and responses to injustice, e.g., connecting people with experiences not dominated by oppression, making visible alternative stories, connecting with histories of resistance and expression through song, art, folklore, and poetry (Denborough, 2008; Ncube, 2006). In this way, creativity can connect people with a sense of hope, dignity, and respect, particularly when "hopelessness is pervasive," "reconnecting people with life beyond suffering, remind[ing] people of the experiences they cannot live without, the abilities and qualities that cannot be destroyed by oppression" (Afuape, 2011:37).

Creative thinking is associated with questioning and 'thinking outside of the box', to re-imagine, invent and create something that has not yet been (Camargo-Borges, 2017). Creativity invites us to play with boundaries, binaries, hierarchies, and taken-for-granted truths, inviting possibility to disrupt restrictive

rules, ‘shoulds’ and power relations (Poh Lin Lee, personal communication 2024). Play disrupts self-policing (Foucault, 1977) moving outside of social expectations, which enables different types of interactions (Heath, Carlson and Epston, 2022).

Tatleman and Hoff (2024) reflect on creativity as a collective project, where something new emerges through co-creation between people. Afuape (2011) sees creativity as connecting us to others, reaching beyond our own experience to understand others' worlds. For Paljakka (2021), creativity reflects care and commitment to valuing others’ lives.

Narrative Therapies

Narrative therapy was developed by Australian social worker Michael White and New Zealand-born therapist David Epston during the 1980s (White and Epston, 1990). It is often referred to as narrative therapies (NT), narrative practices or narrative-informed practices, reflecting its diverse meanings shaped by social locations and contexts (Freedman and Combs, 1996). NT engages in “cross-disciplinary exchange” and is informed by a broad landscape of ideas and influences including “feminism(s), decolonial theory and praxis, social justice frameworks, social anthropology, philosophy, literary theory and educational psychology” (Wang and Lee, 2024:93). Rather than methodologies, contemporary narrative therapists focus on ‘spirits of practice.’ This section explores key ideas of NT, their relation to AOP/SJP, and critiques.

Relational ethics

Drawing on poststructuralism and social construction, White and Epston (1990) were concerned with how structuralist therapeutic approaches can further marginalise those seeking help. Epston (2019) noted that psychological practice often focuses on theoretical models, neglecting the power dynamics these models invite people into. NT focuses on the ‘ethical stance’ of practitioners, emphasising ‘relational ethics’, or the actual effects of the relationship/interaction being constructed between client and therapist (Bergum and Dosseter, 2005). NT encourages practitioners to embody these ethics in practice, including how we listen, use language, and structure policies (Paljakka and Carlson, 2024). Lee (2013) reflects on how relational ethics helped her to embody a stance that conveys values of dignity, care and respect whilst working in a detention centre. These ethics are conveyed beyond the written and spoken word, and are embodied through her stance, which contributes to the type of environment and relationship being constructed.

People often share with me that what they find useful in our therapeutic conversations is the opportunity to experience comfort, relaxation, safety and acceptance in the company of someone who is fully present to them…In some ways, I have come to understand that through these relational ethics I am attempting to embody the very opposite elements of torture and trauma, the very opposite of the detention system that depersonalises, demands justification of people's experiences, and reinforces notions of power and non-choice (Lee, 2013:2).

Combs and Freedman (2012) argue that relational ethics aim to make important shifts in practice towards engaging in social justice. These shifts include centring marginalised voices, clients choosing what fits for them, therapists being explicit about their social location, and examining the moment-to-moment effects of practice (Freedman and Combs, 1996). Relational ethics involves 'accountability practices' (Tamasese and Waldegrave, 1993) and communities supporting therapists to uphold ethical values. Reynolds (2019) advocates for cultures of critique, where ethics are examined against real practice effects, and transgressions are not smoothed over. Accountability practices help therapists embody these values in therapy, supervision, and daily life, contributing to justice-doing in practice.

The 'narrative metaphor' and rich story development

Rooted in social constructionism, NT sees language as metaphors attempting to describe lived experience (Carlson, Paljakka and Hoff, 2025). The 'narrative' metaphor explores how people arrange their experiences of events in sequences across time to build a coherent account of themselves, a 'story' (White and Epston, 1990). People make sense of their lives both through the cultural stories they are born into and the personal stories they construct in relation to surrounding cultural stories (White, 1991). Stories are constructed in relationship, shaped by others' beliefs, intentions, and actions (Freedman and Combs, 1996). NT examines which stories are privileged as 'truths', questioning their position and making visible the possibility of 'alternative stories' (Freedman and Combs, 1996).

At the heart of NT is supporting 'rich story development', finding words and meanings that are 'experience-near' (close to client's experience), that connect with life as multi-storied and people with their responses, knowledges and values. White (2007) reflected that people come to therapy telling and having been told limiting stories about themselves, and that the problems they face are a result of their identity. Concerned by how problems have become internalised, White and Epston's (1990) underlying stance within NT is that the 'person is not the problem'. This stance has become associated with 'externalising' practices, which reflect a "vernacular" (Paljakka and Carlson, 2024:75) that examines the problem, its effects and the context

of its creation (White, 2007). White (1995:134) posits that externalising can support "people to take up an observer position in relation to the events of their lives; to become a narrator of their lives". Combs and Freedman (2012) argue that externalising can help to re-contextualise distress and expose how problems reside in and are supported by discourses of power.

NT posits that dominant stories are not the only stories to be told or that exist (White and Epston, 1990). White and Epston (2005) emphasise the therapist's role in listening closely to both what is said and implied ('double listening') to unearth life as multi-storied. NT listens for 'absent but implicit' stories reflecting people's knowledges, values, and connections (White, 1999). Wade (1997) argued that dominant discourses have people believing they did 'nothing' to stand against injustice, leading to negative conclusions about their identities. He posited that even in limiting, abusive situations, people always respond, sometimes in unnoticed or 'small' ways (Wade, 1997; Yuen, 2009). For Wade (1997), NT engages in 'response-based practice', helping people connect with their responses and what they indicate about their values. This is underpinned by the idea that people are active mediators of life's meaning, and therapy aims to return authorship and connect people with their agency (Paljakka and Carlson, 2024).

Issues with the narrative metaphor

Epston (2019) advocates for paying close attention to the effects of language and what impact the metaphors therapists choose have. There are several critiques of the language around 'stories' to consider. 'Stories' can invoke a sense of something being made up, or that by telling another story we can undo the impact of dominant stories, which can minimise the real-life effects of oppression and violence (Afuape, 2011). Further, Smail (2001) challenges how in changing the stories people tell, NT sets up an expectation that people's lives will change, without challenging or transforming the material realities oppressing people.

Paljakka and Carlson (2024) reflect on the unhelpful binary created by the language of problem and alternative stories, where problems become storied as 'all bad'. White (2007) warned against totalising problems as wholly negative, arguing that rich story development requires complex and nuanced accounts of the problems people face. For example, Paljakka and Carlson (2024) discuss a woman seeking therapy for 'anger issues' and the risks of problematising and externalising anger, replacing it with alternative preferred stories. They reflect on how this reinforces dominant discourses about who is allowed to be angry, i.e., not racially minoritised women or LGBTQ+ people (Paljakka and Carlson, 2024). They critique how externalising has been used in ways that strip stories from their context (Paljakka, 2025). Rich story

development involves uncovering ‘what happened’, the origins of the anger, and what it communicates about what is precious and being violated (Afuape, 2011; Paljakka and Carlson, 2024).

Further, Carlson, Paljakka, and Hoff (2025) reflect on needing to remain alert to how meanings change over time. ‘Problem stories’ reflect the milieu when White and Epston (1990) were developing NT, where people came to therapy with negative identity conclusions. Carlson, Paljakka, and Hoff (2025) discuss how neoliberalism and medical discourses influenced people seeking labels to explain their suffering. Paljakka and Carlson (2024) use the term ‘unstory’ to reflect how people often come to therapy with ‘no story’, as their lives have been unstoried by medical discourses and neoliberal ideas. They see the task of contemporary NT as helping people re-story their lives as complex, nuanced, and multi-storied.

Centring client voices and knowledges

The shift away from seeing problems as located within people disrupts the positioning of the therapist as the ‘expert’. Core to NT is centring the voices and knowledges of people at the heart of conversations (Wang and Lee, 2024). This therapist positioning is referred to as ‘decentred’, privileging authorship and knowledges of clients and ‘influential’, where the therapist scaffolds and brings structure to conversations (White, 2007). In NT, the therapist seeks to ‘co-research’, where instead of researching the person or other, the practitioner joins with people as co-researchers of their experience (Epston, 1999). For example, Vermeire (2022) describes how co-research within psychological assessment processes moves the therapist into assessing the effects of problems alongside clients, centring their language, knowledge, and experiences (Vermeire, 2022). Through making visible clients’ voices and knowledges, NT seeks to disrupt the limiting effects of oppressive discourses, connecting people with possibilities (White, 2007).

Connecting lives

Core to NT is ‘connecting lives’, making visible, strengthening, and creating connections (e.g., with humans, nature, animals, deities). NT sees identities as shaped in relationships and focuses on making visible the connections that reconstruct identity in preferred and liberating ways (White, 2007). This is supported through practices of ‘outsider witnessing’ and ‘re-membering’, inviting in different people (both physically and in imagination) to witness the re-telling and strengthening of these preferred and multi-storied identities (White, 2007; Myerhoff, 1982). These practices challenge the isolating effects of a Western notion of identity as an encapsulated self and help bolster connections that link people with possibilities, knowledges, and skills for proceeding (White, 2007). NT's emphasis on ‘connecting lives’

seeks to disrupt how oppression displaces and disconnects people from families, relationships, ancestry, and lands, while honouring relationships that have been marginalised (Lee, 2023). Reynolds (2019) emphasises practices that seek to 'people the room', bringing to mind relationships and figures that invoke dignity, hope, and humanity in the face of oppression.

Collective Narrative Practices

Denborough (2008) draws on 'connecting lives', discussing working alongside communities to strengthen connections between people facing similar struggles. Ncube-Mlilo (2006) and Denborough (2008) explore these ideas in working with communities, finding collective, creative responses to trauma and injustice, unearthing skills and knowledges for others facing similar difficulties. Community practices, such as Tree of Life (Ncube, 2006) and Recipes for Life (Rudland Wood, 2012), are known as 'collective narrative practices (CNP)'. They challenge Western notions in psychology that therapy takes place one-to-one and that 'help' looks a particular way (Ncube, 2006). For example, Ncube-Mlilo (2006) reflects that the Tree of Life was created alongside children who lost family to HIV/AIDs in Southern Africa and the counsellors supporting these children (Ncube, 2006). Western notions of 'catharsis' shaped how counsellors felt they had to help children express trauma, which was re-traumatising for both the children and counsellors (Ncube, 2006). Co-research led to creating Tree of Life as a safe place to stand, experience preferred identities, be witnessed by others, and connect with stories that help respond to trauma (Ncube, 2006).

Resisting a colonial narrative therapy

Several authors challenge how NT's expansion risks engaging in the same colonising it espouses to avoid (Heath, 2018; Epston, 2016). polanco (2013) reflects on how enthusiasm felt towards NT (i.e., because of its poststructuralist underpinnings, its examination of power, centring client knowledge) contributes towards uncritical engagement with the practices. She reflects on how it is imposed onto cultures outside of the context it is created in, engaging in the "colonial agenda of eradicating the differences among our cultures" (polanco, 2016:20). polanco (2016) describes adopting a decolonial critical stance (Perez, 1999), interrogating and "foreignizing" NT so it is reimagined in ways that make sense to her local Colombian context. Akinyela (2002) also calls for interrogating the similarities and points of departure between post-structuralist and African centred post-colonial approaches to therapy. Akinyela (2014) examines why and where post-structural ideas resonate with his own cultural practices, calling for "cultural democracy" as a critical step in engaging in an exchange of knowledge while maintaining cultural integrity (polanco, 2016). polanco (2016:15) advocates for a "multi-lateral fair-trade agreement" between therapies and knowledges,

whereby all cultures are legitimate contributors drawing from their local languages, meanings and histories. To resist NT colonising, Denborough (2018) advocates for transparency about the context, cultures and processes involved in developing any practice. Heath (2018) calls for practice that centres client's "culturally-near" mediums of healing, and that these are privileged over any NT practice.

Creativity and narrative therapy

NT literature speaks about creativity and imagination as integral guiding ideas or "spirits" within NT (Epston, 2019). Existing literature has explored creative approaches within NT as a vehicle for disrupting normative ideas and engaging in social action (e.g., Kaldor, 2020; Ncube, 2006). For example, Kaldor's (2020) work in schools in Australia created alternative school report cards with children labelled as "low-performing". It challenged normative ideas of success and became a preferred identity document where young people described their values, skills and knowledges. Extensive research describes projects that draw on NT and creativity, e.g., as ways of approaching problems, creative forms (e.g., music, art, song) and frequently described are creative outputs, methods or projects, e.g., school report cards. Less explicit is whether and how practitioners embody a creative stance, which makes this work possible.

Epston (2019) reflects that it is difficult to capture the "art of improvisation," the creativity and imagination that informs, for example, which questions get asked or what is co-researched. A fallout of this is that often the creative output or methodology (e.g., the report card, the drawing of a tree) is what gets replicated, risking losing the origin, meaning and stance (Wallis, Burns and Capdevila, 2011). A significant consequence of rolling out NT is how it is practiced in formulaic ways, drawing on narrative practices as set methodologies (Wilson, 2017). For example, Heath, Carlson and Epston (2022) reflect on the ways the maps of narrative practice have been used in psychology training programmes as step-by-step guides to have, for example, externalising conversations. Freedman and Combs (1996:274-275) write:

"The fervour with which people are responding to narrative ideas raises a dilemma, how do we stop NT from becoming monolithic movements or cults that no longer reflect the ethics they were built on? If taken up as techniques and used in a worldview that does not emphasise collaboration, open ongoing examination of the effects of its practices, they can have an undesirable effects".

The emphasis on NT as techniques and not as ethical stance (e.g., relational ethics, collaboration, connecting with agency, exposing power) results in practice that may continue to uphold dominant and oppressive discourses and structures (Paljakka and Carlson, 2024). This risk is exacerbated because NT

purports to and appears to engage in social justice, e.g., examining and disrupting power, and thus, like all taken-for-granted "truths" can evade inquiry and critique.

Clinical psychology and narrative therapy

During clinical psychology training, trainees are required to complete competencies in CBT and one other modality (systemic or psychodynamic) and NT can be taught within the systemic module. Teaching on NT tends to brief, for example at UCL there were three lectures and two seminars on Narrative Therapy. The brief and de-contextualised nature of NT training within clinical psychology, the structuralist positioning of UK training programmes and emphasis on learning methodologies and techniques arguably means there is less attention to exploring the underlying epistemologies and ethics. NT is often practiced by systemic family therapists or practitioners (including clinical psychologists) who have engaged with further training post-qualification, with closer attention to the ethics and worldview underpinning the practices.

Clinical psychologists are trained to draw on evidence-based therapies (Competence Framework UCL, 2025). Modalities such as cognitive behavioural therapy (CBT) have a larger evidence-base than NT for various reasons, e.g., more funding for CBT research; CBT is manualised, with clear guidance on implementation; its 'treatment protocols' map onto mental health diagnoses (Beck, 2020; Ryle, 2012; Davies, 2021). This lends CBT towards the dominant research paradigm in clinical psychology. A criticism of NT is that it is not clear what it is, making it harder to research and evaluate (Wallis, Burns and Capdevila, 2011). It is beyond the scope of this thesis to examine the issues and power relations within the evidence base that clinical psychology relies on (Lunghy, Zlotowitz and Wallis, 2023). However, the way the evidence base is organised, privileging randomised controlled trials, clearly defined interventions, and quantifiable outcomes, has meant that approaches not fitting this structure are deemed to have less evidence (Harper, Gannon and Robinson, 2013).

Nonetheless, NT is increasingly being drawn on within the NHS and clinical psychology, and is being used in settings including CAMHS, talking therapies, inpatient services and community projects (Nolte et al, 2016; Centre for Mental Health, 2017). Arguably the increased use of NT within the NHS and clinical psychology has contributed to the manualisation of the practices, turning ideas of NT into concrete, clearly defined interventions, emphasising fidelity to the model. NT (and therapy more generally) is challenged by many factors that contribute to practices which misalign with it's values and intentions. These include the neoliberal agenda of individualised, diagnostic models of distress, key performance indicators, cost-cutting approaches to therapy, alongside overwhelming cuts to funding and "burned-out" teams (Davies, 2021;

Paljakka and Carlson, 2024). These factors, alongside the aforementioned intersecting systems of oppression (e.g., coloniality, patriarchy) that organise society and healthcare institutions, arguably shape what types of NT are increasingly taken up within clinical psychology.

Narrative therapy and the evidence base

NT has a growing body of randomised controlled trials demonstrating its effectiveness in supporting people's psychological wellbeing. A meta-analysis of 54 studies measured the effectiveness of narrative therapy for adults with 'depressive symptoms in somatic disorders' (Hu et al, 2024). Whilst the meta-analysis reported that the included studies were of variable quality, it found that NT appears to have a significant effect on depressive symptoms for adults with 'somatic disorders' (Hu et al, 2024). In Rwanda, Karibwende and colleagues (2022) employed a randomised controlled trial to examine the effects of narrative therapy on levels of resilience for orphaned children. The study found that narrative therapy, when compared with waitlist controls, was effective in improving resilience amongst the children (Karibwende et al, 2022). In Hong Kong, Chow and Fung (2021) used a randomised controlled trial to assess the effects of narrative therapy and the Tree of Life metaphor for older Chinese people living in Hong Kong, to enhance their life wisdom. They found improvements in perceived wisdom for those engaged in the narrative therapy group and these scores were maintained at follow up.

Whilst RCTs have been positioned as the gold standard in research, there are several issues worth noting. RCTs are limited in the ways in which they measure impact, paying less attention to the voices of clients and understanding their experience of a therapeutic approach (Carey and Stiles, 2016). RCTs also require clearly defined 'problems', like 'anxiety' that can be easily measured and controlled for confounding variables (Cartwright and Munro, 2010). Researching and understanding the complexities of how injustice and inequalities impact mental health and can be responded to through community and creative practices cannot be simplified to measurement via experimental designs. RCTs have been critiqued for not capturing the essence of practices (Cartwright and Munro, 2010), and can result in distilling an aspect of narrative practice, e.g., externalising, into a technique that can be easily measured.

Recognising these challenges and limitations, NT have tried different ways of outcoming and capturing their work. Organisations and Journals such as the Dulwich Centre (Dulwich Centre, n.d.), Institute of Narrative Therapy (theint, n.d.), Phola Organisation (Phola, n.d.) and Journal of Contemporary

Narrative Therapy (JCNT, n.d.) have libraries of research, including trials and practice-based evidence, creative methodologies, case studies and interviews.

In the UK there have been several mixed-methods studies, exploring the experience and effects of engaging with Collective Narrative Practice, Tree of Life, across different NHS and voluntary sectors. Hughes (2014) used a mixed-methods design to evaluate the effectiveness of the Tree of Life, in supporting the emotional resilience of refugee young people in the UK. Hughes (2014) found that these approaches helped in the development of self-confidence and positive self-identity; improvement in social relationships and connection with community; and a clearer sense of purpose and hope for the future. Byrne and colleagues (2011) found that the Tree of Life supported access to mental health services for African and Caribbean men (Byrne et al, 2011). They found that the Tree of Life metaphor was culturally relevant, creating opportunity to bring in cultural stories, strengths and resources, rather than only problem-saturated stories (Byrne et al, 2011). Young and Cooper (2008) demonstrate the benefits of NT, through centring context and culture, emphasising community responses and social action, in improving services for marginalised groups. In recognition of its potential to support NHS transformation plans to reduce inequality, NT is increasingly drawn on to work alongside communities and address how inequality and discrimination affect mental health.

However, despite research showing the effects and potential of NT, clinical psychology still privileges modalities that lend themselves to experimental research. These approaches have tended to receive more research funding, National Institute of Clinical Excellence backing and are dominant within UK mental health systems. This thesis seeks to contribute and add to growing literature that discusses narrative practices and creativity and considers its applications for clinical psychology.

Researcher position

This section will be written in first-person to situate myself in the research. The discussion introduced here will be expanded in the Critical Appraisal (p, 129). In qualitative research, the researcher does not see themselves as objective and separate to the research (Maykut and Morehouse, 2002) but recognises that their own identities and experiences will inform every stage of the research process.

Considering ‘research membership’ and whether the researcher is an insider (e.g., sharing identities, professions, experiences with the participants) or outsider (not a member of the same group as participants) supported me to examine my relationship with the topic and participants (Clarke and Braun, 2013; Asselin, 2003). Reflecting on my relationship with the research, there are aspects of the research that I am nearer to, for instance, grappling with how to draw on NT within clinical psychology and sharing cultural identities with some of the participants. As a white, middle-class, not disabled, cis-gendered female, my identities have been privileged within clinical psychology (and society), and I am an outsider to the experiences of some participants speaking about disrupting injustice from their own lived experiences and histories of resisting oppression. Throughout the research, I considered this insider-outsider relationship, reflecting on how power showed up during interviews and analyses and how to build safety and respect to explore and honour participants’ experiences and sharings.

Arriving and engaging in this research project involved close examination of the privileges and relationships with power I hold as a white female psychologist, and what it means to be exploring creativity and its role in disrupting dominant discourses and oppression. For example, the risk of using this project as a way to align myself with ‘good’ practice, while not examining the harm I cause and the discourses that I uphold. Working closely with mentors and supervisors over several years in community practice has helped me to begin interrogating my ethics and practice, e.g., examining how ideas I take for granted impose power over others. Being introduced to NT, CNT and poststructuralism have provided me with a framework for examining and beginning to address power and ethics in my practice. Whilst being aware that NT is still used in ways that impose, or as a means to ‘look good’, it provided me with a compass with which to question my own and others’ practices.

This topic asked me to consider my own relationship with creativity, what it has meant in my life and amongst the people around me. I have witnessed creativity connecting people with each other, nature, joy, beauty, heartbreak and helping them to find their voice when environments constrict it. Working with young people affected by violence, I witnessed their creative responses to the effects of marginalisation in their lives. We reflected on what creativity made possible, connecting young people with wellbeing, their families, communities, cultures, resources and values, whether through food, music, experiential art, growing vegetables. Their creativity resisted the dominant ways society defined them, and they spoke about how creative expression helped them take authorship of their stories. Conversations with my research supervisors about their (and their supervisors’) experiences of NT, and their drawing on creativity as a stance excited and inspired me. These experiences led to developing this research project alongside my supervisors.

This study

Literature calls for NT to be 're-imagined' and re-rooted in the 'spirit of adventure', values and ethics that it set out with (polanco, 2016; Heath, 2018; Epston, 2019). polanco (2021:72) reminds us that re-imagining NT requires 'drawing on fields foreign to psychotherapy'. Drawing from multiple fields and ideas, namely poststructuralism and NT, AOP/SJP, creativity and social justice and relational ethics, this study aims to look at what a metaphor of creativity could offer NT and AOP/SJP. It aims to contribute to the evidence base by exploring the relationship between creativity and narrative-informed practices and whether a metaphor of creativity might be a helpful stance to embody within practice. Recognising how research has focused on creative techniques/methods, the study aims to explore creativity as a stance within narrative-informed practices and what this could enable in terms of disrupting dominant discourses and engaging in AOP.

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Paper 2: Empirical Paper

"It could be the slight little crack in injustice's grip on people's lives and identities."

A Grounded Theory exploration of how narrative-informed practitioners draw on a creative stance in their practice.

Abstract

Aim: Longstanding research demonstrates the impact of oppressive power structures and discourses on the mental health and wellbeing of marginalised communities in the UK. Narrative Therapies (NT) are concerned by the ways in which power structures are upheld via dominant discourses and aim to find ways to engage in justice-doing and ethical practice. Existing research highlights that NT draws on creativity to disrupt dominant discourses, frequently describing creative methodologies. Less explicit is whether and how practitioners embody a creative stance, which makes the work possible. This study draws on creativity, social justice/anti-oppressive practice, and NT to explore how creativity as a stance orientates practitioners in their practice, supporting the disruption of dominant discourses and aiding anti-oppressive practice. The aim is to support clinical psychology practitioners working across sectors including NHS and voluntary settings.

Method: 26 narrative-informed practitioners were interviewed about how they use creativity in their practice to disrupt dominant discourses. Semi-structured interviews were analysed using Constructivist Grounded Theory.

Results: A conceptual framework, 'finding the cracks,' was constructed. Six main categories were identified: 'Creativity as a Stance', 'Creativity as an Energy', 'Creativity and Narrative Therapies', 'Conditions for Creativity', 'Expansive Practice', and 'Engaging in Movement'.

Conclusion: The framework explored the role of creativity in disrupting dominant discourses and locating possible actions for practitioners. Creativity was a powerful metaphor for evoking values and an ethical stance in service of social justice. A creative stance revealed values that participants wanted to foreground, using creativity in diverse ways to 'find cracks' in the face of injustice. It offers learning for practitioners on what creativity can enable across contexts and critique on whether espoused ethics are actualised in practice.

Introduction

The introduction establishes the thesis' context by exploring how injustice and oppression affect mental health, as well as the role of psychological services in marginalising and upholding oppression. It briefly introduces anti-oppressive practices (AOP) and social-justice-informed practices (SJP) in psychology as well as creativity's relationship with social justice. Narrative Therapies (NT) and its relationship with social justice and creative practices is introduced. A critique is presented on how creative techniques associated with NT often becomes the focus. Pulling together discussion from NT, creativity and social justice/activism, the thesis seeks to explore how creativity as a stance can support practitioners in mental health settings in disrupting dominant discourses and aiding AOP/SJP.

Injustice, oppression and power

There is extensive evidence showing that oppression and injustice significantly impact individuals/groups' mental and physical health (Okazaki, 2009; Newcomb & Mustanski, 2010; Ellis et al., 2019). Oppression is described as how 'power-over' is used by dominant groups to harm and control others, perpetuating inequality (Proctor, 2002; Watts et al., 1999). Injustice is defined as unfair treatment and denial of rights, resources, and opportunities, leading to systemic disadvantages and marginalisation of certain groups (Charura & Winter, 2023). 'Marginalised communities' refer to those excluded by societal structures, including (but not limited to) racially minoritised communities, LGBTQ+ communities, disabled people, and those experiencing homelessness, seeking asylum, or involved with the criminal justice system (Mirza & Warwick, 2024; Marmot et al, 2020; Ellis et al, 2019; Hughes et al, 2017). Oppressive forces like white supremacy, racism, homophobia, transphobia, and sexism exclude people from structures such as healthcare, education, financial security, and safety (Kattari, 2020; Saad, 2020; Rafique, Riaz and Habib, 2025). Foucault (1994) argues that groups with more access to power uphold structures of oppression, creating and upholding "normalising truths" and practices. He posited that institutions like healthcare services uphold dominant ideologies, and language becomes an instrument of power in defining what is true and shaping how people are seen and treated (Foucault, 1994).

Injustice and oppression within mental health services

The NHS has developed several frameworks aimed at reducing inequalities in mental health, such as the Transformation Plans (Dougall, Lewis & Ross, 2018), the Patient and Carer Race Equality Framework (Dyer et al, 2024), and the Framework for Integrated Care (Rogers, Fuggle and Fonagy, 2025), emphasising community involvement and addressing the impact of inequality and discrimination on mental health (Dougall, Lewis & Ross, 2018). The British Psychological Society (BPS, 2022) sets out its commitment to promoting inclusive and equitable services. However, extensive research highlights the disparities experienced by marginalised groups in the UK in accessing mental health systems and health/wellbeing outcomes (Grey et al., 2013; McHayle, Obateru and Woodhead, 2024). For example, racially minoritised groups are less likely to be offered talking therapies and face higher rates of coercion (Fernando, 2017).

Oppressive forces manifest in various forms within mental health services, such as violent sectioning, surveillance, and the medicalisation of suffering. Services often impose Western psychological practices as universal truths, marginalising cultural and spiritual approaches to healing (Afuape, 2011; Fernando, 2017; Reynolds, 2019). Western psychology's dominance acts as a form of cultural imperialism, disregarding diverse cultural practices of distress and healing (Naidoo, 1999; Ochieng, 2013). Additionally, mental health services often decontextualise distress locating problems within individuals, families and groups, obscuring the broader societal power structures and social injustice (Rapley, Moncrieff and Dillon, 2014). This individualised approach positions practitioners as experts with the power to define and fix, directing change at individuals' thought patterns and behaviours, as opposed to the oppressive systems causing distress (Charura and Winter, 2023).

Social justice-informed and anti-oppressive practice

Social justice-informed practices (SJP) and anti-oppressive practices (AOP) in psychology are complex, nuanced, and widely discussed. While this thesis cannot do justice to the wealth of these discussions, it will outline key characteristics of AOP/SJP to provide context. AOP/SJP involve recognising, challenging, and addressing systemic injustice and oppression at multiple levels of practice (Winter & Charura, 2023). They assert that oppression is shaped by the intersection of

various identities, thus not experienced in a singular way (Crenshaw, 2013). AOP/SJP often align with liberation philosophies, situating personal distress within broader social oppression, and viewing the most marginalised as holding vital knowledge about society (Freire, 1973; Martín Baró, 1994). AOP/SJP link with decolonising practices by questioning and disrupting Western-centric models and elevating cultural, spiritual, and ancestral knowledge (Lee, 2023). AOP/SJP also encourage critical self-reflection on how practitioners' identities and biases shape their practice (Burnham, 2012). AOP/SJP requires practitioners to engage in cultural humility (Hook et al, 2013), privileging 'cultural democracy' (Akinyela, 2014), centring client/community cultural preferences and methods for healing (Heath, 2018). It emphasises collaboration, and collective power, advocating for systems change to challenge oppressive structures (Zlotowitz & Burton, 2022).

Creativity and social justice

Beyond psychotherapy, creativity has long been linked to activism and social justice (Mesch, 2014). It has played a key role in protesting injustice (Shipley & Moriuchi, 2022), challenging assumed 'truths' and imagining new possibilities through critical thinking (hooks, 1994; Morrow, 2007), finding expression and celebrating difference (Afuape, 2011), and through humanity's 'creative spirit', an inextinguishable force that exists beyond the physical or material (Cameron, 1993). Creativity has been central in resisting and disrupting oppressive forces throughout history (Clennon et al., 2015; Darts, 2015), fostering change and envisioning social justice.

Narrative therapies and social justice

Narrative Therapy (NT) is underpinned by social constructionism and poststructuralism, which posit that social realities and identities are constructed through language, discourse, and societal structures (Freedman and Combs, 1996). NT asserts that therapy is never a neutral or passive process and emphasises therapist positioning, paying close attention to relational ethics and the moment-to-moment impacts of the therapist's language and actions in perpetuating or challenging power dynamics (Combs and Freedman, 2012). NT seeks to make visible how societal, cultural, and family narratives shape the stories individuals tell (and are told) about themselves (Morgan,

2000). Poststructuralism, influenced by thinkers like Foucault (1994), argues that modern power structures embed oppressive ideologies into everyday life, which are then reinforced across social systems.

NT is rooted in the idea that people are separate from the problems they face and seeks to externalise and situate problems in contexts of power relations (White and Epston, 1990). For Combs and Freedman (2012), externalising serves social justice by disrupting pathologising labels and individualised problems that marginalise and limit people's lives. NT uses 'double listening' to make visible subjugated narratives, knowledges and values, creating and finding opportunities to thicken and live out preferred identities (Epston and White, 1990). Thus, NT seeks to make visible 'small acts of resistance' that may go unnoticed but are significant responses to injustice and oppression (Wade, 1997). Reynolds (2019) describes how acknowledging these small acts can disrupt how injustice erases people's responses.

NT therapists adopt a 'decentered and influential' stance, meaning they approach therapy with curiosity and humility, positioning clients as the 'primary authors' of their own stories (White, 2007). This approach seeks to reconnect clients with their cultural values and skills, providing them with the space to create new possibilities for living (Epston and White, 1990). Drawing on ideas from NT, Collective Narrative Practice (CNP), seeks to work alongside communities who have experienced significant social trauma and injustice (Denborough, 2008). For example, Mukarusanga (2020) worked with young people in Rwanda, using culturally resonant metaphors like gardening to help them re-story their experiences. These metaphors allowed young people to reflect on how to nurture preferred values and 'weed' out unhelpful influences, valuing local knowledge and decolonising therapeutic practices.

However, NT has received criticism for residing primarily in language, overlooking the material realities of oppression. Smail (2001) argues that therapeutic practices like NT address people's relationships to problems but fail to confront the material conditions that perpetuate injustice. Critics argue that while NT's focus on revealing oppressive discourses is valuable, therapy must also actively engage with social action and justice efforts to challenge injustices at broader social levels (Reynolds, 2019). Furthermore, scholars caution that NT, like any therapeutic model, must be practiced critically and in alignment with liberation and decolonising efforts, as

there is a risk that it could be imposed on individuals in ways that perpetuate domination (Heath, 2018; polanco, 2013; Lee, 2023).

Narrative therapies and creativity

Many NT practices have drawn on creativity, e.g., Tree of Life, Body as Multi-storied Community, Recipes for Life (Ncube, 2006; Lee, 2023; Rudland Wood, 2012). White (2007) used metaphors like maps to ignite a 'spirit of adventure' and creativity, fostering collaboration and co-creating between therapist and client/community. These collaborations often led NT to draw on creative forms, such as drawing, cooking, singing as mediums that were healing and generative. However, there is increasing concern that a focus on these creative techniques or forms means they are extrapolated, whilst losing the values that underpin the practice (Wallis, Burns and Capdevila, 2011). The expansion and manualisation of NT practices may dilute their philosophical and ethical underpinning, reducing therapy to measurable techniques, losing its essence and heart (Heath, Carlson & Epston, 2022).

Study rationale

polanco (2021:72) highlights the value of borrowing from "territories foreign to psychotherapy" and Reynolds (2019) exemplifies this, drawing on her activism background to examine and embody the ethics and stance underpinning therapeutic practice. This thesis will integrate discussions on values/ethics (Reynolds, 2019; Freedman & Combs, 1996) and creativity and social justice (Afuape, 2011; Poh Lin Lee, personal communication, 2024) to explore creativity as a "way-of- being" in practice. No known study has collated the experiences of narrative-informed practitioners to explore how they draw on "creativity as a stance" in their practice. It aims to assist practitioners by moving away from replicating creative outputs or methods to embodying a "creative stance" that can support disrupting dominant discourses and aid AOP/SJP. The thesis aims to contribute to current practice by developing a conceptual framework of this "creative stance" to help orientate psychologists across NHS and community/voluntary settings with the potential to support NHS transformation plans.

Research aims

- How do narrative-informed practitioners describe creativity as a stance within their practice?
- How do narrative-informed practitioners draw on creativity to disrupt normative discourses and engage in anti-oppressive, social justice-informed practices and what supports and hinders this?
- Develop a conceptual framework of creativity as a stance within narrative-informed practices that can be drawn on within NHS, community and voluntary settings.

Methods

Epistemological statement

Ontology, the study of being, seeks to understand what exists in the world (Burr, 2003). Epistemology focuses on how we produce and come to know knowledge (Burr, 1998). This study aligns with poststructuralist and social constructionist epistemologies, particularly Charmaz's Constructivist Grounded Theory (CGT) (2014). Poststructuralism views meaning and knowledge as fluid, shaped by power dynamics (Foucault, 1994), and social constructionism posits that reality is produced through language (Burr, 1998). Gergen and Gergen (2003) argue that multiple realities are created through interactions, influenced by social, cultural, and historical contexts.

This study attempts to distil how creativity is described by participants, but poststructuralists argue that defining concepts like creativity reduces them, as they are beyond articulation (Nichterlein & Morss, 2017). Creativity, from a poststructuralist perspective, is a relational process - constantly emerging and evolving within interactions with humans, nature, and the universe (Williams, 2005). Thus, creativity is never fixed or defined, but always shaped by and shaping the social world. This creates tension within the study, as it explores an inherently fluid concept within a structured academic framework.

Constructivist Grounded Theory

A qualitative analytic method was used to explore how practitioners draw on creativity in their practice and how they make meaning within their specific contexts (Willig, 2013). A quantitative approach was not used as the study was not focused on testing a hypothesis.

CGT was chosen as the methodology because it allows for a deep exploration of individual accounts and perspectives, leading to a conceptual explanation of a phenomenon, whilst recognising the researcher's influence on the process (Charmaz, 2014). CGT aligns with the study's aim of developing a conceptual framework for creativity as a stance, grounded in the data, for mental health practitioners.

Grounded Theory, developed by Glaser and Strauss (1967), posits that theories emerge through iterative data collection and analysis. Charmaz (2014) expanded on this, developing CGT, which acknowledges the researcher's influence on the process and views theory as a situational, relativistic interpretation, not objective truth. CGT is underpinned by Symbolic Interactionism, which emphasises how people construct themselves, society, and reality through interaction (Charmaz, 2014). This approach views individuals as active and reflective, focusing on how people create and negotiate meanings (Charmaz, 2014).

Participants

Inclusion and exclusion criteria

This study included narrative therapists and clinical psychologists whose work is primarily informed by NT. Eligibility was assessed through a pre-participation survey (Appendix E). The study included practitioners working across multiple levels (individuals, families, communities, systems, social action) and roles (supervisors, teachers, therapists). While not an inclusion criterion, the study aimed to include practitioners and practices that are under-represented within clinical psychology, and socio-demographic data was collected to ensure diverse representation. After initial snowball sampling, purposive sampling focused on recruiting a variety of voices to reflect different perspectives.

Practitioners who use NT techniques but do not draw on NT philosophies will be excluded from the study. The thesis supervisors and research team were also excluded from participating. Full inclusion and exclusion criteria are presented in tables 1 and 2.

Table 1

Inclusion criteria
1. Practitioners who identify as Narrative Therapists, where their work is predominantly informed by Narrative Therapy.
2. Clinical Psychologists, where their work is predominantly informed by Narrative Therapy.
3. Practitioners who work across different levels of intervention (individual, family, community, systems, social action).
4. Practitioners occupying different roles (e.g. supervisors, therapists).

Table 2

Exclusion criteria
1. Practitioners who use a narrative technique (e.g. externalising conversations) but whose work is not predominantly informed by Narrative Therapy.
2. The thesis supervisors and members of the consultation group.

Recruitment and sampling

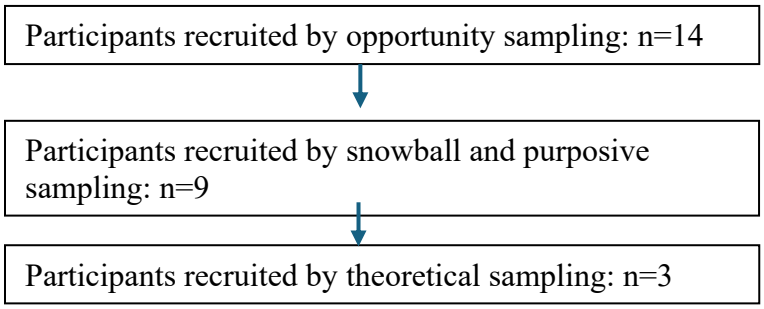
Participants were initially recruited using opportunity sampling through two strategies: sharing the research advertisement with NT institutions and emailing potential participants identified by research supervisors (Appendix A). Snowball sampling was introduced once interviews began, with participants referring others. Purposive sampling was also used to ensure that diverse voices

and practices were represented. Towards the end of data collection, theoretical sampling was used to recruit participants based on the emerging theory, ensuring theoretical saturation (where the categories of the emerging theory are clearly articulated and evidenced in the data) (Birks & Mills, 2015). Figure 1 shows the recruitment process.

Interested participants received an information sheet (Appendix B), followed by a consent form (Appendix C) if they agreed to participate. They were then asked to complete a brief online survey via Qualtrics (Qualtrics, 2021), a GDPR-compliant platform. The survey (Appendix E) included screening questions to confirm eligibility based on narrative practices. It also aimed to ensure a representative sample by accounting for personal characteristics (e.g., ethnicity, gender, sexual orientation, location) and perspectives (e.g., role, experience, context). Eligible participants were then contacted to arrange an interview.

Figure 1

Participant recruitment sampling phase flowchart



Participant characteristics

In Grounded Theory, sample size is not determined a priori and depends on evolving categories with data collection ending when no new findings emerge (Glaser and Strauss, 1967). A content analysis of 100 articles using Grounded Theory found theoretical saturation with an average of 25 participants (Thomson, 2010). This study included 26 participants.

Participants (7 male, 19 female) came from a variety of racial and ethnic backgrounds (including Black British, Black African, White Irish, White European, Asian, White British, White

North American, mixed heritage Asian and White, mixed heritage Black and White). As Narrative Therapies have been developed and practiced across different cultures and contexts, participants were recruited from a range of settings and countries. Participants practiced in continents including Europe, Africa, North America, Asia and Australia. 17 out of 26 participants reported having links with psychology in the UK, e.g., through teaching, supervision, practice. Participants had diverse professional backgrounds, including clinical psychologists, narrative therapists, systemic family therapists and dual roles, e.g., narrative therapists/social workers, clinical psychologists/systemic family therapists. Participants had been practicing from between 1-50 years and included practitioners working across different levels (e.g., one-to-one, family, organisations, social action) and in different positions, from trainees, supervisors, directors and working in NHS, private, community and charity sectors.

Ethical approval

Ethical approval for the study was granted by the University College London (UCL) Research and Ethics Committee in September 2023 (see Appendix D). Several measures, including an information sheet and signed consent, ensured compliance with the BPS Code of Ethics and Conduct (2021). Participants were informed of their right to withdraw and the limits of confidentiality before and during the interview. Only the researcher and thesis supervisors had access to study data.

The population of Narrative Therapy practitioners is smaller than other therapeutic models, increasing the likelihood of participant identification, especially if involved in well-known projects. To address this, data was pseudo-anonymised during transcription, and all information was presented at a group level. The study explores creativity and social action within NT, and the narrative community has many practitioners with lived experience of injustice and may feel personally connected to their practice. The ethics application considered that some interview content could be emotive, and the researcher ensured participants were aware of support procedures, e.g., going at their pace, only answering comfortable questions, and asking questions of the researcher.

Interview procedure

Interviews were conducted online via the UCL-approved Microsoft Teams platform, with one face-to-face and 25 online. The researcher introduced the study's history and situated themselves within it. Participants were informed of their rights, the recording, and the focus on personal identities, ethics, and NT drawing from broader movements outside Western therapies. Before beginning, the researcher invited questions, with many participants expressing interest in the researcher's journey and their relationship with creativity and social justice. The semi-structured interviews lasted 45-110 minutes. Afterward, participants were debriefed, offered charity reimbursement, follow-up contact, and confirmed their willingness for member checks.

Data storage

Transcripts were anonymised and stored on a password-protected, encrypted device accessible only to the researcher. All personal data was pseudo-anonymised and stored in a secure UCL One Drive. Only the researcher and supervisors had access to this data, which was destroyed once no longer needed.

Interviews

Data collection was carried out through semi-structured interviews with open-ended questions to explore participants' perspectives, meanings, and experiences (Willig, 2013). Grounded Theory emphasises in-depth interviewing, encouraging participants to reflect on experiences in ways not commonly discussed (Charmaz, 2014). This structure ensured alignment with research aims while allowing flexibility for follow-up questions (Charmaz, 2014). The researcher balanced direction with openness, using non-judgmental questions to allow new ideas to emerge.

Developing the interview schedule involved several stages such as scoping the literature around creativity, NT and social justice and meeting with an Expert by Experience, involved in developing creative social action projects. This helped to generate areas for exploration, particularly regarding what creativity means to participants across their personal-professional life. Emerging questions were reviewed with research supervisors to refine the interview schedule

(Appendix F). The draft was then shared with another Expert by Experience, a narrative therapist, leading to changes in question set-up and language. This included adjusting language to align with poststructuralist philosophy, ensuring respectful, generative questions that minimised setting up success/failure responses (e.g., changing from "how do you use…" to "do you use…") (Appendix G).

Grounded Theory views the interview schedule as part of the iterative process, making changes based on initial coding and emerging themes. The first version was used for seven interviews. After initial analysis, the researcher identified the need for follow-up questions to explore participants' histories and connections to creativity, linking it to their values. After consulting supervisors, the schedule was revised (Appendix H). The researcher paused after 10 more interviews for further analysis, but no changes were made to the schedule.

Analytic process

Transcribing: interviews were recorded on Microsoft Teams, transcribed and transcriptions were corrected against the recordings. This process helped to immerse the researcher in the analytic process, engaging with content, conversational tones, pauses, and body language.

Line-by-line coding: involved reading transcripts multiple times and using Nvivo software to assign terms reflecting the social/psychological actions described (Appendix I). Descriptive codes were either gerunds focusing on actions/processes or 'in vivo' codes (verbatim quotes) (Birks & Mills, 2015). This initial coding generated low-level categories, guiding theoretical exploration in subsequent data collection and analysis (Charmaz, 2014). The researcher noted how their assumptions and contexts influenced the codes being generated.

Focused coding is the next stage, where frequent and analytically significant codes (related to research aims) are identified. It assesses the strength and completeness of initial codes (Charmaz, 2014). Initial codes were exported from Nvivo to Excel, sorted, and compared for relevance. The researcher grouped codes into focused codes, forming a tentative coding framework. These codes

were mapped with quotes and explanations, then discussed with supervisors. Focused codes were used to analyse subsequent interviews, assessing coherence and completeness, helping identify a core category or 'central phenomenon' (Corbin and Strauss, 1990) (Appendix J).

Theoretical coding: The final stage of analysis involves higher-level abstract coding (Birks & Mills, 2015). The researcher analysed remaining interviews against the emerging framework, shifting from describing codes to generating theoretical concepts (Charmaz, 2014). The framework centred on the core category, capturing the process across main and subcategories. Main categories highlighted abstract concepts central to the research questions, while subcategories revealed variations within these categories (Birks & Mills, 2015). The researcher compared categories, examined relationships, and integrated them into a coherent framework through supervisor discussion, leading to a tentative interpretation of the data (Appendix K).

Constant comparison method: Grounded Theory is unique in how it concurrently collects and analyses data (Birks & Mills, 2015). The researcher continuously compared incidents, codes, and categories (Glaser & Strauss, 1967), using ongoing comparison to inform theoretical sampling and guide subsequent interviews based on initial findings.

Memo-writing was essential to the analytic process, allowing the researcher to document thoughts, reflections, and analyses, encouraging critical engagement with emerging codes, identifying patterns, gaps, and biases (Birks & Mills, 2015) (Appendix L).

Diagramming supported analysis by helping the researcher visually map patterns, relationships, and connections between codes and categories, clarifying gaps, outliers, and evolving insights beyond initial coding (Appendix M).

Model diagram development: The model diagrams were developed concurrently, with one helping the researcher map relationships between codes and the other visualising the essence of the theory. Developed through multiple iterations, these diagrams evolved with input from research supervisors, narrative therapy supervisors, family, friends, and through observing water

movement. The model was sent to participants for member checks, and following feedback, further edits were made (Appendix N).

Credibility checks

Several strategies were employed to support the credibility of the analytic process (Charmaz, 2014).

Reflexivity: To engage in reflexivity and examine how they were influencing the research process, the researcher maintained written and audio logs, documenting thoughts, feelings, and reflections before and after interviews (Appendix O). These logs included questions, gaps, discomfort, tension, alignment, and enthusiasm. They also brought reflections to supervision, fostering critical thinking and awareness of how their perspectives influenced the process.

Bracketing: The researcher attended an online bracketing workshop with their thesis supervisor and other trainees and participated in three bracketing interviews with two fellow qualitative researchers. These interviews occurred before, during, and after data collection (Appendix P). The first interview explored the researcher's intentions, values, and positioning, examining power dynamics and identity. The later interviews allowed reflection on the process, including how the researcher's embodied responses, such as enthusiasm and tension, shaped the interviews. This process helped the researcher stay attuned to their preconceptions throughout.

Consensus checks: The researcher held regular meetings with the research team to discuss emerging ideas, frameworks, and analysis drafts (Appendix Q). These consensus checks helped refine the analysis, as explaining and sense-making with the team highlighted gaps, inconsistencies and categories that lacked cohesion or relevance.

Member checking: Charmaz (2014) highlights sharing analysis with participants to ensure it aligns with their experiences. All participants received an email with the conceptual framework and category descriptions. 10 participants provided feedback (Appendix Q) using three guiding

questions. As CGT is an iterative approach, the researcher scrutinised the emerging framework against member feedback and critique. They returned to the transcripts, codes and categories to examine the inconsistencies, critiques, outliers and gaps highlighted during member checks, which further shaped the emerging framework.

Results

Core category: "Finding the Cracks"

The core category, "finding the cracks" conceptually organises the main categories and their subcategories. "Finding the cracks" became a metaphor for what creativity enables in practice. It evokes a sense of movement, as well as the ways that creativity can make space around a problem or injustice. For example, finding ways to "cope", "resist", "express oneself" or "create something different". Participants consistently described creativity's active role in "finding cracks" "sneaking through", "bashing down", "standing with". The cracks represent possible "entry points" to disrupt the ways in which injustices, dominant discourses or problem stories operate. For example, examining how language like "addiction" can sustain shame and disrespect as dominating forces in someone's life; or by moving therapy into a park to support a client to reconnect with their ancestral relationship with nature.

P10 It could be the slight little crack in injustice's grip on people's lives and identities. So, inviting, nourishing a relationship with creativity has enabled me to have a sense of finding some cracks in [injustice's] grip, or dominance in people's lives. And I guess that's the liberation practice and, kind-of, anti-oppressive practice that I most hold dear.

The thesis first introduces participants' relationships with creativity, exploring its different meanings across their lives and histories, as well as how it enables the disruption of injustices, problems and discourses in their practices. The thesis then explores how therapeutic practices are a site for justice-doing through finding, creating and amplifying cracks. This is structured within three main categories: "conditions for creativity", "expanding practices" and "engaging in movement".

Setting the scene

The thesis model is presented through two diagrams. Figure 1 illustrates the interrelated structure of the categories, demonstrating how broader understandings of creativity shape the ways in which participants use it in their practice through "creative responses" that "find cracks". Figure 2 can be

described as response art (Nash, 2019), reflecting the researcher's visual interpretation of the analysis. It uses a metaphor of water to represent the fluid, multidirectional ways that creativity finds cracks, to capture participant's reflections of creativity as moving and searching for ways to keep flowing. The diagram shows obstructive forces that impede the flow of water, which represent injustices and difficulties that people face in their lives. Water finds many ways to keep flowing in the face of these obstructive forces, e.g., 'pooling' of water initiating a waterfall over the obstruction; splitting into another stream to find a way around; or trickling drip-by-drip through a crack in the obstruction.

Figure 1: Conceptual Framework Model: Relationship between Categories – "Finding the Cracks"

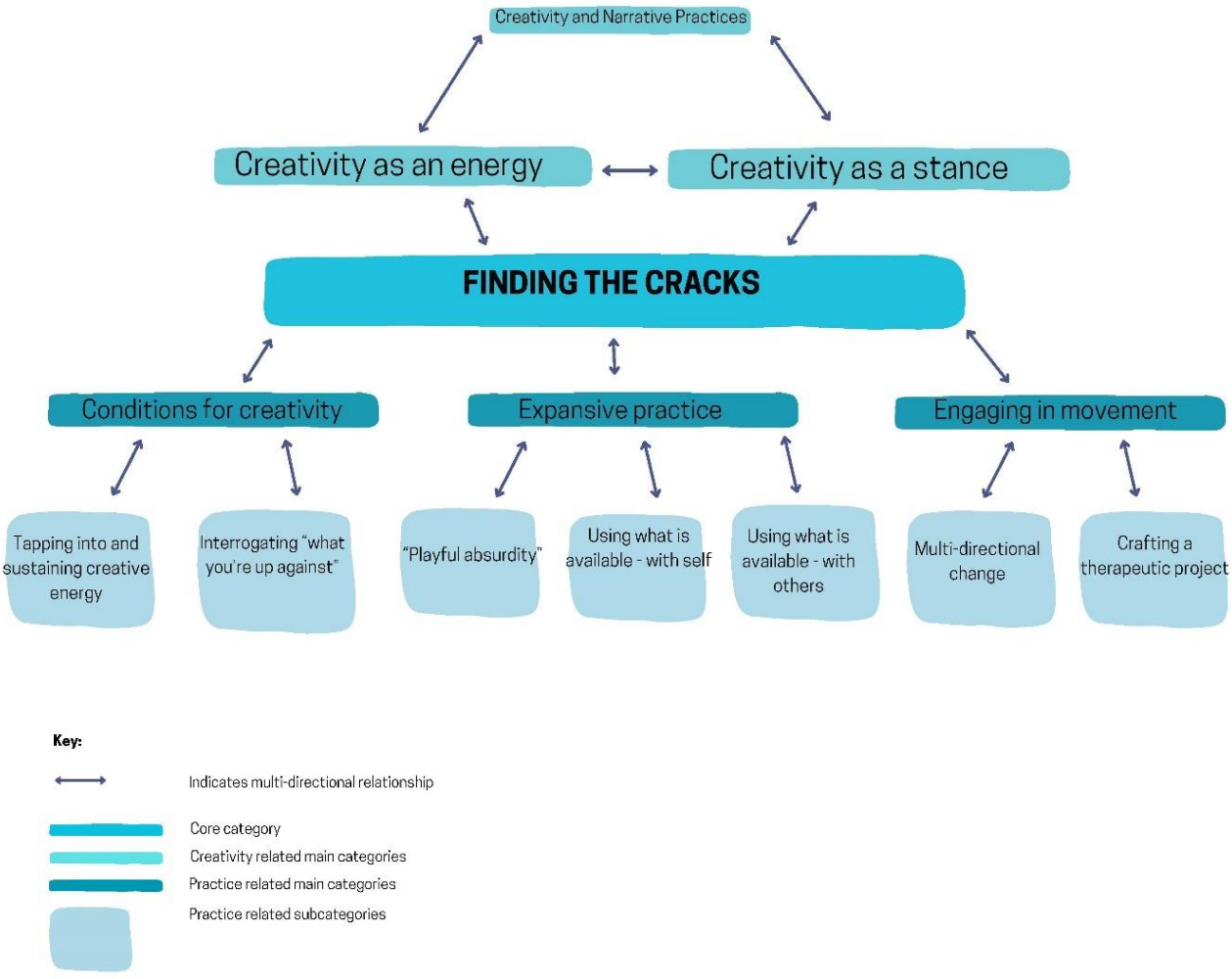
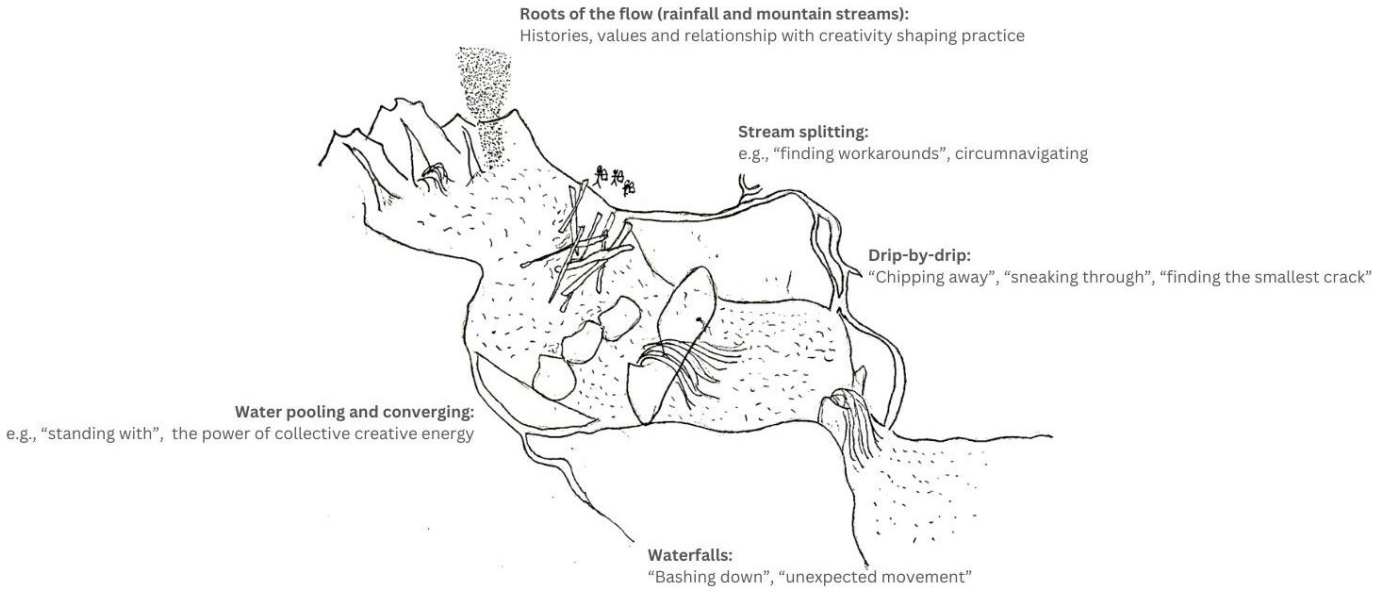


Figure 2: Response Art – "Finding the Cracks"



A note on terminology

NT talks about how problems can hold power over people, disconnecting them from agency and subjugating stories. Within NT literature, problems are not necessarily always linked to injustice or oppression. However, this study focusses on the ways that creativity can support practitioners to disrupt dominant discourses in the context of injustice/oppression. As such, the examples focused on explicitly link to SJP/AOP. Therefore, the "problems" discussed in this thesis refer to the structural, material effects and internalised effects of injustice and oppression.

Power is often spoken about in the study as oppressive, e.g., imposing power-over, dominating. Power is inevitable within all human relationships and the concern within AOP/SJP relates to "power flow" (Batliwala, 2020). A key intention within NT and SJP/AOP is to locate and connect clients with collective power, power within, and agency. To avoid labelling all power as harmful, the study will use the terms "power-over", "power from within", "collective power" (Proctor, 2002).

Participants used the term creativity in multiple and interchangeable ways. The following terms will be used to differentiate between the ways creativity is conceptualised in the thesis.

- Creative energy: creativity as an energy that participants are in relationship with and can "tap into".
- Creative stance: creativity as a way-of-being in practice.
- Creative form: a specific form of creativity, e.g., music, poetry.
- Creativity: will be used as an overarching word, to reflect when participants were not referring to creativity in a particular way.

The thesis discusses how creativity helps participants across different layers of therapeutic practice, including the "therapy room", supervision, teaching, managing teams, multi-disciplinary interactions, community practices.

- Practice within themselves (e.g., their own reflexivity, embodiment, thinking).
- Practice with others (e.g., with clients, communities, trainees, systems).

To help situate the analysis, the thesis will introduce what is meant by 'narrative-informed practice'. The analysis found that NT has multiple meanings for participants, shaped by their social locations and was often one approach amongst a broader landscape of approaches informing practice. The interviews showed that creativity is shaped by and filters through diverse ideas and assists a whole range of practices, which do include NT and post-structuralism, but also liberation psychology, decolonising practices, anti-oppressive practice, systemic theory, community psychology, cultural and community practices, African-centred psychology, social action psychotherapy, critical psychology, clinical psychology, activism, psychodynamic therapy, spiritual practices, yoga and meditative practices and cognitive behavioural therapy. The term 'narrative informed' is used to reflect how practitioners are influenced by narrative philosophies and ideas, while recognising that they draw on a range of practices and ideas.

Main category: Creativity and Narrative Therapies

The analysis firstly introduces different ways participants spoke about the relationship between creativity and NT. Some participants saw NT as originating as creative practice, referring to practices like Tree of Life and externalising as creative ways of responding to problems and injustices people are facing. Several participants reflected on the creativity underpinning how Ncazelo Ncube-Mlilo (2006) developed the Tree of Life. Participants described how the Tree of Life was not just about using art form, but referred to the creative and collaborative process, challenging how Western psychological approaches were not working in Southern Africa; learning from the community about their values, what they wanted to honour and be connected with; basing methodology on what had been shared, developing a model specific to that context. Similarly, some participants reflected on the "creative spirit" that Michael White embodied in his practice, giving the example of the 'externalising' stance, noting how it disrupted dominant discourses within mental health to see and treat people as separate from the problems they face. These examples illustrate how some participants described creativity and narrative practices as going "hand-in-hand".

Several participants shared how creativity supported their narrative practice, for example in supporting them to engage in conversations that explore "landscapes of action". They shared how narrative therapy seeks to re-construct and connect with "alternative stories" to the dominant problem stories. Creativity aided this journey by finding ways to turn alternative stories into "alternative embodied movements", e.g., finding and creating opportunities to live out these alternative stories as actions. One participant described how a community project, in which people contributed to a shared recipe book, created opportunities for people to see themselves in preferred and honouring ways within the group, through the development of recipes and the dissemination of the book. This disrupted the framing of the community as "powerless" and lacking "anything to [offer] society" and created new experiences of being seen "with expertise to share".

P10 Creativity is the embodied alternative movement or story that we talk about in narrative practice. We often talk about the alternative story, but I see it more as a moving fluid being, you know, entity. So, creativity is that landscape of action of alternative stories.

Several participants found that NT helped them to engage with creativity by providing a "scaffold". Four participants reflected that creativity can feel "unbounded" and "intimidating" because it asks practitioners to enter into "liminality", moving from the "known and familiar" to the "possible to know". They reflected on how NT supports this journey into liminality, e.g., one participant shared how "deconstruction" expanded their definition of creativity, which felt empowering in their practice. They realised that seeing creativity as "talent" was a barrier in their practice because they felt they "did not possess it". Exploring these constructions helped to broaden their understandings of creativity, to include being creative through their thinking and language. This fuelled them in helping clients to deconstruct the language and labels that have become dominant in their lives. Another participant reflected on the ways that clinical psychology training programmes privilege frameworks and techniques, and how "letting go" of that could be "anxiety-inducing". They spoke about how narrative practices provided a scaffold in supporting trainees to play with creativity in their practice, e.g., testing the ways that questions feel and land. Learning narrative practices provided a "springboard" for tapping into their own creativity, like a "jazz musician", who by "knowing their standards and riffs" can improvise.

P12 There's a structure in a lot of narrative practice and, that gives you a sort of secure enough place to then be creative. Sometimes you need a structure to allow creativity. Its going to be inhibiting if it's boundless or unlimited.

P14 We*'ve been doing loads of role play so they [trainee] can get the experience of how questions land, of how pace, space and silence and readjusting the question, how that all feels, so its not just academic, so there's some way to scaffold them.*

By contrast, several participants felt that associating creativity with NT had unhelpful and, at times, harmful consequences. Firstly, because it can result in uncritical engagement in NT, idealising it as "good" and creative, which can result in practitioners thinking that if they are "doing" a narrative practice (like Tree of Life or "externalising Sneaky Poo") then they are "doing good". Some participants critiqued how viewing narrative therapy as a creative endeavour can lead to practitioners becoming preoccupied with the "creative form", e.g., drawing the Tree of Life, asking poetic questions, or finding creative names for an externalised problem. In these examples, participants suggested that practitioners are focusing on the creative form, rather than engaging with narrative ideas. Seeing NT as *the* creative therapy was also described as fuelling a binary,

which positions other modalities as “non-creative” or “oppressive”. One participant reflected that all therapeutic models have the potential to be creative, giving an example from within psychodynamic practice, where the therapist draws on creativity and presence to relationally build the therapeutic space with the client. Secondly, participants noted concerns about how NT was being implemented, in terms of it being “copied and pasted” into “cookie cutter” formulas, losing its underlying epistemological positioning. What was apparent in the interviews was the need to critically examine the relationship between NT and creativity, positioning them both as “means” to engaging with ethical and justice-doing practice, rather than being the focus.

P23 NT has become put on a pedestal, to the point that, I think, people feel like as long as I'm doing a Tree of Life or something then I'm doing good... it's almost as if we've gotten into this simplistic idea, narrative good, CBT bad and you know, and I don't go along with that at all. I think, CBT done well has its very great uses...Narrative can be done badly and frequently is.

P6 In NT, we can privilege creativity right, and, in some of that privileging of creativity, I think we centre the therapist in particular ways, you know, what's the most poetic question I can ask, but they don't land or are confusing, but they look, sound good.

P15 I think NT and creativity are just a means to express true curiosity and care about their world…but if creativity becomes an end, then it becomes, oh, aren't I so great? That’s not the endeavour. The endeavour is to reach another person who's struggling with something, and to speak about it in a way that gives that person more say and more options, if creativity serves that end, then it's in its rightful place.

P5 I know Michael wanted people to have some idea and structure to follow, but the way it's been taken up, it becomes something that, to me, is not narrative therapy. It's just formulas.

P15 I hate parroted karaoke therapists who've learned practice from Michael White's maps, of trying to sound like him and not meaning a word of it. Like, what colour is your depression? Give me a fucking break... the death of creativity is manualisation of something.

Main category: Creativity as an Energy

The analysis next explores one of the ways in which many participants spoke about their relationship with creativity in their broader lives, which feeds into their therapeutic practice. Creativity was often described as an "energy" or "life-force" that is "always available" and "searching for ways to keep moving". Not easily articulated, and with "unknowable" qualities ("are you trying to eff the ineffable"), creativity was associated with something felt and known in the "body and soul". These understandings of creativity positioned it as something that existed within people, "in our DNA" as something to be "tapped into"; as well as a "collective energy" existing beyond individuals that moves between people or connects them to existence beyond themselves, with other people, living beings, the earth, deities or the universe in a "spiritual sense". This image of creativity evoked multiple lived experiences of a person/group tapping into creative energy, which in turn sparked another person/group being able to. Creative energy was described as "fiery", "life-giving" and "vibrant", connecting people with "vitality", "wellbeing" and a "source of power". For many participants, creative energy manifested in their relationships with engaging in creative form (e.g., music, poetry). Several participants saw accessing creative energy as an important therapeutic project, because doing so helps people tap into their own creativity and resources.

P26 What creativity does, is it creates life force, it is a life force… it is a vitality, its what makes things feel alive…

P7 So I see creativity as, umm, as life as, the essence of life and the essence of everything that is alive. But also, I think of it as energy and celebration of life and being alive.

P5 Creativity is what any of us, as little pieces of the whole big dance of the universe, is doing to shape the energy that's flowing through us… there's this energy flowing and that what we think of as a person is, is a node through which that energy passes.

Eight participants raised concerns of implicitly positioning creativity as "innately good" or "value free", emphasising that it is shaped by contexts and discourses. Some reflected that many creative endeavours can be individualistic, revering those with "creative talent" or making "capitalisable products". Many emphasised being in relationship with creativity that is "in service of" anti-

oppressive intentions (expanded in the next category). Participants also reflected on how creativity, whilst available, is not always accessible as oppression and imposed power can "subdue" this access. They described the absence or inability to access creativity as a "warning sign" in their practice and highlighted the importance of knowing what conditions "nurture" this relationship with creative energy.

P6 We want to be cautious about this word creativity, because it's not just any kind of creativity, you can create a lot of bad stuff, it's how creativity overlaps with values, intentions and projects…So creativity in service of what? Creativity based in what lived experience? Creativity flowing from what traditions?

P17 Creativity really excites me and where I've had that in my career, that's when I felt really engaged… if I'm able to bring in ideas and creativity…I'm working to the best of my ability …when that is lacking, when I am bogged down processes and structural issues…not able to think beyond that, I feel like my soul dies a little bit, there's this disconnect…and that's usually a warning sign for me.

Main category: Creativity as a Stance

This category outlines creativity as a "stance", a way-of-being and responding, and explores the values and ideas that creativity invoked for participants. Participants' "creative stances" were shaped by their relationships with creativity in their lives and histories and how these meanings accompany them into practice and were comprised of several defining features:

1. Rooted in values and politics of anti-oppressive practices with intentions of disrupting oppression and engaging in social justice.
2. Supported by creative energy that is always responding and finding cracks or expression.
3. Shaped in relationship with creative forms in participant's broader lives.
4. An openness to being changed through connection and honouring life as precious.
5. Slowing down to question taken-for-granted truths.
6. Drawing on imagination and playfulness to find possibilities.

7. Using what is available to draw on different knowledges.
8. Collaborating to co-create together and disrupt power-over.

1. *Rooted in values and politics of anti-oppressive practices with intentions of disrupting oppression and engaging in social justice*

The first feature of a creative stance is that it is rooted in the values of disrupting oppression and engaging in social justice practices. For some participants, these values were grounded in and shaped through their histories and knowledge of how their ancestors had used creativity to resist oppression. These felt values were held and passed down across generations and expressed through a range of actions and creative forms, e.g., music, spoken word. The following examples illustrate how some participant's values were rooted in their knowledge of "creative resistances" in their histories.

P7 It's a place in Nigeria that's renowned for the Egba people who have been able to resist subjugation from colonialists, people trying to sell them as slaves, and neighbouring tribes, because they were able to hide in the Olubo rock…interestingly lots of activists, artists, musicians have come from there … And I feel as though…resistance, activism and creativity is kind of in my bloodstream… in my lineage and, ancestry…

P24 I've come from a family who have experienced a lot of oppression, and I think it's the experience of…and the resistance of oppression that creates the lineage of creativity. For me, I like to call it, sneakiness and, like, wiggliness...how do we move around these barriers that are imposed on us from a power that we can't necessarily, you know, dismantle in one fell swoop, [but] just kind of wiggling through the cracks and sneaking through.

Several participants shared that their social justice-informed values aligned with post-structuralist philosophies. These values drew them to approaches like NT, because of how it contextualises distress within broader power relations. Two participants talked about how NT practices (e.g. externalising and storytelling) resonated with the ways their cultures and communities already connected and responded. However, they also critiqued the ways in which existing cultural practices and values become subsumed into NT, erasing how these practices exist outside of and before the development of NT.

P21 Some of the earliest pieces of work that I'd done in the charity sector was intergenerational storytelling, which was collecting the stories of our elders and documenting them. I was doing this before I knew what narrative therapy was…it felt, like, at the time, our liberation, our activism work.

P23 Things like externalisation. You know, I think it really connects to the Irish language, you know, the way people wouldn't say 'I'm sad' [they would] say 'there is sorrow on me', the language is already externalised.

2. Supported by creative energy that is always responding and finding cracks or expression

The second feature of the creative stance was its role in enabling participants to harness creative energy in finding response to injustices and problems. Some participants described how throughout human history, even during the most brutal atrocities, creative energy has enabled expression, e.g., surviving, fighting back, keeping memories alive, finding voice. Many participants reflected on various creative forms, such as story-writing, making grime music, graffiti-painting, experimenting with make-up, as ways to feel free, be seen, defy constraints, understand their feelings or find expression. These experiences provided a visceral sense of how creative energy can enable expression. This contributed to what some participants described as "felt knowledge", an embodied awareness they carried into their practice, helping them recognize possibilities for "finding cracks" or new avenues for expression.

P7 "There's always kind of an underground, it can't be killed, it can't die, it always finds expression. And so that itself, I think, is disruptive…from all of the most horrendously, dehumanizing, brutalizing experiences of history, you know, whether it's slavery or the holocaust, or war, has come collective creativity of the most incredible kind that has a stamp on humanity and in a really profound way".

P10 As a child I played a game where I would dress up in our Chinese traditional dress… I was, kind of, witnessing myself on my own terms, because I grew up in a very white middle class Australian context where I was considered this kind of exotic creature…But the play meant that I could be in relationship with my ancestors, and so…that was deeply political for me. That influences how I want to be in practice. To be in relationship with people through play in very political ways, [enabling people to be] seen on their own terms and expressions.

3. Shaped in relationship with creative form in participant's broader lives

The third feature of the creative stance is its interrelationship with various "creative forms". Many talked about creative form as a "teacher" with lessons accompanying them into their practice. They reflected on learning from their embodied experiences of engaging with creative form, e.g., "falling into reverie" listening to music, experiencing presence in nature, connecting through creative protest. Several participants then drew on creative form in their practice, either directly, or by drawing on the felt knowledge it had imparted, e.g., collaborating, presence, letting go of control, connecting with felt sense.

P9 A big sort of engagement with creativity that I've had is through music, so like interacting with an instrument or the person that you're playing with, and, I guess when I kind of pull it back to therapy, I feel like a lot of those things apply as well, like, creativity takes me to yeah, like letting go of control and being open to whatever happens when things interact.

4. An openness to being changed through connection and honouring life as precious.

The fourth feature of the creative stance centres "deep connection", seeing other's lives "as valuable as [the participants] own" and being changed through connecting. Several participants described creativity as a "means" to honour and reach into people's worlds. They talked about how a creative stance came from the "heart and soul", permitting one to articulate the richness of human lived experience. One participant grounded this deep connection in their Japanese tradition of "taking tea together" as a practice of "meeting soul-to-soul" that goes beyond the material and political.

P22 We have a tea ceremony that is traditionally, you know, this person in front of you is going to war, [they] may not come back, but you are enjoying tea together. In that moment, nothing else is important, you meet soul-to-soul, that kind of intensity and freedom, once I go there, it is much easier to connect.

P15 Creativity is a means to reach another person, to express true curiosity and care about their world…it's a creative endeavour to speak about our lives like they matter. Whatever I can do to insist that human life is valuable. It's more than this. It's more than a smart goal. It's more than a

category. It's more than a binary. It's more than an illness. Human life is precious and to play my part in saying that.

5. Slowing down to question taken-for-granted truths

The fifth feature of the creative stance involves slowing down and questioning "taken for granted truths", examining, and challenging how power structures are upheld. This relationship with questioning power was informed by participants' own identities, family and communities; as well as experiences of being excluded, othered or privileged. Some participants described the role of this feature of the creative stance as not just questioning power "out there" but also within oneself and interrogating one's assumptions and practices in order to continually "interrogate, unlearn and learn".

P7 I've been encouraged to do that, in my family, to think about what's right and wrong from the point of view of our own values and principles. As opposed to just because I've been told to think about things in a certain way.

P16 My musical creativity often took the forms of punk rock and what sticks with me about those genres is the connection to questioning and challenging implicit biases …

P1 With my health condition and being different actually, being that abnormal in a normative world… I think that makes a difference in terms of how I understand things and how I notice people's assumptions.

6. Drawing on imagination and playfulness to find possibilities

7. Using what is available to draw on different knowledges

The sixth feature of the creative stance invites an openness to see what else might be possible. For several participants, a creative stance invited them to reconnect with a "playful", "child-like curiosity", often lost in adulthood. Several participants described creativity as drawing on playfulness and imagination to "ask what else might be possible" and "see new in the familiar", not being limited by "what is possible" but to "imagine what could be". They reflected that in their own lives "looseness" and "absurdity" was needed to "find the tiniest of cracks". This playfulness and openness enables the seventh feature of the creative stance, drawing on knowledges beyond what is immediate or dominant and that are often overlooked and dismissed. For many participants

this was about drawing on multiple knowledges from their cultures, ancestry, spirituality and nature.

P24 Creativity is imagining beyond reality. I almost see it as a form of delusion. I like to be cheeky with the way I speak, as a culture we demonise delusion, we slap a label on it because its outside the scope of what we think reality should look like. Creativity is leaning into that, leaning into the madness of it and imagining a world that could be instead of thinking about what could be possible.

P15 When I was little, I used to write fairy-tales and I remember that feeling because its accompanied me into practice. That moment when your mind takes flight, creativity is when my mind takes flight of the mundane looking task to like it was when I was a child making those books.

P10 It's about slowing down…a creative stance really helps me to think about knowledges that are, or sources of knowledge, that are dismissed because they're not academic, intellectual, patriarchal, colonial, imperial.

8. Collaborating to co-create together and disrupt power-over

The eighth feature of the creative stance is its emphasis on collaborating with different people to craft something. Some participants spoke about how their relationship with creative form, e.g., making music and "jamming" had engaged them in collaborative processes. One participant reflected on "tuning in" with other musicians, engaging in listening, responding and co-creating. For others, creativity had been associated with community action, engaging with different voices and perspectives, "pooling and sharing ideas" to tap into everyone's creativity. These lived experiences of co-creating accompanied participants into their therapeutic practices.

P9 When you're jamming and you're just creating on the spot, that feels like a parallel to therapy, or at least the type of therapy that I want to do, where you don't really know what the person is going to offer or bring…I think I know how to listen in therapy better because of playing music with people.

P17 I used to do lots of community work in my local mosque and, and you have to find ways of engaging a room full of 30 girls and women, ranging from 8-70 years old with two, three, different languages in the room and various bits of knowledges, so you have to think creatively about, how

am I going to engage people in ways that are going to allow them to enter into conversation with me, with each other?

P7 It's always communal, interactive, something you're doing together. Everyone has it in them and you draw on everyone's different forms of creativity, and the thing that you create is something no person could do on their own.

This category has introduced the values and ideas foregrounded in constructing creativity as a way-of-being. The word 'stance' elicits a positioning that is not "cherry-picked for moments to look good" but is something that is "embedded from the start to finish of you", that "shapes how we show up in practice". The following categories explore examples of how a creative stance influences and supports participants in engaging in practice or "creative responses" with the intentions of being anti-oppressive and justice-doing.

Main category: Conditions for Creativity

This category introduces two "conditions" described by participants as integral to accessing and drawing on creativity in service of AOP. It explores how participants build awareness of creative energy, how it flows and is sustained between people. It then explores how drawing on creativity requires participants to interrogate how power and injustices are operating across levels of practice to locate possible cracks.

Subcategory: Tapping into and Sustaining Creative Energy

This category explores how nurturing a relationship with creativity and connection with others are key conditions for drawing on creativity in practice. Many participants described various ways that witnessing and experiencing others' creative energy helped them to draw on creativity in their own practice. For example, by having a relationship with creativity in their own life and finding time to engage with creative form, e.g., hearing/making music, going to galleries, painting/drawing, walking in nature. Experiencing themselves and others draw on creative form to find expression was said to nurture a relationship with creativity. Participants' relationships with creativity were also nurtured through their own histories, e.g., ancestral resistances to oppression and fights for freedom, music/poetry as activism, stories from one's past. This connection to family and ancestral relationships with creativity was drawn on in times of need in practice. For example, holding

knowledge of historic creative resistances fuelled some participants own creative energy, which helped them to persevere and find ways to leverage and try something different in difficult, rigid systems.

Witnessing creativity within others and others' practice in the here-and-now energised participants, whether through experiencing a group drawing on collective, creative and embodied methodologies, or seeing a therapist go beyond their "traditional remit" to help a client connect with subjugated parts of their identity. Witnessing these different types of creative energy helped participants to nurture their own relationships with creativity, which they could hold onto in their practice. This was not just about intellectually connecting with the possibilities of creativity. Participants also spoke about the embodied, physical feelings they connected with when witnessing creativity. Several participants reflected on experiences of creative forms, e.g., singing together, dance, cooking, and how this affected their physical and felt sense, e.g., connecting them with "aliveness" and "collective power". This embodied sense of creativity was said to be important in sustaining their efforts to engage in justice-doing

P7 People were talking about working with, and people from racially minoritised groups particularly Black communities post George Floyd. The very first thing they did in the group was to sing together and I thought that was so beautiful…it stayed with me, it did something in my body when I heard them sing together... and in my practice, I ask people how music or creativity wakes them up, how it connects them with being alive.

P10 Creativity is, umm, political sustenance... that, you know, is vital, I guess I would say in my practice and the reason I say that is because, responding to multiple and ongoing injustice, maintaining, inviting, nourishing a relationship with creativity is what has enabled me to have a sense of at least finding some cracks in in its [injustices] grip.

This movement of creativity between people was described by some participants as "collective energy". Creativity was not seen as just an individual resource but something that was nurtured and supported through connection. This also extended to how participants felt they could use their own access to creative energy to support clients tap into theirs. Two participants spoke about how trauma and injustice can "subdue" and "dim" access to creative energy. They noticed the different ways they could draw on their own access to creative energy to support a "spark to be reignited"

for a client, e.g., helping a client to connect with their own knowledges and agency, which can help them with ideas of how to proceed in the face of problems.

P13 I think it's a part of someone's healing work, because often people can't access or tap into creativity. You know, when people are in therapy, at least you know, trauma, I think can subdue and block it. And in a way, the work is almost, it's like when they're able to tap into, and feel that creativity coming back, it's almost like life coming back to them.

P10 I don't think of creativity as this nice soft thing, like right now, I'm really experiencing it as very fiery… so if someone is under the imposition of injustice, my privilege in that moment is that I am not, and so I have access to movement that might be temporarily unavailable to them… And so, creativity means that I use that power to ensure that injustice doesn't have a full domination.

Subcategory: Interrogating what you're up against

All participants described how a creative stance was associated with questioning, and many reflected on interrogating how injustice operates and how power shows up in their practice, described as "knowing what you're up against". The analysis found a cyclical relationship whereby creativity supports participants to interrogate their practice, and interrogating is a key condition for participants drawing on creativity in service of social justice.

Participants described interrogating "what you're up against" across different levels of practice, and creativity helped them to question their practices from different angles. For example, this included interrogating how power structures of white supremacy culture[2], colonisation[3] and capitalism[4] shape practices and service delivery. For example, in privileging "individualised", "time-limited", "smart goal oriented", "mind-based treatments" and subjugating collective, collaborative approaches. Several participants reflected that individualised psychological

[2] White supremacy culture is a racist ideology/system that reinforces white dominance over other racial and cultural groups. Rather than being understood as an extreme idea, white supremacy culture is the dominant paradigm and shapes societal norms, laws, institutions and interpersonal interactions (Saad, 2020; Okun, 2021).
[3] Colonisation is the process by which a group/culture establishes control and dominance over another, often through force, exploitation, and settlement, leading to the subjugation and silencing of Indigenous populations. It involves the imposition of the coloniser's culture, beliefs, systems and ways-of-being on the Indigenous people (Bulhan, 2015; Dudgeon et al, 2017).
[4] Capitalism refers to an economic system where private individuals or corporations own and control the means of production and distribution of goods and services (including human labour). Vergès (2019) highlights the ways in which capitalism intersects with other oppressive forces to create hierarchies of people and extreme inequality.

approaches have dominated therapy both within the UK and across the world, "psychologically colonising[5]" what therapy is. "Knowing what you're up against" involved interrogating how practitioners uphold these power structures unintentionally, by not questioning the effects of practicing in particular ways. For example, questioning whether maintaining confidentiality requires that therapy must take place in a room, or that therapists have the right to ask questions to clients.

Participants reflected on the multiple levels of complex, nuanced critique required in practice. To illustrate this complexity, several participants critiqued the different ways that power goes unchecked within NT. Five participants spoke about how NT has drawn from longstanding community practices and yet is "celebrated" and taught in clinical psychology training in ways that overlook these pre-existing practices. This was said to contribute to community practices being subsumed into NT and is a way that NT can engage in colonising. Further, three participants critiqued the minimal teaching on CNP[6] offered by clinical psychology training, and the positioning of trainees as ready to deliver these practices after 1-2 days of teaching. They questioned why CNP were not given "parity of esteem" with other modalities, interrogating the coloniality involved in devaluing approaches developed outside of Anglo-American psychology. Overall, participants highlighted how "creativity as questioning" helped them to interrogate how oppressive forces were being upheld and unquestioned across all levels of practices, and to examine and challenge the harm they cause.

P10 Working with people seeking asylum who'd experienced torture and detainment. Knowing what dominant discourses we were up against was really important…any movement was judged by the system as to whether you were deserving or non-deserving…with very specific implications to whether they would receive safety, protection. And so thinking about the discourses present, and how that meant that asking a question was risky…because it could reproduce being asked questions by an immigration officer, police or psychiatrist.

P7 What if we say to psychologists you don't have to do things that way. What about if you were to go for a walk and talk to a client, it doesn't have to be in a private room? And opposed to saying,

[5] Psychological colonising refers to the global dominance of Western psychology and subjugation of local, cultural and spiritual practices of healing (Todd and Wade, 1997).
[6] Collective Narrative Practices draw on NT ideas alongside culturally-near methodologies and knowledges in collective, community practice (Ncube, 2006; Denborough, 2008).

constantly reinforcing this idea that privacy and confidentiality is absolutely paramount and anything other than that is being dangerous and unprofessional.

P25 For me, creativity has come from a history of trying to use, you know, Western sort of ideas in providing therapy in African contexts and feeling that there isn't a very strong fit in terms of what people are hoping to get out of therapy and what it means to them...so there's a long history of trying my very best to make sure that the ways that I practice are not psychologically colonising people seeking therapy.

P23 There's a belief that you can just pick CNP up and do it without any training, supervision, specialist knowledge…you would never do that with any other approach. Nobody would ever do that with EMDR or, you know, psychodynamic therapy. But they will happily pick up CNP, people seem to feel like they don't need training … I think there is a sort of coloniality involved where CNP is constantly de-valued and detached from its roots.

Participants also described two overarching ways of "looking inwards" in "knowing what you're up against". The first involves looking at how systems impose power over participants and how one navigates that. This involved examining how one's intersecting identities and positionings, (e.g., race, gender, pay-scale), shape relationships with power and how this shows up moment-to-moment. Several participants spoke about having marginalised identities in work systems and societal structures that privileged white, heteronormative, cis-gendered and non-disabled identities. For example, one participant from the Global Majority reflected on trying to draw on aspects of their racial and cultural identities in work environments that are predominantly white, and being met with defensiveness, silence and dismissal. Another participant shared how they were faced with "constant no's" every time they tried to bring in a different idea. They reflected on how this impacted their wellbeing and practice, feeling "burnt out", unsafe, blocked and hampering access to creativity.

The knowledge of what participants up are against and how oppressive structures impinge and subdue access to creativity also helped participants to examine what conditions they needed to access and nurture creativity. This highlighted the cyclical relationship between interrogating and drawing on creativity, where participants continually examine how power is operating and how it is impacting on their own wellbeing and access to creativity. This led to examining what they need

across different layers of practice to be able to draw on creativity and engage in AOP. From this knowledge, participants reflected on finding ways to build conditions for accessing creativity, e.g., finding allyship, drawing on "solidarity teams" in imagination, finding relationships (often outside of work) where they felt safe to bring different parts of their identities. Multiple participants reflected that when conditions like safety and connection were present, creativity could flow.

P13"Creativity is in the body, the soul, the heart…And for that you need a sense of safeness to invite creativity in… and so power, safeness, they're all kind of players in what creates a creative space… like some supervisors you're managing their defences, and when that's not there, when that's absent, and its just space and curiosity and beingness, creativity can just flow in…

Another aspect of looking inwards involved slowing down to examine the power participants hold, how this shows up in practice, including how it may cause harm. Most participants reflected on how practitioners impose power, such as, through enforcing treatment, imposing a psychological idea as truth, imposing disruption, narrative practices or a metaphor. For example, interrogating supported participants to look at how they can use the language of narrative therapy and have AOP, social justice intentions, whilst continuing to impose therapy and particular ways of being on people.

P23 The thing we need to be talking about is the harm we do, you know, and I think there's a lot of denial, that if we're working with communities and if we're doing narrative practice, that we're inevitably benign or helpful. We really need to look more at, are we really doing that? Are these things really addressing power or are they just another version of, you know, a kind of oppressive narrative that we can end up putting on people as well.

P2 And I got stuck on the words disrupting because it's not my job to disrupt these discourses. If people choose or have a feeling that they have to choose to live their lives by that idea, I can nibble or question it…but its not for me to say that the client has to see that it isn't a good discourse by which they live their lives. I'm going to be a kind of co-researcher, but it's not my job to decide.

Looking inwards at one's power involved not just talking or thinking about power, but some participants described using creative form as a way of connecting with their embodied experience to build awareness of what one's access to power feels like moment-to-moment. To illustrate this, one participant reflected on using creative form as a way of connecting trainees with how their

access to power feels in their bodies. They used poetry as a way of supporting trainees in a whiteness reflective practice to examine their power. They reflected on wanting to disrupt how conversations about whiteness and power often remain intellectual for white trainees and staff, whilst feeling viscerally embodied for trainees and staff from the Global Majority. The poetry was used to shift white trainees from engaging in an "intellectual task" to connecting with how whiteness showed up in their bodies. In this example, the participant was able to draw on creative form as a way-of-being to interrogate how power-over feels. Building this embodied knowledge of what it feels like when one is using their power over others was seen to help participants notice when their practice misaligned with social justice and collaborative values, e.g., noticing when they are using whiteness to advantage themselves within a team structure, upholding white supremacy culture in the ways they impose a psychological idea on a client.

Overall, interrogating helps participants to remain critical to the different ways in which they can impose and cause harm. In doing so, it highlights the cyclical nature of interrogating in how a creative stance supports participants to examine their practice and that through interrogating they can engage with creativity that is in service of AOP.

Main category: Expansive practices

This category explores how a creative stance encourages participants to expand their practice, first exploring how participants draw on "imagination" and "playful absurdity" to question what else might be possible in their practice. Then, discussing how participants draw on a more expansive range of influences from within themselves as therapists and from their lives beyond practice. Lastly, exploring how participants support clients to connect with different knowledges and connections in their own lives.

Subcategory: "Playful Absurdity"

Several participants described how a creative stance evoked imagination, play, and "playful absurdity". This was not about trivialising problems, trauma or injustice, but rather recognising that "looseness" may be required to maintain hope, to sustain self and others and to even "entertain the idea that there could be a crack". When interrogating taken-for-granted truths, this playful absurdity helped people to take risks or gain confidence to see what else could be possible.

P16 I find absurdity, when invited and appropriate, can be a fertile breeding ground for creativity. It allows us to position ourselves differently in relation to the problem, our assumptions about the problem as all-encompassing, monolithic … it highlights the holes in the argument the problematic discourse seeks to maintain as truth…

Playful absurdity encouraged participants to remain critical of their practice, to deconstruct, and by looking from different angles, imagine what other actions might be possible. Playful absurdity helped some participants find ways to circumvent power-over in a system by playing with different possibilities. One participant gave an example of working with a young client in prison who was feeling isolated and hopeless about their future. The participant, feeling stuck, looked at what was available to them, and drew on imagination and "sneakiness" to try something different that might connect the client with hope. As a professional with power who could bring their laptop to workspaces in prison, they decided to use it in therapy to film messages from the client's loved ones. Whilst this was not the intended use of laptops in prison visits, their knowledge of the system and the power they held helped them to find a crack that enabled hope and connection. This example also illustrates the role of creative energy in invoking the different powers the participant had that could aid their task of disrupting isolation and hopelessness. Tapping into creative energy encouraged them to look at the power they had and be imaginative about what actions were available to them (i.e., recording the videos, using the laptop for this purpose).

Playful absurdity supported participants to interrogate the systems they worked in, and from the standpoint of "knowing what you're up against", it helped them to locate actions that might disrupt dominant discourse or practice. In this way, a creative stance connected participants with "unexpected action", or "going against the grain", which was described as useful in disrupting the rigidity and power of dominant stories and practice. For some participants, an integral aspect of play involves "letting go of certainty" and being okay with "not knowing where something will take us". Playful absurdity invoked a sense of confidence or risk-taking to "enter liminality" and engage with actions that assist the NT idea of journeying from the "known and familiar" to "possible to know". The following three examples highlight how playful absurdity helped participants in engaging with uncertainty, risk-taking and "unexpected actions" to disrupt oppressive forces at different levels of practice.

P11 I've been very disappointed that in our service we haven't been talking about Palestine, people don't feel able to talk about it, essentially because we were told not to talk about it. We had a shared lunch and I made the cake anonymously, the cake wrote 'we need to talk about Palestine'. And so, this is an example of like something creative that opened up conversations.

P10 I guess in my practice I got very interested in taking away the pressure to answer questions and inviting people to experience questions and that be enough, they're not even obliged to answer…it's an unexpected move. The expected move is that we sit across from each other, I ask a question, and it's not even questioned that I get the right to direct that question directly at you.

P14 I work in a medical setting with psychologists embedded in the medical team. One of the challenges is how do you introduce different ideas…share when something doesn't sit right, or you feel a friction to the dominant ideas around…the setting requires short expert formulations, if you are seen to be waffling, you don't get buy in. So, in these team meetings, it's just a question, why are we even thinking like this? Where did that idea come from? These are tiny, tiny interventions.

Playful absurdity also helps interrogation of the self, challenging the idea that in holding roles as "helpers" whose "intentions are to do good", therapists cannot cause harm. It helps participants to entertain the idea and examine the harm they do cause (as described in category above) without becoming stuck or overwhelmed by feelings of shame. Playful absurdity supported some participants to draw on their imagination, which was a tool in interrogating how their own actions and utterances aligned with or disrupted a dominant story in someone's life. For example, one participant described drawing on creativity and imagination to assist them in finding ways to speak about people's lives in humanising ways. They spoke about the ways that dominant, medical language has stripped people of authorship and reflected on creativity helping "re-storying and re-authoring" into language that was rich, alive and personal. Four participants described imagining the therapeutic conversation in a visual 3D space, e.g., as a theatre stage or dance so they could envision dominant discourses, power structures and relationships as figures in this space. This helped them attune to what ideas/figures are surrounding the conversations to imagine how their own positioning or questions would travel, for example, how a particular question would further strengthen the power of a discourse on someone's life. One participant described how this helped them to explore how different actions, language, and tones align with and reproduce certain ideas.

P10 I needed to keep an eye on the figures that were visible in the room, like a theatre…if I don't keep those characters visible, they just run circles around me and the person and I end up asking questions that replicate or reproduce things that I just don't really want to be a part of. If I don't keep a creative vision of that, it collapses quickly and I get caught back into this linear idea, which has got such a cultural practice, especially in the West, around truth-telling, chronological, factual delivery of a story. So, creativity allows me to resist collapsing into that.

Imagination also supported participants to engage with their embodied memories of play in their wider life, which could accompany them in their practice in finding "unexpected actions". For example, one participant shared the visceral feeling of screaming at a punk-rock concert and how they brought that energy into therapy, in allowing space for intensity of emotion and finding visceral ways to express pain. Depending on the "rules and shoulds" of a context, actions like finding visceral expression, "normal" at a punk-rock concert, become absurd or "unexpected moves" in a therapy context. Drawing on this playful absurdity is not necessarily literal, i.e., screaming in therapy, but refers to drawing on the embodied experience of connecting with that feeling in broader life and bringing that into practice.

Overall, playful absurdity helped participants to interrogate themselves, their practice, and systems. Rather than immobilising them, this deconstruction supported them in locating the powers they hold and in using this knowledge to explore new actions that challenge norms. Playful absurdity supported participants to use their imagination and embodied memories of play from their own lives and helped them to draw on this knowledge in their practice. Engaging in these unexpected actions was described as having the potential to disrupt dominant, oppressive discourse and practice.

Subcategory: "Using what is available" – within self

"Using what is available" involves looking at what knowledges, qualities and parts of themselves the therapist has available to them and how these inform their actions in practice. A creative stance encourages participants to ask what parts of themselves are "welcome" and "subjugated" in practice, and explore the possibility of bringing in these different aspects. Some participants described how the psychology profession has them feeling like they have to "leave parts of [themselves] at the door", resulting in "policing" themselves and others, defining "narrow" ideas

of who a therapist is. For many participants, “using what is available” involved bringing in knowledge acquired in their broader lives, identities and relationships, that exists “outside the textbook”. One participant shared how their own experience of navigating “disabling environments” informed their thinking with a client who was seeing their own health conditions as the reason they were “failing”. Their own experience informed how they asked questions about the client’s context, how it might be disabling and contributing to distress. Another participant reflected on learning from relationships with elders in their own community, drawing on storytelling as a collective practice that connected the community with stories of strength. Participants reflected that bringing in these different parts of themselves helped them to be present and creative, whilst being careful not to centre themselves. Remaining ‘de-centred’ was supported through, for example, turning ideas/hypotheses into questions and explicitly situating their social location or where a question is coming from. This approach helped clients understand the context and how to interpret what was being said.

P1 Disability is something that shows up for me in my work and thinking. So I’ll have a bit of a conversation in my head… ‘I've noticed this person having this story about disability…and it sounds like they are talking about disabling environments’... So holding my hypothesis quite loosely, I have a bit of a dialogue in my head. Instead of, like, sharing that dialogue with the person, because I feel that can be quite imposing in terms of my own ideas or stories, I try to turn it into questions to check where the person is at.

“Using what is available” encouraged participants to be “authentic” in their practice by “granting permission” to connect with their values and qualities. One participant spoke about supporting trainees to write poetry after their sessions, which helped them to connect with their qualities and ways of demonstrating care. Two participants shared how asking their supervisees about “who they are outside of psychology” and “what their passions are" supported them to be “fully present” in practice. This idea of presence referred to being “there in the moment” with these different parts of themselves, their identities and experiences. It meant not having to hide or leave integral parts “at the door” or pretend they are someone else, e.g., feeling the pressure to perform into dominant ideas of who a psychologist/therapist is. Creativity was seen to celebrate difference and assist in finding expression and thus help participants to connect with their authentic ways of being, qualities and styles. Presence also referred to a self-awareness to make explicit choices about

which parts of themselves they are voicing or bringing into an interaction. This could mean explicitly choosing to leave parts of themselves "at the door", to stay safe or remain de-centred. Five participants reflected on the effects of "being fully present" in their practice, in how it supported them to be responsive and engage with different possibilities and knowledges. This feeling of "presence" helped participants tap into creative energy, which in turn helped in finding cracks. One participant described that it could be a "catalyst for others' creativity", fostering spaces where ideas and creativity flourish.

P11 I remind myself of who I am and I'm not willing to give up on that. I don't want to be that kind of imagined person, I want to be myself, and this was extremely hard to maintain during training, but I think its sharing this more full way-of-being.

P24 Not to police ourselves and each other in behaving in a certain manner… letting yourself show up differently, letting yourself be the catalyst to creativity, and silliness and sneakiness and all these things…and there's more space created by not continuing the dominant narrative of, like, you must act in a certain way…

P15 So all the [NT] students write poems for every client, every session…it lets them access creativity, whatever that looks like for them…one student, writes these bold, scathing poems, contempt for racism, patriarchy, taking on oppressive forces in this wicked way and somebody else will write a poem that is so loving and honouring to the client… in the poetry, there is a place for their different qualities.

Subcategory: "Using what is available" - within practice with others

"Using what is available" also supported participants to look for and expand what is available in clients' lives. Participants reflected on how narrative practices "make visible" connections and resources in people's lives to help them respond to problems. A creative stance encouraged participants to "slow down" and "linger" to identify possible "entry-points", where there could be a whole wealth of meaning, history and ways of responding to problems. An entry-point could be a photo on a client's phone, their re-telling of "how they danced on Saturday night". "Using what is available" also expands how "taken-for-granted" therapeutic techniques are implemented by using the strengths and ideas that clients bring. A participant reflected on using a timeline with a

client to map out problems across their life. The client shared that the timeline did not have enough space and needed "an underground layer" to make space for hidden stories and wisdoms. The participant learnt that "going underground" created possibilities for the client, allowing space for a world in their imagination, a timeline of people (known, famous, real and imagined) and events that helped them through difficult times. Using the client's idea of "going underground" helped the participant to expand what was initially "available" in the form of a timeline. It expanded the role of a timeline, from something that maps out problems to becoming a creative way of exploring the rich and sustaining connections in the client's life and imagination.

P20 I worked at a high school, and when I would go in the kids would be like, hey, let me show you this thing on my phone, pictures from this weekend. And I'd be like, that's great but, like, let's get to the therapy stuff. And then I started realising like they were showing me what was meaningful to them. And they were carrying around these rich stories of meaningfulness.

P22 We were using a timeline and the client said I need another level down below. I asked why, they said, because things are not happening at this level. Things are happening underneath. So, we created together an underground, a whole other reality, where they can go and visit to sustain themselves, when outside reality is so harsh, this is a place where they can go, meet anybody they need to…

Using what is available also encouraged participants to look again at *who* is available to the client. A creative stance helped participants to expand on NT 're-membering practices' by looking for different ways to build communities around clients. This hoped to connect clients with their multi-storied selves and the rich web of connections and knowledges that support them in responding to problems. Some participants drew on imagination to find community that exists within one-to-one therapy spaces. One example of this was drawing on the "body as a community of members", each member or part with their own perspectives and knowledges. Another example involved building a "community of figures" in the client's imagination, e.g., people, ideas, animals, deities, from their lives, cultures, histories. Some participants found that this shifted the space from one-to-one (therapist and client) to having a conversation with "multiple members", each with unique contributions.

"Using what is available" helped some participants expand where they saw possible connection, e.g., researching people with shared lived experiences, and in doing so disrupting the isolating

effects of oppression. One participant spoke about using cards of famous feminists with young survivors of sexual violence as a way of disrupting isolation and shame and connecting with support and hope. Using (and making visible) what is available to clients also helped participants to de-centre the therapist, disrupting dominant notions of where expertise is located, and shifting the dominant idea that the "answer" or "fix" needs to come from within an individual. In these ways, using what was available supported participants to engage in anti-oppressive practices by disrupting dominant notions of expertise, making visible sustaining connections and challenging the idea that individuals held the responsibility of finding "solutions" from within.

Using what is available also supported some participants to find tangible opportunities to connect clients with parts of themselves that injustice had diminished, e.g., opportunities to cook if they had been a chef before seeking asylum. Participants reflected on how these actions disrupted injustice in enabling the clients to experience these precious, subjugated parts of themselves. Several participants reflected on working with people who have been disempowered and displaced, emphasising the importance of building community connection. They reflected on co-creating spaces where clients could connect with others to foster collective power and access material support and resources. Other participants reflected on the way that creating and finding community re-connected people with healing traditions that have existed for millennia (e.g., praying, song, dance, moral teachings), often excluded or minimised in Western psychological therapy. By broadening "who is being invited into therapy" and bringing in knowledges beyond the "academic, patriarchal, colonial", participants described how oppressive forces can be disrupted.

P21 Sometimes people think that the collective can only happen when we're with others… even when we're in a room with one person, so many people can be there with us. So yeah, where others might not be possible to be there, you know with their bodies, how can we make sure they're still present and collective work can still take place through that.

P13 Bringing in different ways of helping people to express and understand through those cultural references. How to do that through stories, poetry, metaphors, teachings from their philosophical, religious, cultural contexts.

P16 We created this forest of life online, you know across the world, for children in Ukraine who had an increased sense of being alone, seeing folks from other parts of the world, and the act of sharing this tree of life experience became a powerful experience of connection.

P3 I think the beauty of these feminist cards was some of them also spoke about sexual violence as well, talking about their journey from experiencing abuse to becoming writers and activists. And I think it helped the young people feel less isolated…that sexual violence isn't the only story, that there are other stories, possibilities, hopes and futures.

Participants reflected on the impact of 'expansive practices' in generating possibilities in different ways: expanding the "space available for clients and therapists to hold onto dignity in the face of oppression"; disrupting singularity and isolation by connecting people with their multi-storied selves, resources and connections; and disrupting power-over by recognising and consulting clients and communities' expertise and wisdoms. By expanding the connections that clients could draw on, participants supported them to access creativity and "meaningful", "healing, precious knowledges". Whilst expansive practices may have these effects, five participants reflected on remaining critical within these practices as key for AOP. Whilst these possibilities and connections may change a person's relationship to the problems they face and make visible different ways to proceed, it does not change the external, material realities oppressing them. This can result in creating another context in which a person "fails" because the problems of their lives are still marginalising and limiting them. For example, one participant reflected on remaining critical to how these conversations offered momentary effects in the face of oppressive, cruel immigration systems.

P10 We saw people…declining over time…so I want to say that the effects were very moment-to-moment… one person described the conversations like when you're in the burning hot sun of the desert and you just managed to come across the shade of a tree and you can pause.

P23 I think narrative therapy is, you know, I think it was even named by David Smail as like the, perfect example of magical voluntarism. So this is what he, you know, always critiqued therapy for and you know that idea that by telling a different story, we can transform our world's and the actual material reality of people's lives.

Main category: Engaging in Movement

This category explores how the metaphor of creativity invokes a sense of fluidity and movement and engages participants as seeing themselves as part of that. "Movement" describes the continual adjusting and changing of self, actions and responses, based on witnessing and being impacted by others. First, exploring how movement and change happens within connections, looking at how participants open themselves to being transformed and involved in transforming others. Second, exploring the movement happening throughout the process of "crafting" a therapeutic project. It finishes by emphasising how it is this process, rather than just the outcome, that is the creative project.

Subcategory: Multi-directional change

This subcategory explores how creativity supports openness to being changed and creating change through connections and conversations. Creativity invokes a sense of fluidity, change and deep connection, which invited participants to open themselves up to being changed by clients. For many participants, this was rooted in their epistemological and cultural beliefs of the "self as relational", shaped through relationships (e.g., with people, discourses, power structures). This openness to being changed disrupted how change is often located as happening "within" clients, through interaction with the therapist. A creative stance encouraged participants to "slow down" and notice how *they* were impacted by clients and what responses would demonstrate that impact, e.g., "gratitude journalling" and writing post-session poetry. It encouraged participants to consider how they could share with or demonstrate to clients how they had been impacted. In doing so, participants reflected on how this disrupted the ways that problem stories can diminish peoples' value and contributions, by creating opportunities for individuals to recognise the positive impact they have on others. This process of being changed and "marked" through connections was seen as integral to practicing in ways that seek to "build a more just world". Some participants reflected on how this involved opening themselves to "heart break" and grief, which helped them to keep acting in service of justice.

P9 I think when you're really listening to others and you're, kind of like, being changed by the conversation, you're not staying the same throughout the conversation, because you're listening

and responding…the way you see the world, and the way that you think will inevitably change in that conversation.

P7 *Something new is allowed to be because of your presence, and that's a wonderful thing to have. I've [the client] impacted on you and that's what creativity does.*

An openness to being changed supported participants in intentionally seeking out relationships that challenged them and kept them accountable to ethics. In such relationships, values of sharing power and challenging harm were centred. Several participants reflected on the importance of clients, colleagues and communities being able to challenge their practice, without consequence (e.g., risk of harm, facing disciplinary action). These relationships of accountability were seen as integral to keeping practice grounded in values and moving in directions that were honouring and just.

A few participants reflected on drawing on this openness to multi-directional change in their work directed at changing systems. Creativity helped them to navigate relationships and practice where they were trying to create change, particularly when they were up against powerful individuals/structures and limiting and oppressive systems. One participant reflected on creativity enabling an "unconditional belief" in humanity's capacity to change and be accountable. This helped them to stay in difficult conversations with people in positions of power. These interactions were not about smoothing over transgressions or "niceties". Often these conversations were difficult terrains, which a creative stance supported participants to traverse, by keeping in view the possibility of change. Thus, creativity as openness to change, assisted participants in navigating AOP because it connected them with even the smallest of hopes that things could look different, and that relationships and practice could be co-constructed in more just ways.

P23 You have to cultivate relationships of accountability… you need the kinds of relationships where people tell you no, not like that, like this. Those are, you know, the relationships you need to encourage and you need to, of course, make it so that people can tell you things like that without suffering any consequences.

P24: *The creativity is leaning into, I'm going to assume that you are going to do the accountable thing. I'm leaning wholeheartedly into that, like, unconditional belief that you can be in those spaces of accountability. I've really noticed that too with, like, older white dudes who have a lot of*

power, holding problematic views. I've seen movement from that because we've been able to have those conversations of, I see this in you.

Subcategory: "Crafting a therapeutic project"

This subcategory explores the movements and actions that help participants engage in "crafting a therapeutic project" (e.g., conversation, service). One participant reflected on how the word "craft" elicits a process that requires "presence, curiosity, care and attention", which helped with how they position themselves in practice. They described crafting as "Meraki", which in their Greek culture, referred to taking the time, attention and care to craft something unique. Multiple participants reflected on how narrative practices foreground continual movement between listening, being changed through listening, finding responses that reflects these changes, checking in with clients about effects of the responses, and adjusting subsequent responses based on that. A creative stance supported participants to engage in crafting by engaging them in "practices of presence and listening".

Building on the earlier discussion in "using what is available", presence refers to practices of slowing down so that one can notice and tap into different layers of presence, e.g., being present with themselves, with what is informing their listening, what they focus on, the questions they ask, and discourses surrounding conversations. For example, presence helped participants to slow down and question listening as a taken-for-granted "innately helpful" practice, interrogating what informs listening (e.g., identities, discourses, training). One participant described presence as this movement between being open and responsive and then pausing to attend to the multiple conversations and layers (some of which were internal dialogue). One participant reflected that presence is not about being able to attend to all of these layers simultaneously (which would be impossible), but refers more to practices of slowing down, pausing, clarifying, "circling back", returning after reflecting in between sessions. These practices helped them to remain aware of these different layers and notice when they might be "collapsing" into dominant ways of practicing. The practices of presence participants were referring to are difficult, effortful and require practice: *P2 There is a joke sometimes going around at my working place that nobody wants to live in my head*.

Moreover, presence was not an isolated practice, happening only in one's head, but required making different thought processes visible and explicit and checking out with others involved what feels relevant or useful. Listening with presence was seen to support practices of "double listening", hearing subjugated and "absent and implicit" stories alongside dominant. Several participants reflected on seeking out practices that support them to engage in presence, for example finding ways to reconnect with their bodies and values in between sessions, e.g., meditating, eating, walking, having breaks between sessions.

P14 I can hear in this trainee that they're not listening to what people are saying because they're trying to do the thing that they've been told to do.

P9 It also had me thinking about the type of listening you're doing is not a listening where you're listening for something in particular, like, I know what this person's going to say or they're going to say something that I can attach to a concept that I already know.

P5 When I say really listening I want to convey that the heart of this work is a way of being present, in the moment, with those who have come together… being right there with all my perceptual apparatus, with all my lived experience, with the keenest awareness…putting myself into service… the minute I say put, I've divided myself off and there's a piece of me that's standing over here operating this little puppet over there and when it's really working, that's not there, it's all in the moment, you're just there.

Several participants also reflected on how a creative stance supported them to engage in practices of listening that emphasised response. One participant reflected on how their relationship with playing music shaped how they listen, not as an audience member who "passively listens", but as a collaborating musician: "as one plays, the other listens and responds". They reflected on how "crafting" needs to go beyond active listening, but requires finding responses that demonstrate "reaching" towards what has been witnessed and collaborating to address the needs and problems that are being shared. For example, one participant described how their team, drawing on social action psychotherapy, co-created a service alongside women living with HIV seeking asylum. This involved taking the time to hear and understand what the women were facing, the disempowerment and lack of freedom they faced from immigration systems. Through closely paying attention to

what the women were sharing, the participant reflected on trying to locate and make visible the sources of power that were available, e.g., collective power, material resources. This collaboration led to creating a space where the women supported each other, accessed one-to-one therapy, engaged with collective narrative practices (Tree of Life), whilst in the same building accessed help for their housing and welfare. This process of listening and responding and crafting something "specific" and meaningful to the context and problems people are facing is central to the therapeutic project, whether in one-to-one, community projects, social action, teaching or supervising.

Key to crafting is 'checking in' as to whether the direction of the collaboration is helpful, not centring one's own ideas about how a project/conversation ought to look and being accountable for getting it wrong. One participant reflected on paying attention to when one's questions or actions are "missteps" or cause harm. Multiple participants shared how narrative practices support them to check in around the effects of their response. They reflected on how this process of listening, responding, checking and modifying "crafts" a therapeutic project.

P25 There's a history of having taken time to, kind of, hear people out like this is what I'm going through, for instance. OK so you're hearing what is important to them…In these expressions about what is difficult, what is challenging, what I'm struggling with, people are also talking to us about what they value and what they want, saying I want a therapeutic experience that's going to be helping me to reconnect to my culture, my traditions, my community. You then start thinking about how can I respond in ways that will be honouring of these things that are important to people, how do we make this possible?

P10 It wasn't always collaborative in a way that was nourishing. There were times when I would ask a question and the person would like, I could visibly see the effect of the question as it landed on their body because they actually pulled back … looked down, their shoulders went, and all I could say was I'm really sorry, what I've asked was not OK for you, and I take responsibility for that question.

Multiple participants stressed that the creativity is not just what is crafted per se, but reflects the process of crafting. Whilst many of the therapeutic project's participants described did draw on

creative form as part of their response (as both the examples do below), participants emphasised that a creative stance engaged them in "crafting" and not just the creative form itself. Several participants reflected on therapy as opportunities for a "landscape of action", engaging in a process that creates opportunities for people to experience agency, choice, preferred stories, actions, connections and to tap into their own wisdoms and creativity. To illustrate this process, one participant reflected on setting up a community psychology project alongside Bangladeshi women in the UK. They described taking the time to listen to what was important to the women and heard that the women wanted to find creative and embodied ways of looking after their wellbeing. The participant's team brought in embroidery for the group to use whilst talking, which led to rich conversations about these skills, their histories and connections to their cultural heritage and values. The participant shared that they "could have never known" how the group would evolve but through listening and responding, the process created a "canvas" for the women's creativity and wisdoms to flourish.

Another example of emphasising process involved teaching NT students. The participant described that there were lots of artists in the cohort and they noticed that the students doodled as they were listening. Rather than shutting this down, they witnessed how the doodling helped students to focus and connect with what they were hearing. They noticed this as a strength of the group and drew on this in "outsider witnessing", where students made a visual witnessing, which they then explored together. They reflected on how this contributed to richer reflections and a sense of closeness. Significantly, when they tried the same approach with the following cohort it did not work, illustrating the emphasis on collaborating in a creative process rather than just replicating the creative form (i.e., asking the new cohort to doodle).

P25 It's about an openness to and inviting people and giving them permission to be creative, to come up with ways that could help them and always tapping into, you know, these knowledges and wisdoms that we know sit within people…and as a therapist, you can never know this. You can't imagine, you can't plan it, you know, and it's just about a way-of-being that allows that to happen. And so when we talk about creativity, that's what it should be about…

P16 I can tell you the very next semester when we taught the class again, people did not want to do the visual, so it is about what got us there is, an intentional stance to challenge the notion that

the professor is the only expert or the expert in the room, to invite graduate students to be a part of the creation of, of learning.

Discussion

This thesis set out to explore what a "creative stance" makes possible for narrative-informed practitioners within their practice. We (the researcher and supervisors) wanted to do this because NT has become associated within mainstream psychology as a "creative methodology" or "ethical practice". There are significant risks to this status, in how it leads to engaging in NT uncritically, assuming that we are doing something helpful, ethical or anti-oppressive, without interrogating the effects moment-to-moment (Reynolds, 2019). We can become preoccupied with "creative methodologies" that have become associated with NT, which can lead to creativity and NT being centred, e.g., practicing NT ideas as fixed techniques, centring NT over culturally-near, client-centred practice, calling existing community practices NT, focusing on sounding creative (Heath, 2018). It can also lead to copying and replicating these "creative methodologies", losing the creativity that we set out to engage with (Heath, Carlson and Epston, 2023). We can impose these practices on people as "helpful", and in doing so are recruited into the same oppressive ideologies that we are claiming to disrupt (Heath, 2018; Epston, 2019).

At the same time, we believe a metaphor of creativity can be generative for practitioners. Creativity has a rich history with resisting oppression, social justice (Mesch, 2014; Afuape, 2011), questioning assumed truths, "stretching beyond what is known" and "imagining what else could be". Creativity invokes a sense of "play", which can soften the edges of what "should be", and invite in the possibility that things could look different (Vermeire, 2022). It is also connected with collaborating and creating together, and valuing the different types of creativity that people have and contribute (Ncube, 2006). Creativity is a poignant metaphor for centring deep connection, for reaching into and understanding another person's world and for valuing life as precious (Paljakka and Carlson, 2024). These understandings of creativity feel like important values to be centred in our practice.

To explore this, we developed three research questions:

- *How do narrative-informed practitioners describe creativity as a stance within their practice?*

- *How do narrative-informed practitioners draw on creativity to disrupt normative discourses and engage in anti-oppressive, social justice-informed practices and what supports and hinders this?*
- *Develop a conceptual framework of creativity as a stance within narrative-informed practices that can be drawn on within NHS, community and voluntary settings.*

There were multiple tensions and limitations in exploring creativity as a stance. Specific limitations will be addressed in relation to each research question, but overarching tensions will be outlined now. Attempts to categorise and simplify the complexity of human experience risks collapsing diverse, rich lived realities and turning concepts like creativity into something fixed and static (Deleuze, 1968). This reductionism can lead to the development of prescriptive guidelines and methodologies, undermining the creativity the thesis seeks to explore. Simplifying these complex processes also creates unhelpful binaries that create hazards for practice, e.g., the idea of creative versus non-creative therapy. Situating the analysis within poststructuralism allows us to acknowledge that it is just one attempt to capture these experiences, drawing out what feels most pertinent to the research questions. Poststructuralist philosophy sees concepts like creativity as relational and in constant process of differentiation and emergence (Foucault, 1994). Thus, creativity is not something we opt into but is always unfolding. If we attempt to pin it down as a fixed "thing," we lose its vibrancy and possibility. Rather than asking what creativity is, several participants suggested focusing on: what ideas or values am I drawing on when I construct creativity? What are we creating in this moment, and to what effect?

Social constructionism views the "subject" as something that is not fixed or inherent, but rather shaped through social processes, interactions, and cultural contexts (Rose, 1990). Whilst multiple strategies were used to ensure the analysis was rigorous and methodical, it is a result of the interactive process between the researchers, participants and supervisors' subjectivities and what was co-constructed. In other words, what has been constructed within this thesis would have been constructed differently by another researcher and research process.

A critique of grounded theory is that the process and conceptual framework is inherently shaped by the researcher subjectivity, which has an effect on how generalisable the study is. This means that what was created within this study would look different if undertaken by another

researcher and supervisors. One example of this limitation was the decision-making process of screening participants, interpreting what they had written about their narrative practices and deciding whether they were drawing on narrative practices as a philosophy/worldview or as a set of techniques. Whilst this decision was made by reviewing participants responses to several questions (e.g., a description of their work, length of time practicing, NT related qualifications, how much of their role is informed by NT), the researcher decided as to whether to include a participant and a different research team could have made different decisions. This is one example of how researcher subjectivity influenced the research process and outcomes. However, in recognising the role the researcher has, grounded theory methodology encourages several strategies to make researcher bias visible, such as member credibility checks and bracketing interviews (Charmaz.2014). Whilst these strategies can seek to reduce the ways in which researcher subjectivity influence the process, it is not possible to remove this influence.

Exploring creativity as a stance

The study focused on a creative stance as a means of exploring the values and ideas that a metaphor of creativity might evoke for participants. In the analysis, these were described as the 'features' of the creative stance (Table 1), illustrating the values and ideas that inform how participants use creativity to position themselves, e.g., social justice orientation, openness to change, and questioning assumed truths. The creative stance was shaped by participants' relationships with creativity in their broader lives.

The study's focus on a creative stance emerged from broader discussions within NT and AOP/SJP about the importance of being explicit regarding the values, assumptions, and ideas foregrounded in our practice. It explores how these ideas influence our 'relational ethics' and guide moment-to-moment actions (Griffith & Griffith, 1992; Bergum & Dossetor, 2005). Friere's (1970) concept of praxis - a continuous, dialogical cycle of reflection and action - helps clarify a creative stance. Praxis frames the stance as fluid and evolving, shaped by participants' relationships with creativity and the impact of their creative responses and practices. It also emphasises that a stance is relational, formed through dialogue and connection and not in isolation. Praxis encourages a focus on the interplay between action and reflection, between the stance itself, its enactment

(creative responses), and its moment-to-moment effects. In this sense, a stance is aspirational, never fully achieved but continuously embodied in practice. This aligns with broader discussions of 'doing' ethics and values (Reynolds & polanco, 2012) and that asserting social justice values work is not synonymous with 'doing it in one's everyday practice and life' (Wulff and St George, 2018:111).

An important consideration is that creativity does not have to be the chosen metaphor for exploring our values and ethics. Some participants felt it was not always useful, associating it with academia or something they were "bad at". Readers may find another metaphor more generative for reflecting on values and stance. We chose creativity due to our own experiences, where it helped foreground values and possibilities in practice and the rich, longstanding relationship between creativity and social justice.

The emphasis on creativity as a stance enabled some key shifts that could be useful for clinical psychology. Firstly, it encouraged attention to and inclusion of our embodied experience. Many participants described the stance as embodied, intending to be experienced by others. Bergum and Dossetor (2005) highlight that relational ethics are not only expressed through words but also through how we are and how others experience our interactions. Several participants reflected on how creativity helped them connect with and notice their embodied experiences, drawing on embodied memories of creativity in their own lives or their felt sense when they were violating their values. Secondly, it shifted away from focusing on creative form to exploring the creative stance and process. A key finding is that creativity is the relational process participants engage in, not the outcome per se. Copying a specific response, no matter how "creative", without engaging in a relational process, can lead to top-down methodologies that lose the values we are trying to enact.

The analysis offers clinical psychology insight into how participants examine the values and ideas underpinning their practice, with creativity serving as a generative metaphor in this exploration. Mainstream psychology, governed by 'evidence-based discourses,' tends to focus on theories, methods, and techniques (Haywards, 2019). Some participants reflected on this, sharing that both within clinical psychology and their services, there was little time spent on the 'why' and

values underpinning their actions. They noted being taught theory and technique, but not the values foregrounded in different practices. Several participants reflected on their own experiences of being minoritised as well as being immersed in social constructionist, liberation or community practices, as aiding questioning and examining the values that underpin dominant ways of practicing. The conceptual framework generated through this study intends to provide some ways-in to paying closer attention to values that underpin our practices.

Challenges

Exploring how narrative-informed practitioners describe a creative stance revealed several tensions. Firstly, narrowing the focus to 'narrative-informed' practice risks oversimplifying and subsuming all examples into being categorised as NT. Some participants highlighted that NT draws from long-standing community practices and yet is accepted and "celebrated" in academic and clinical settings, unlike these other practices. Wang and Lee (2024) describe NT as integrating cross-disciplinary ideas and some participants saw drawing on a broad range of influences as part of how they practiced NT, whilst others saw NT as one of the many influences that they draw on. Four participants noted that NT is often idealised and uncritically engaged with, fuelling a binary between NT and other modalities. This study risks reinforcing this dichotomy, exploring NT as *the* creative or ethical practice, when it is firstly, a possible group of ideas amongst many, and secondly, can be and is frequently, engaged with uncritically and practiced in harmful and imposing ways.

Focusing on creativity generated multiple tensions, as it held many meanings and possibilities for participants, making it challenging to present in this thesis without oversimplifying creativity into neat categories. Further, two participants critiqued the thesis's assumptions about creativity, particularly its portrayal of NT as creative while implying other therapies are not. One participant challenged this distinction by asking, "What would a non-creative therapy be?" - highlighting problematic binaries within the thesis.

Whilst focusing on a creative stance shifted the emphasis from creative techniques to what creativity offers in terms of ethical positioning, this could dismiss or devalue creative

form/technique in practice as unhelpful. Participants reflected on the therapeutic benefits of drawing on various creative forms within their practice and how it could be the 'action' that creates some difference. The thesis is not seeking to devalue the role of creative form in therapeutic practice but argue that if it becomes what gets replicated it can lose its meaning. Focusing on stance also meant that initial stages of the analysis ignored a critical way that participants were constructing creativity as an energy. Recognising this limitation, the researcher revisited the transcripts to re-examine the different ways that creativity was being constructed.

Exploring how creativity can be drawn on to disrupt normative discourses and engage in AOP

Exploring this aim raised further questions: What are we disrupting? What are the effects of such disruption? Does it actually contribute to justice-doing? Many participants reflected on disrupting the ways in which injustice and oppression, through dominant discourse, have a "grip on people's lives and identities". The therapy room becomes a site for both enacting social justice and perpetuating injustice, through the language we use, the notes we write, and the help we offer to whom (Winslade, 2018). However, scholars argue that oppression and injustice exist independently of oppressive stories and discourses, shaping the material realities of people's lives (Smail, 2001; Lindemann Nelson, 2001). Several participants critiqued that deconstructing problem-stories and disrupting oppressive narratives, although key in NT, does not change people's material conditions (Smail, 2001): "Deconstruction is a useful practice, but it does not prevent someone from dying" (Tuhiwai Smith, 1993:3). Many participants argued that disruption requires social action across all practice levels, e.g., creating spaces for community action and collective power, finding ways to use own power to leverage oppressive pay structures.

The study highlights the expansive ways in which creativity supports disruption, some of which are outlined here. A creative stance's focus on interrogating assumed truths contributes to the extensive literature challenging how dominant power structures underpin accepted pedagogies and practices (e.g., hooks, 1994; Freire, 1970; Fox et al., 1997). Reflecting on what creativity might add to critical practice, several participants noted that a creative stance encourages 'slowing down' to visualise interactions in "3D," allowing attention to different discourses and rules at play. Slowing down is not merely about changing pace but about slowing and expanding awareness

(Akomolafe and Young, 2023), attending to the different forces and figures occupying any conversations. Thus, creativity and imagination may offer a means to examining how our actions, questions and statements bolster, align or disrupt dominant power structures.

A creative stance encourages imagination and playfulness, disrupting rigid ways of seeing, being, and practicing (Vermeire, 2022; Lee, 2023). For instance, making visible embodied experience challenges the privileging of the mind and cognition, bringing forward subjugated knowledges held in the body. Playfulness, or 'playful absurdity,' can boost confidence, enabling one to go beyond dominant norms and expand who and what is invited in. Participants reflected on imagining expanded communities, including significant people, ancestors, nature, and animals, which can reveal sustaining connections, liberating stories, and knowledge on how to proceed (Reynolds, 2019; Lee, 2023; Paljakka & Carlson, 2024). Further, multiple participants reflected on how creativity through expansive practice assisted them in co-creating spaces that help people to hold on dignity and humanity, in the face of oppression.

The metaphor of creativity associated with "movement" and "deep connection" can disrupt how we, as practitioners, see ourselves and our roles, subverting the idea that change happens only in those seeking help. A creative stance encourages opening ourselves to transformation and work towards changing institutions and society (Reynolds, 2019; Friere, 2001). Watkins and Shulman (2008:31) posit that a "psychology that breaks the heart" will confront and call us to address the ways that we harm people seeking our help. The metaphor of creativity explored in this thesis links to what Afuape (2011) calls a "responsive heart", that we are not just moved by what we witness but moved into action.

The thesis' findings reflect broader conversations about how NT is being implemented and drawn on in top-down, rigid ways, that can colonise people seeking help (polanco, 2021; Heath, 2018). White and Epston (1990; Epston, 2019:1) stressed that they did not seek to make a NT methodology, but emphasised practices as underpinned by a 'spirit of adventure'[7], drawing on various fields and always emerging (White and Epston, 1990). The thesis found that a creative

stance encourages participants to critique, expand and evolve their NT practice. Invoking values of collaboration, interrogation, expansiveness and movement, a creative stance could be an ally in NT, in helping it remain critical, in relationship with AOP and resisting imposing.

Three participants raised hesitations with the term ‘disrupting,’ as it suggested imposing or “telling somebody how to live their life,” emphasising the need to remain critical of whether our experience of disruption is experienced as helpful by clients/communities. The idea of creativity as a collective, disruptive energy is useful here, reminding us not to assume what is helpful but to work closely with others and assess the effects of our actions.

Develop a conceptual framework of a creative stance to be drawn on within NHS, community and voluntary settings.

Figure 1 presents a conceptual framework of creativity as a stance within narrative-informed practices. Organised by the metaphor of 'finding the cracks,' the framework links creativity to disrupting dominant discourse/structures, opening possibilities, and supporting AOP/SJP. The categories in the diagram, 'finding the cracks,' explore creativity, its meanings, and the ideas and values it evokes in participants' lives, histories, and practices. These relationships and understandings shaped a 'creative stance.' The categories below 'finding the cracks' refer to the 'creative responses' and practices that a creative stance encourages participants to engage in.

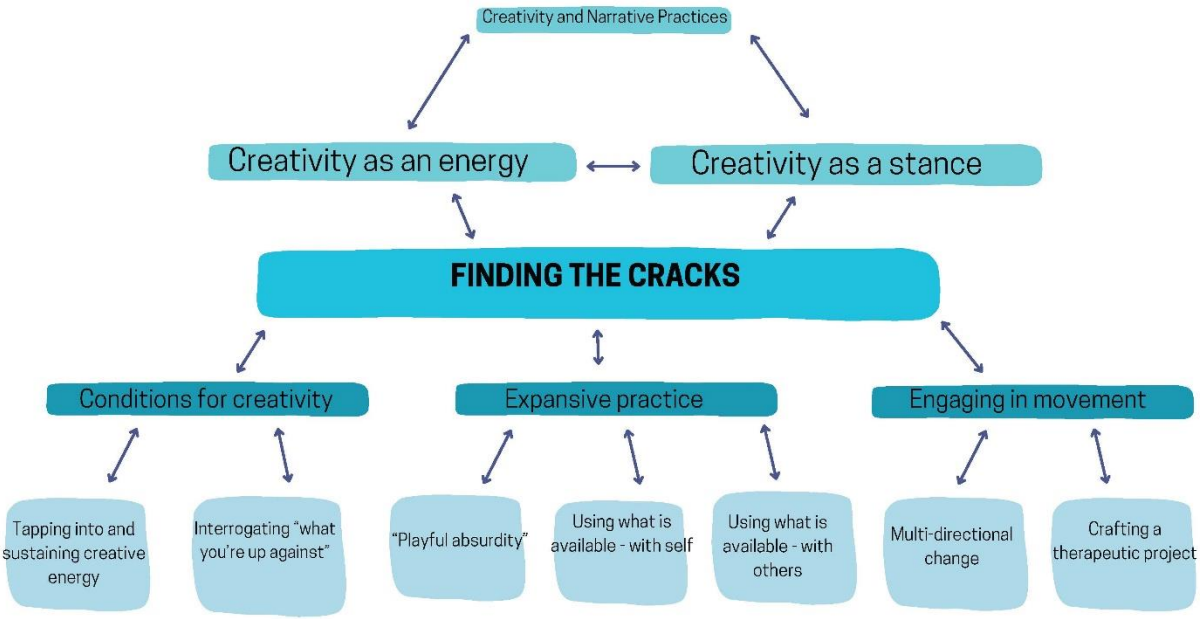
A potential limitation of the conceptual framework is whether it is generalisable because it interviewed participants working outside of NHS and UK settings. Green and Thorogood (2018) state that it is important that qualitative study samples represent the population that the findings are seeking to apply to. However, NT has been developed across different parts of the world and we believe that speaking to participants from different cultures and countries has important lessons for us to draw on in the UK. NT calls for us to engage in "cross-disciplinary exchange" (Wang and Lee, 2024:93) where we learn from practices and knowledges across settings and cultures. In interviewing some participants from contexts outside of Western psychology, it also seeks to de-centre its position as *the* psychology and draw on knowledges that are often subjugated or minimised.

Further, Collective Narrative Practices, such as the Tree of Life, developed in collective cultures, have had widespread take-up within the NHS and community sectors (e.g., Byrne et al, 2011; Hughes, 2014). Research has cited how Collective Narrative Practices have supported engagement and wellbeing of communities often marginalised from mental health services, because of the ways in which CNP are collaborative, draw on community, creative responses to trauma, make space for cultural stories, and engage in telling 'double stories', listening for the multiple stories, values and knowledges of a person's life (Byrne et al, 2011; Hughes, 2014, German, 2013). NT and community psychology ideas are increasingly being practiced across the NHS and there are whole teams being set up based on NT and community psychology principles.

The ideas being discussed in this thesis are being drawn on already in NHS settings, e.g., North East London Foundation Trust Community Psychology teams, South London and Maudsley Recovery College, Tower Hamlets Community Psychology team, London Vanguard.

Within the NHS and UK, we are working with diverse communities, and as has been discussed, extensive research has shown how mainstream western psychology and mental health services can exclude and marginalise those seeking help (e.g., Fernando, 2017; Ochieng, 2013). Interviewing participants working across different cultures and contexts and drawing from their knowledge and practices could be invaluable in how we make our services more accessible and culturally meaningful.

Figure 1: Conceptual Framework Model: Relationship between Categories – "Finding the Cracks"



Recommendations for practice

The study is not intended as a framework to be operationalised into guidelines or a manual, which risks replicating the issues discussed. In considering the potential contributions to NHS, community and voluntary settings, reflexive questions will be posed in relation to the framework's categories. These questions aim to avoid turning the study's recommendations into prescriptive guidelines and maintain a poststructuralist and social constructionist stance (Freedman & Combs, 1996).

The following questions aim to explore what a metaphor of creativity evokes and enables for practitioners, helping them embed and enact the values they wish to foreground. They seek to examine how creativity supports ethical positioning and shapes practice moment-to-moment. These questions are not an exhaustive list but serve as starting points that can be adapted depending on context. While the term 'creativity' is used, it is not intended to suggest a single-storied entity. The questions seek to encourage reflections of creativity as multi-faceted with diverse meanings, inviting curiosity about where these different meanings have come from and what they offer for practice.

Relationship with creativity

These questions inquire about your relationship with creativity, what it means in your life and what these understandings make possible, visible, shut down and obscure.

- What does creativity mean to you? Where do these understandings of creativity come from for you? Who informed these understandings?
- What have these different understandings of creativity made possible or taught you?

- What values and ideas does a metaphor of creativity evoke for you?
- Is creativity generative for you? Are there other metaphors that are more fitting for you?
- When does creativity feel accessible in your practice? What helps and hinders this?
- What does creativity feel like? What sensations, textures or feelings does it generate (in body-soul-mind)?
- Who and what sustains you in your practice? Who helps to hold you accountable? How can you bring them to mind? (Freedman and Combs, 1996; Reynolds, 2019)

Finding the cracks: creative responses

The following questions are designed for use across various roles (e.g., therapist, supervisor, manager, trainee) and contexts (e.g., systems-change, community practice, one-to-one therapy). They should be applied to specific practitioner contexts, or "moments of practice" and questions could be prefaced with "when I reflect on a moment from a conversation/practice/meeting…". These examples of "moments of practice" illustrate how to make the questions more concrete and relevant:

- Discussing clients in a brief multi-disciplinary meeting with psychiatrists, psychologists, care coordinators and social workers.
- Co-researching and setting up an outreach or community project.
- Setting out in a new supervision relationship supervising a trainee.
- Responding to a client who has been referred to you because of "anger issues", "personality disorder", or any other de-contextualised "unstory" or description of the problem they face (Paljakka and Carlson, 2024).
- Looking at the effects of the "two DNA discharge policies" on who is included and excluded from therapy.

Interrogating practice

- What types of creating are we engaging in?
- What are the effects of these types of creating? How do we know the effects of our practice (Freedman and Combs, 1996)?

- How is power operating in our practice (Reynolds, 2019)?
- What dominant ideologies and power structures are at play here? What are they recruiting us into? How do they show up in our language, actions, policies (Paljakka and Carlson, 2024)?
- "How am I attending to social graces, similarities and differences in this moment, in this interaction, with this person" (Vermeire, 2022:26)?
- Who/what is this 'disrupting' serving?
- How do we notice when we are engaging in 'double comfort[8]' (Heron, 2005), e.g., using NT as a way of looking 'good'?
- How do I stay sceptical about how I am enacting the values I espouse (Reynolds, 2019)?
- Who might support me in real/imagined ways to stay close/accountable to these values?
- What does it feel like when we are aligning with or transgressing our values? How do we notice this within body (Reynolds, 2019; Lee, personal communication, 2024)?

Drawing on playfulness / playful absurdity:

- What helps me to notice and pay attention to 'stuckness', e.g., when injustice is dominating this interaction or problem stories have a hold?
- What actions might creativity help me to engage in right now?
- Knowing what I know about how this system/practice works, what actions, directions, initiatives could create some difference or movement?
- What knowledge of creativity from our own lives could aid us here?

Using what is available:

- What embodied, lived, cultural, spiritual, historical, ecological knowledge could be invited into this space (Lee, 2023)?
- What knowledges and connections are being subjugated and erased in this space and how do I go about creating 'safe passage' to invite in these knowledges (Lee, 2023)?

[8] Double comfort reflects naming privilege, e.g., white privilege, but doing nothing to challenge it and is often combined with 'smugness' or 'righteousness', making it hard to challenge (Heron, 2005).

- How do we find ways for bringing in subjugated stories and knowledges beyond verbal conversations, through other mediums that resonate?
- How do I do this in a way that is generative, honouring, collaborative and not imposing?
- What trans-generational responses, resistances and actions can this expanding make visible?
- What are the effects of expanding connections/knowledges in these ways?

Multi-directional change:

- What conditions need to be in place to help us open ourselves to being changed by what we are witnessing? What conditions stop this from being possible?
- How is that impact shaping our practice (with this person/people, with other people, in how we live) (Afuape, 2011)? How might we acknowledge the impact with others?
- If we consider ourselves as accountable to the people at the centre of our work, in what ways might accountability be explored, enacted and reviewed?

Crafting:

- What informs what I listen and pay attention to?
- What does presence mean in my practice?
- What supports me to slow down and engage with presence?
- How could my response demonstrate what I have witnessed and learnt? How could it demonstrate attention and care?
- How do I know what the effects of my practice are?
- How do I invite critique and make it known that it is safe to give me critique (Reynolds, 2019)?

Recommendations for training, supervision and research

The thesis concludes by offering recommendations for research, training, and supervision. A creative stance can help educators critically assess the effects of current pedagogies and explore

what critical, dialogical, and experiential learning might look like. hooks (1994) advocates for a participatory, dialogic pedagogy where students and lecturers are active participants shaping learning collaboratively. Camargo-Borges (2015) explores how creative practice supports educators to play with medium, format and structure, engaging students in experiential and critical learning. This study found that a creative stance encourages practitioners to draw from knowledge outside dominant psychological models, fostering cross-disciplinary exchange in trainees' reading, lectures, and reflective spaces. As this study focused on practitioner's experiences, future research could focus on exploring the experiences of clients and communities who have been involved in these projects. Interviewing clients and communities could build our understanding of their experience and the effects of creative practices, as a way of building the evidence base and triangulating the conceptual framework developed in this study.

NT often use 'documentation' as a way of understanding the experience and effects of practices. These documents are often disseminated and published as a way of sharing practice-based evidence. Future research could collate these documents and thematically analyse the experiences and effects of these practices as another method of triangulating. As next steps, researching the effects of these practices and collating existing documentation could help build practice-based evidence (e.g., Harper et al, 2003) of what these practices might make possible.

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Part 3: Critical Appraisal

Introduction

The critical appraisal will reflect on the process of conducting the research, exploring the personal and professional experiences and challenges of engaging in this topic. It is structured into four aspects of the process: choosing a research topic; preparing the study and recruitment; data collection and initial analysis; the emerging conceptual framework; and impact.

Choosing a research topic

Prior to training, I worked with my research supervisors in a community project, drawing on narrative therapy and community psychology ideas. This involved engaging in collective, creative projects (e.g., experiential art exhibitions, film, cooking, gardening) to disrupt how psychological services can be excluding and inaccessible. I witnessed creativity's power in the face of injustice and marginalisation, helping clients find expression and enabling greater connection with dignity, joy, mourning, loss, hope, friendship, and subjugated stories. The ways in which creativity enabled people to be authors of their own lives has stayed with me in my practice and I have been interested in what these practices could offer clinical psychology. On a personal level, community psychology and NT provided a framework to examine power and ethics. These practices helped me consider how dominant discourses shape therapeutic conversations and how we can deconstruct them. They have encouraged me to think about how rules and single-storied, de-contextualised understandings of problems can be limiting for both therapist and client. These practices have offered me entry-points for trying to engage with ethical, socially just therapeutic work.

I was clear that I wanted to engage in a trainee-led project to explore the ideas outlined above. I approached my research supervisors with several possibilities. Initially, we discussed researching the effects of creative projects we had been involved in at the community service. However, my external supervisor had been working with a narrative therapist, discussing "creativity as a stance" rather than a "model of creativity" (e.g., Beads of Life, externalising maps). They were reflecting on the rich history between creativity, social justice, and disrupting normative ideas, and were curious about its potential for therapeutic practice. We realised that focusing on a specific creative project could replicate issues encountered in clinical psychology, where the creative 'method' gets extrapolated, losing meaning, process, and positioning. Therefore, we were interested in exploring what creativity as a 'way of being' might offer for practice. We also wanted to explore what practitioners engaging with narrative ideas might say about creativity's role in disrupting dominant discourses and supporting AOP/SJP.

I have been reflecting on my identities as a white, middle-class, non-disabled cis-gendered female, from a Christian background, and how they shape my relationship with 'being a helper', power, dominance, and engaging in social justice practice. I used my reflective log, meetings with research supervisors, and bracketing interviews to interrogate my relationship with this project. I reflected on what it means to be a white, middle-class, cis-gendered female conducting research on creativity and its relationship with anti-oppressive practice. Reynolds and Hammoud-Beckett (2018) emphasise the need for white practitioners to continually examine their relationship with colonialism and eurocentrism, posing reflexive questions, which have aided me in interrogating, unlearning and re-learning, both in the research and in my life.

These reflections have helped me remain alert to whether I am engaging in this project to align myself as 'good' and sounding ethical, distancing myself from the harm I cause and dominant power structures I uphold (Tang Yan et al, 2021; Pollack and Mayor, 2022). Audet and Paré (2018) remind us to pay close attention to whether what we espouse matches how we act. Part of this reflection has been noticing and reflecting on feedback (from my supervisors and participants), when I have positioned the research as 'good', thus distancing me from 'bad', harmful practice.

Another related reflection arose during an early bracketing interview, in which the bracketing interviewers encouraged me to reflect on what it might be like for participants to share experiences of 'disrupting' and enacting 'creative resistance'. We reflected on these concepts as possibly deep, personal and emotive and for some participants they would be speaking about resisting oppression as their personal lived experiences. During the bracketing interview, we reflected on how it might feel to discuss these experiences with me, an outsider to these realities, and how I could try to make the conversations feel respectful, and the research to honour what they shared, e.g., ask about what could make the conversation feel respectful/comfortable, checking in. This responsibility to honour participant's experiences has been with me throughout and at times has felt daunting in wanting to do justice to their experiences.

Another key reflection from looking inwards was the tension I felt in engaging in doctoral research that requires us to find a 'gap' and produce something 'new'. I felt a tension in claiming this as 'new' and was conscious of the risk of erasing or making less visible the rich histories of AOP, community practice, and activism, that have been using creativity to aid social justice. Rather than being 'under-researched', these ideas are 'under-told' in the realm of psychology (Reynolds, 2019).

Preparing the study and recruitment

I felt nervous about developing the research project because it was trainee-led rather than from the catalogue. My previous experience as a researcher and using grounded theory in my psychology conversion MSc helped prepare me. I noticed my understandings of creativity and NT expanding as I immersed myself in literature, met with my research supervisors, and experts by experience. While this expansiveness has been enriching, it has been hard to tether it to something concise and clear, essential for passing and being useful for future readers. An early conversation with an expert by experience (narrative therapist) got me thinking about language's effects in interview questions and how easily binaries like success/failure can be set up. Meeting with another expert by experience, who I had worked with previously in the community project, was energising and inspiring in exploring the power of creativity, which was important to hold onto during the harder moments of this thesis.

I experienced some nervousness when starting recruitment, partly related to whether people would sign up. I also wanted to ensure the project reached people who could reflect on NT and creativity in relation to ethics and positioning. An early challenge was that the practitioners my research supervisors recommended did not all say that 80% of their practice was informed by NT. However, when I read their survey responses, they reflected that NT informed their epistemological position and worldview alongside other ideas (e.g., liberation psychology), though they did not necessarily draw on specific practices in day-to-day practice. Reflecting on this with my supervisors, we discussed the importance of using all the survey questions (and not just the 80% cut-off) to understand what people meant by being narrative-informed.

Data collection and initial analysis

I experienced a mixture of nerves, excitement, and responsibility as I started conducting the interviews. In the initial interviews, I stuck to the script more, but over time, they became more free-flowing. I noticed a nervousness around 'needing to know' what I was talking about during some interviews. Some of this was a necessary anxiety reflecting my responsibility to be engaged in learning and have existing knowledge about the topics. However, at points, I noticed perfectionism creeping in, and my reflections encouraged me to think about how this fuelled a discourse of competency, i.e., if I read all these books on NT and SJP/AOP, I will become 'competent'. I tried to balance 'knowing enough', particularly about why I was engaging in this project and its origins, with humility and openness to co-constructing each conversation. This process involved growing an embodied awareness of how I entered conversations, what informed my

listening and questions, and paying attention to when a pressure to 'know' was being privileged in my positioning.

During and after several interviews, I was very aware of my embodied experience, which felt hard to articulate. The words that come close to describing this felt sense are: 'energising', 'buzzing', 'aliveness', and a sense of connectedness. I was cautious that this was just my experience of the interview, but several participants also shared their experience of reigniting and thickening preferred relationships with creativity and connecting with hope and movement. While the transcripts were still rich, they did lose something of the aliveness experienced in the conversation. This experience has encouraged me to pay closer attention to how we privilege communicating via written and spoken word and what we lose in doing this. From this learning, I have engaged in supervision and consultation groups engaging in conversation with embodied experience and with bodies as multi-storied (Lee, 2023). This has impacted my therapeutic practice, noticing communication that gets privileged and considering how to safely invite embodied and spiritual experiences into conversation (Lee, 2023).

I noticed this energy as 'sustenance' in my therapeutic practice because the conversations were connecting me with 'pockets of disruption', as one participant described. During training, I noticed the misalignment between some of the practices I was engaging with and the values that I claim to live and practice by. Hearing about the ways in which practitioners were disrupting dominant discourses, 'find cracks' and open themselves to being changed was both inspiring and confronting. It challenged me to examine whether, and how, my own practice was engaging with the values that participants were describing and that I espouse.

During the interviews, there were lots of conversations about my motivations for engaging with this project, what it meant personally, and how I am using these ideas to challenge and resist oppressive discourses. This included situating myself in the project and being explicit about my intentions. There were several discussions about how to make the conversation feel respectful and comfortable and these conversations have made me think about 'lasting effects', i.e., not just what contributes to respectful conversations in the moment, but in the analysis, write-up and dissemination.

During data collection and initial analysis, I attended a workshop that Vikki Reynolds held on justice-doing in research. This was useful in thinking about ethics and positioning when conducting research and in considering how dominant research paradigms and academia can uphold oppressive structures. An insight that stayed with me was the way that we (researchers/academics), under the guise of research ethics,

anonymise participants and in doing so can appropriate knowledge and elevate ourselves (and academia). It made me think about anonymity as a taken-for-granted practice within research, which is key in getting ethical approval. Attending the workshop encouraged me to reflect on the way that knowledge from outside of clinical psychology can be presented as new and novel, and thereby fail to credit, and potentially erase existing practices. Exploring practices that often originate outside clinical psychology while remaining critical to this risk was an ongoing theme in my reflections. During research supervision, we reflected that the project is messy and imperfect, and to respect that people consented to participating with the knowledge of what this project is and is not.

During the initial stages of analysis, I found it challenging to distinguish between NT and creativity. I worried at points that I was trying to 'repackage' NT as creativity, and it felt hard to distinguish when a participant was talking about creativity versus narrative-informed ideas. One participant began speaking richly about their relationship with creativity, helping me disentangle NT and creativity. This led to editing the interview schedule to include questions exploring the relationship between creativity and NT.

Emerging conceptual framework

During the process of developing the framework, I often felt 'lost in the weeds'. There was so much rich data, which made it challenging to distil without diluting the richness. I felt frustrated that many of the direct practices/quotes would be excluded due to word restrictions. I was inspired hearing about how practitioners were drawing on creativity in their practice and felt these practices were valuable for clinical psychology. Summarising the words and stories of 26 participants into a succinct thesis was very challenging. I felt anxious about whether the richness and creativity of participants' sharings could be conveyed without losing their essence.

Conversations with my supervisors were helpful in allowing me to expand ideas and use the research questions to orientate my analysis. We recorded the meetings, and I learned that I find it easier to clearly explain a point through speaking and can lose clarity when I write. The conversations allowed me to explore several points of an idea concurrently, whereas trying to write neat sentences hampered this. This experience mapped onto the social constructionist epistemology, which posits that meaning is co-constructed.

It took a long time to develop a conceptual framework, and I found this process very challenging. Since this was a trainee-led project, and some ideas were less familiar to clinical psychology, I worried

about ensuring clarity for the project to be received as relevant and useful. Annells (1996) writes that Grounded Theory cannot be rushed, and I felt this – it took many re-reads of the interview transcripts, emerging analysis, and conversations with my supervisors, continually comparing codes and allowing the emerging structure to 'percolate'. It also took time to consider what language to use when writing. I held closely the role of language in constructing lived realities, while knowing that imperfection, and the collapsing of lived experiences, was inevitable. I took a break before starting full-time employment and went to Scotland, where I was awe-struck by the rivers, the ways in which the water moved and kept flowing. This image, with participants' words in my mind, led to drawing on the water metaphor to explore how creativity helps practitioners and clients find movement.

Towards the end of this process, I drafted a short summary for the participants to review during 'member checks' (Charmaz, 2014). On reflection, I wish I had done this earlier, as I had become attached to the emerging framework by the time I sent it. Sharing the work was daunting since, beyond my supervisors, nobody else had seen it. Receiving feedback was a mixed experience. I felt pride in hearing how the interview had stayed with some people and that the summary reflected their experience. There was one reflection about how a participant had drawn on the water metaphor that I found moving. I also had some important critique about the ways I presented creativity and NT. Namely, that creativity was being spoken about as an entity/object using structuralist language and format; that the thesis engaged with NT uncritically and fuelled an unhelpful binary between NT as good and other therapies as bad; that it did not reflect outlier perspectives; and that the metaphor of creativity as water could not be representative of everybody. Receiving this feedback, I first allowed myself to feel disappointed and some shame, and then holding that, turned towards the critique and returned to the interview transcripts and analysis to see what I had missed or how I had been using language. This encouraged me to re-think how I introduced the analysis and engage with the tension between poststructuralism and the structuralist nature of an academic thesis. It also involved going back to the data and thinking about the outlier experiences and where these were not being captured. My supervisors reflected with me that sending a short summary was also like sharing a 'thin' story in NT. Many participants fed back in the member checks that they did not know what this summary meant for actual practice, something that I hope the full analysis does capture.

I met with a participant to discuss their critique, which was very useful. They reflected that a significant challenge in trying to encapsulate creativity into these categories was that it engaged in the same manualising I was critiquing. This mapped onto challenges I had experienced with the idea of reaching 'theoretical saturation' (Charmaz, 2014), which suggests topics can be encapsulated into fixed categories. The participant encouraged me to think about poststructuralist Deleuze's (1968) work on differentiation,

that everything is always changing and becoming different. We discussed how I could acknowledge this within the constraints of academia. During this conversation, I also realised I could probably engage with this topic for a very long time, as it would constantly change. The vastness and expansiveness, combined with wanting to do justice and perfectionism, was getting in the way of finishing.

Impact – so what now?

There has been something insular about writing this thesis. While I attempted an iterative process (ongoing conversations with my supervisors, member checks, follow-up conversations), only my research supervisors have read it. A key part of honouring participants and the clients and communities they represent is how these ideas are shared and can shape others' practice. It was a privilege to speak to people across different contexts, cultures, and countries working in innovative ways, and to consider what role this thesis could play in sharing these ideas within clinical psychology.

Reflecting on this idea of being changed through connection, I know that I am a different person to the one who started writing this thesis. My understanding of creativity, social justice and NT have changed through the conversations and process of analysis. Poh Lin Lee (personal communication, 2024) shared that she carries each conversation forward into crafting future therapeutic questions. This idea has stayed with me and has made me reflect on ways in which I can actively carry this experience into my practice. For example, 'using what is available' helps me expand who I bring to mind (e.g., participants, practitioners, clients) to help me align with my values and engage in accountability practices.

My engagement with this project has deepened the ways in which I draw on creativity in my own practice. The process has made me reflect on my own relationship with creativity, and it has become an important metaphor that connects me with both rootedness and fluidity, and a sense of being part of a bigger creative, collective endeavour. The sense of rootedness connects with my own relationships with nature and my Welsh family's relationships with the mountains and sea. Connecting creativity and water made a lot of sense to me. When I am stuck at work, the embodied sense of water moving, and the sense of connecting water in my body with wider bodies of water, helps me to embody a sense of both grounding and fluidity, of searching for possible movement.

I feel more confident in searching for the ways in which creativity has helped people to find response (Wade, 1997) and have witnessed in practice and life the idea that "creativity cannot be killed". This project has helped me to open myself up to the ways that people have found responses that have

connected them with life, vitality and hope in the most profound, heart-breaking and moving ways. Reynolds (2019) reminds us that it is not about fetishising or romanticising response, people are doing so in brutalising, dehumanising contexts. This project, and the metaphor of creativity, have helped me to see how, as practitioners, we can help to create spaces that hold onto dignity in the face of oppression and violence.

This project has encouraged me to pay more attention to how I "slow down" and attend to the different layers surrounding a conversation. If we move at the pace we are encouraged to by the systems we work in, we cannot see the ways that we are being recruited into and uphold oppressive structures and discourses through practices that have become so normalised. Often the focus is on the dominant stories that have a grip on clients, but this project has encouraged me to look more closely at the dominant discourses that practitioners come up against, e.g., how therapy should be done, particularly in the context of NHS systems, outcoming, evidence-based practice and manualisation. This helps me to attune to the ways in which I collapse into dominant practices, e.g. as a white female psychologist, how easily I am recruited into 'nice white lady culture' and the different ways I am upholding this, e.g., smoothing over discord, privileging niceness over ethics, helping people adjust to injustice (Paljakka and Carlson, 2024; Reynolds, 2019).

My hope, once it is completed, is to publish this paper as well as find a forum to present these ideas, e.g., at a narrative therapy conference. I have been building confidence in disseminating these ideas within my practice. For example, I facilitated a CPD session at my placement at a sexual violence service, drawing on how creativity can help us to visualise the space surrounding conversations to remain alert to the ways in which we can replicate violence, e.g., slowing down practices of consent. I have drawn on these ideas during therapy, supervision, in the reflective spaces that I facilitate, and as described above, in my stance across my practice. I believe the ideas participants shared around creativity as a stance are valuable and important for clinical psychology. They can help us to think much more about our ethical stance and how this is embedded across the different levels of practice. They can help us examine the power we hold as a profession, e.g., in the stories that get told, in who gets help, who gets harmed - we have the potential to enact justice and injustice through each utterance and action. They can help us draw on play, imagination and connections to see where we can locate a crack and find new possibilities to create something different. My hope is to find different ways that these ideas can assist practitioners working across NHS, voluntary and community settings.

Conclusion

The study was conceptually organised around the core category ‘finding the cracks’, which resembled creativity’s role in supporting participants to locate possibilities in the face of injustice and oppression. The metaphor of creativity helped to invoke values that participants want to foreground in their practice. A creative stance helped to explore how these values could be embedded across all levels of practice. Creative responses were categorised into ‘conditions for creativity’, ‘expansive practices’ and ‘engaging in movement’, referring to the different practices that creativity supported participants to engage in.

Learning from fields, practices and people that sit outside of NHS clinical psychology is crucial to making our services more ethical, accessible and just. I have been profoundly impacted by this project and am so grateful to the participants for their generosity, compassion, creativity, critique and commitment to social justice. I am also grateful to my research supervisors – this has been expansive and intense, and your creativity, direction and containment has seen me through.

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Appendices

Appendix A: Study Advert and Email

WOULD YOU LIKE TO TAKE PART IN OUR STUDY?

Exploring perspectives on how creativity is used in Narrative Therapy to disrupt normative ideas. Helping to create guiding principles to support practitioners across settings.

WHO ARE WE LOOKING FOR?

- Narrative therapists / Narrative practitioners
- Clinical Psychologists whose work is predominantly underpinned by Narrative Therapy.
- We want to speak with people who practice with individuals, families, communities and wider systems and in different roles, e.g., therapy, supervising, activism and social action.
- We hope to include people whose identities have been marginalised through societal structures. We recognise how personal identities and lived realities shape our ethics and practice and we want to include voices who are underrepresented in clinical psychology conversations.

WHAT WILL HAPPEN?

- First, we will ask you to complete an online survey about your experience in Narrative approaches so we can check how much of your work is underpinned by these ideas.
- You'll be invited to take part in a one-to-one interview with Jess either online or face-to-face about your experiences of using creativity in Narrative Therapy to disrupt normative ideas.
- Your participation will be voluntary and you can withdraw at any time.
- Please note, if you decide to take part you'll also be asked for some personal information (gender, ethnicity, sexual orientation, religious/philosophical belief, age). This information will be stored in strict accordance with the Data Protection Act (2018) and GDPR and will be anonymised.
- You will be compensated with £10 or the same amount donated to a charity of your choice.

LINK TO PARTICIPANT INFORMATION SHEET:

Principal researcher: Dr Chelsea Gardener
Department: Doctorate in Clinical Psychology, Research Dept of Clinical, Educational & Health Psychology
Contact details [redacted]

Researcher: Jess Stubbs
Department: Doctorate in Clinical Psychology, Research Dept of Clinical, Educational & Health Psychology
Contact details [redacted]

FOR MORE INFO PLEASE CONTACT:

[redacted]

This study is a UCL Doctoral Research project and is funded by UCL. The project has been approved by the UCL Research Ethics Committee: Ethical Approval Number 24391/001.

Emails / posts for recruitment

Hello,

I am a trainee clinical psychologist and would like to ask for your support with my thesis project. We are exploring the perspectives of practitioners and therapists and how creativity is used within Narrative Therapy to disrupt dominant discourses and engage in social action.
Our aim is to learn from practitioners about what a creative stance might look like, with the hope of developing guiding principles that can support practitioners across settings.

If you are a therapeutic practitioner who draws on Narrative Therapy ideas, we'd love to talk to you.

I have attached a flyer which has more information about the project.

If you have any questions or would like to take part, please get in touch via:
[redacted]

Appendix B: Study Information Sheet

Participant Information Sheet For Narrative Practitioners

UCL Research Ethics Committee Approval ID Number: **26221/001**

YOU WILL BE GIVEN A COPY OF THIS INFORMATION SHEET

Title of Study:
Exploring practitioners' perspectives on how a creative stance within Narrative Therapy disrupts normative ideas.

Department:
Doctorate in Clinical Psychology, Research Dept of Clinical, Educational & Health Psychology

Name and Contact Details of the Researcher(s):
Jessica Stubbs, [redacted]

Name and Contact Details of the Principal Researcher:
Dr Chelsea Gardener, [redacted]

1. Our invitation

You are being invited to take part in a thesis study exploring how creativity is used within Narrative therapy to disrupt normative ideas. We would like to talk to individuals who draw on Narrative practices (both Collective Narrative Practices and Narrative Therapy) across different levels (e.g. individual, family, community, systems). Your involvement will include completing an online questionnaire, which will screen eligibility and ask for socio-demographic information and a 1-hour semi-structured interview.

Before you decide it is important for you to understand why the research is being done and what participation will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.'

2. What is the project's purpose?

We want to speak with you to explore how you define and use creativity within Narrative practices to disrupt dominant discourses, engage in social action and justice-doing work, and what this means for anti-oppressive practice.

Through speaking with you, we hope to explore the creation of a framework that orients practitioners to the use of a creative stance linked to Narrative therapy principles, and supports respectful and ethical practice, and opportunities to improve provision for marginalised groups.

There is substantive evidence that groups marginalised through societal structures experience significant health disparities. NHS transformation plans discuss transforming services to address inequalities, through coproducing services alongside communities. However, current dominant approaches in psychology and psychotherapy draw on individualised Euro-centric philosophies, locating difficulties within people and can obscure broader power relations and oppression. Mainstream psychology has

centred change at individual/family level, focusing on changing how individuals think, feel and behave. Research consistently shows how mental health systems perpetuate harm and further marginalise people.

This project is interested in Narrative practices, as one approach that aims to deconstruct contexts and discourses that influence how problems are constructed (beyond just the individual), supporting conversations that help people evaluate and reposition themselves in preferred ways. Within this, Narrative practices can make visible and challenge how dominant discourses uphold power structures and norms that may marginalise people and explore how these discourses can be powerful contributors to wellbeing and action. Narrative practices can also move beyond the therapy room to support supervision, team and working structures in the mental health field. Similarly, the idea of Creativity has also been associated with thinking that questions norms, power structures and disrupts taken-for-granted truths and is used within approaches to activism and social action. Creativity is also widely applied within Narrative practices in different ways.

The project will be finished in September 2024.

Who is invited to take part in the study?

This section below will outline the inclusion and exclusion criteria.

We are inviting people whose therapeutic and/or community practices are predominantly informed by Narrative Practices and Philosophies.

This includes Narrative Therapists, practitioners informed by Narrative Therapy and Clinical Psychologists informed by Narrative Therapy. We want to speak with people who practice across different levels, e.g. with individuals, families, communities and wider systems and in different roles, e.g., therapy, supervising, activism and social action.

We recognise how our lived realities shape our ethics and practice and we want to include voices who are underrepresented in clinical psychology conversations and whose identities may have been marginalised through societal structures.

Individuals whose work is not predominantly informed by Narrative practices will not be invited to take part.

If you are interested in taking part you will be asked to complete a screening questionnaire, which includes questions on your practice (e.g. numbers of years working in Narrative approaches) for the research team to ascertain inclusion criteria for the study.

The study will include 20-30 participants in total.

3. Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part, you will be given this information sheet to keep (and be asked to sign a consent form). You can withdraw from both the interview and survey at any time without giving a reason. This means that you can withdraw the data you provide during the initial survey as well as all or part of the interview. If you decide to withdraw, you will be asked what you wish to happen to the data you have provided up to that point.

4. What will happen to me if I take part?

If you are interested in taking part in the study, we will invite you to email the researcher, who will answer any questions you have. You will be sent this information sheet to look at. If you are still interested, the researcher will send you a link to a consent form, which you will be asked to sign. This link will also ask you to complete a screening and personal information questionnaire. The questionnaire will firstly ask questions to help us identify who will take part in the study, by asking questions about how much of your practice is informed by Narrative ideas. The questionnaire will secondly ask for personal socio-demographic details to help provide information about the identities of participants taking part.

If you meet the criteria for taking part (meaning your practice is predominantly informed by Narrative ideas), the researcher will arrange a time for an interview. If you do not meet the criteria for taking part (meaning your practice is not primarily informed by Narrative ideas), the researcher will let you know and will ensure all personal details are deleted.

Once an interview has been arranged, the researcher will meet with you either online via MS Teams or face-to-face at an agreed location. The conversation should last about 1 hour and will be audio/video recorded and transcribed. After the interview, the researcher will let you know how you can be reimbursed for your time.

You will also have the choice about being contacted again, for part of the analysis review where we share initial study findings and ask for your views. We will also check if you would like to see a copy of the transcript before if it is used for the result to check that you feel comfortable with the information provided and that you cannot be identified by it.

You will also have the choice to get a summary of the thesis findings via email, after the study is completed. We are also aiming to build on Narrative practices of connecting lives, by holding a dissemination event of the findings so you will be asked if you wish to be on an invite list to be contacted when this event occurs.

Please note: Four weeks after the interview, is the last point at which your data can be removed from the study.

5. What other information about me would you collect?

We will ask you for some personal information (your name, age, gender, ethnicity, religious/philosophical belief, sexual orientation, geography and information on your involvement in Narrative approaches). This is to help provide some information about the identities of the people taking part. This information will be pseudonymised and stored within a password protected file - it will be attached to a code so that nobody except the study researchers will be able to identify you from the data we keep.

6. Will I be recorded and how will the recorded media be used?

The interview will be audio recorded if it is person and video recorded if its is via MS Teams to make sure we get a good picture of your experience and do not miss anything important. The conversation will be transcribed by the researchers and then the recording will be deleted. We will remove any personal information from the written conversation so that nobody reading it would be able to know it was you. We may send audio/video-recordings via a secure data transfer service to a UCL approved transcription service. No one else outside the study will be allowed access to the recordings. No other use will be made of the recordings without your written permission.

7. What are the possible considerations of taking part?

Given that there are smaller numbers of Narrative practitioners (compared with other psychotherapy models) and the projects you're involved in may be well known within the Narrative community, even if details are redacted as necessary, you may still be identifiable. It is likely that existing participants in the study will suggest potential participants to take part and this may also increase the likelihood of being identified in the study. To mitigate this risk, identifiable information (including specific details about the projects you're involved in) will be altered/omitted. Whilst recognising this risk, we wanted this study to take place as we are aware that Narrative practices may help to improve the training and development of the profession and the opportunity to contribute to the improvement of mental health services for marginalised groups.

We are aware that practitioners drawing on Narrative practices may have lived experiences of areas they work in and the topics discussed in the interview may feel personal and emotive. The researcher will ensure to manage anything sensitive that may arise and you will be advised that you can discuss what you feel comfortable to at your own pace. If necessary, breaks can be taken and you can withdraw at any time. Following the interview, you will be provided with contact details of the researchers and local wellbeing support services available if required. The researcher will also check in via call or email a week after the interview.

8. What are the possible benefits of taking part?

We hope that your involvement in this study will help to develop a framework to help practitioners embody a creative stance in their work. We hope that developing creativity as a stance will orient practitioners across settings to engage in social action and disrupt oppressive and dominant ideas. We hope that this will contribute to:

- Moving away from approaches that pathologise and perpetuate harm, to practices that facilitate conversations that are liberating and construct different possibilities for people's lives.
- Improving mental health services for groups who experience marginalisation in society and disparities in mental health care. Supporting practitioners to engage in conversations and practice that explore these context influences and make visible the dominant narratives in which problems are created and centre culturally near, local level knowledge, histories and practices.

In addition to participating in the interview, we will be inviting participants to connect with other participants to build on Narrative practices of connecting lives. This will involve a dissemination event to facilitate connection between practitioners working in these ways. You can choose to attend and have the opportunity to hear about the study and connect with other individuals and groups working in a similar field. This event will be widely open to Narrative networks and not just for participants so you do not have to identify as a participant at the event.

You will also receive £10 or the same amount donated to a charity of your choosing.

9. What if something goes wrong?

If you wish to raise a complaint, then please contact the Principal Researcher, Dr Chelsea Gardener at [redacted]f you feel that your complaint has not been handled to your satisfaction, you can contact the Chair of the UCL Research Ethics Committee at [redacted]

If something happens to you during or following your participation in the project that you think may be linked to taking part, please contact Jessica & Chelsea.

10. Will my taking part in this project be kept confidential?

All the information that we collect about you during the course of the research will be kept strictly confidential. You will not be able to be identified in any ensuing reports, publications, media sources.

11. Limits to confidentiality

- Please note that assurances of confidentiality will be maintained as far as it is possible, unless during our conversation I hear anything which makes me worried that someone might be in danger of harm or indicates evidence of wrongdoing. If this was the case, we would inform you of any decisions that might limit your confidentiality.
- The researcher and University has a duty of care to report to the relevant agencies possible harm to the participant/others. Please note that confidentiality may not be guaranteed; due to the limited size of the participant sample.

12. What will happen to the results of the research project?

We will write a report (DClinPsy thesis) about the study and what the practitioners who took part in the study have shared. We might use quotes of what you say during the video or audio-recorded discussion, but we will not include your name or any other information that could identify you, so that nobody else will know that you took part in the study. We will send you a summary of this report if you would like one. The study results will be presented as scientific papers in peer reviewed journals, at conferences, and in student dissertations. You will not be able to be identified in any reports, publications, books, talks or media.

If you would like to see the results or a copy of the thesis, our contact details are:
[redacted]

13. What happens to the information you collect about me and what I say in the study?

All the information you give will be treated as confidential and stored securely (see Data Protection Privacy Notice below). Confidentiality may be limited by the researcher's duty of care to report to the relevant authorities possible harm/danger to the participant or others. Your anonymised and pseudonymised research data may be used by others for future research.

14. Local Data Protection Privacy Notice

Notice:
The controller for this project will be University College London (UCL). The UCL Data Protection Officer provides oversight of UCL activities involving the processing of personal data, and can be contacted at [redacted]

This 'local' privacy notice sets out the information that applies to this particular study. Further information on how UCL uses participant information can be found in our 'general' privacy notice:

For participants in research studies, click here

The information that is required to be provided to participants under data protection legislation (GDPR and DPA 2018) is provided across both the 'local' and 'general' privacy notices.

The categories of personal data used will be as follows: Name, contact details, age, gender, geography, country of origin, profession/practice. .

The categories of special category data used will be as follows: ethnicity, sexual orientation, religious/philosophical belief.

We are collecting this personal data and special category data to try to have a representative sample of participants (in relation to practitioners informed by Narrative practice) that accounts for a range of

personal characteristics (e.g., age, gender, ethnicity, geographical location) and a range of perspectives (e.g. practicing with individuals, communities, systems) to try to avoid bias in our study sample.

The lawful basis that will be used to process your personal data and special category data are: 'Public task' for personal data and 'Research purposes' for special category data. Your personal data will be processed so long as it is required for the research project. To reduce the likelihood of third parties (parties not involved in the study accessing this identifiable information, you will be assigned a unique, non-personally identifiable participant ID and your ID will be kept separately from any identifiable information on a password-protected file. The personal data and special category data will only be accessed from a password protected file by the members of the research team via a GDPR-compliant storage platform (Microsoft One Drive). If we are able to anonymise or pseudonymise the personal data you provide we will undertake this and will endeavour to minimise the processing of personal data wherever possible.

If you are concerned about how your personal data is being processed, or if you would like to contact us about your rights, please contact UCL in the first instance at [redacted]

15. Who is organising and funding the research?

The study is part of the researcher's doctoral clinical psychology studies at University College London.

16. Contact for further information

If you require any further information or have any queries about this study, please contact the:

Researcher: Jessica Stubbs
Email: [redacted]

Principal Researcher: Dr Chelsea Gardener
Email: [redacted]
Address: Research Dept of Clinical, Educational and Health Psychology, University College London, 1-19 Torrington Place, London WC1E 7HB
Tel: 020 7679 1897

Thank you for reading this information sheet and for considering to take part in this research study.

Appendix C: Consent Form

Consent form template that was entered into Qualtrics survey

Consent form for Narrative Practitioners

Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research.

Title of Study: Exploring practitioners' perspectives on how a creative stance within Narrative Therapy disrupts normative ideas.
Department: Doctorate in Clinical Psychology, Research Dept of Clinical, Educational & Health Psychology
Name and Contact Details of the Researcher: Jessica Stubbs, [redacted]
Name and Contact Details of the Principal Researcher: Dr Chelsea Gardener, [redacted]
Name and Contact Details of the UCL Data Protection Officer: [redacted]
This study has been approved by the UCL Research Ethics Committee: Project ID number: 26221/001

Thank you for considering taking part in this research. Before you agree to take part, we need to explain the project to you. If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide whether to join in. You will be given a copy of this Consent Form to keep and refer to at any time.

I confirm that I understand that by ticking/initialling each box below I am consenting to this element of the study. I understand that it will be assumed that unticked/initialled boxes means that I DO NOT consent to that part of the study. I understand that by not giving consent for any one element that I may be deemed ineligible for the study.

		Tick Box
1.	I confirm that I have read and understood the Information Sheet for the above study. I have had an opportunity to consider the information and what will be expected of me. I have also had the opportunity to ask questions which have been answered to my satisfaction and would like to take part in (please tick the three boxes to consent to participating). The screening questionnaire Questionnaire seeking personal information Semi-structured interview	
2.	I consent to participate in the study. I understand that my personal information (contact details, age, gender, geographic location) will be used for the purposes explained to me.	
3.	I understand that my special category data (ethnicity, sexual orientation, religious/philosophical belief) will be used for the purposes explained to me. I understand that according to data protection legislation, 'public task' will be the lawful basis for processing.	
4.	I confirm that I understand the inclusion criteria as detailed in the Information Sheet and explained to me by the researcher.	
5.	I confirm that I understand the exclusion criteria as detailed in the Information Sheet and explained to me by the researcher; and I do not fall under the exclusion criteria.	
6.	I understand that all personal information will remain confidential and that all efforts will be made to ensure I cannot be identified. I understand that my data gathered in this study will be stored anonymously and securely. It will not be possible to identify me in any publications. I understand that confidentiality will be maintained as far as possible, and the limitations to confidentiality outlined in the information sheet. I understand the researcher may have to inform relevant agencies based on risk to self and/or others.	
7.	I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason. I understand that if I decide to withdraw, I will be asked what I wish to happen to the data I have provided up to this point.	

8.	I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason. I understand that if I decide to withdraw, I will be asked what I wish to happen to the data I have provided up to this point.	
9.	I understand that I will be able to withdraw my data up to four weeks after the interview.	
10.	I understand that my information may be subject to review by responsible individuals from the University for monitoring and audit purposes.	
11.	I understand that other authenticated researchers will have access to my pseudonymised data.	
12.	I understand that the data will not be made available to any commercial organisations but is solely the responsibility of the researcher(s) undertaking this study.	
13.	I consent to my interview being audio recorded if the interview is in person and video recorded if the interview is via MS Teams and understand that the recordings will be destroyed immediately following transcription.	
14.	I understand the potential risks of participating and the support that will be available to me should I become distressed during the course of the research.	
15.	I understand the direct/indirect benefits of participating.	
16.	I understand that I will be fully compensated for participating and will receive £11.82 or the same amount given to a charity of my choosing.	
17.	I agree that my anonymised research data may be used by others for future research. [No one will be able to identify you when this data is shared.]	
18.	I agree to being contacted after the data analysis is completed to participate in member checks as explained to me in the information sheet.	
19.	I agree to being contacted at the end of the study so the results can be shared with me and to be invited to a dissemination event.	
20.	I understand that the information I have submitted will be published as a report and I wish to receive a copy of it. Yes/No	
21.	I understand that the information I have submitted will be published as a doctoral thesis and I wish to receive a summary copy of the findings.	
22.	I understand that the information I have submitted will be published in a research journal, and in conferences and other dissemination mediums.	
23.	I am aware of who I should contact if I wish to lodge a complaint.	
24.	I voluntarily agree to take part in this study.	

If you would like your contact details to be retained so that you can be contacted in the future by UCL researchers who would like to invite you to participate in follow up studies to this project, or in future studies of a similar nature, please tick the appropriate box below.

	Yes, I would be happy to be contacted in this way	
	No, I would not like to be contacted	

_____	_____	_____
Name of participant	Date	Signature
_____	_____	_____
Researcher	Date	Signature

Appendix D: Ethical Approval

RESEARCH AND INNOVATION SERVICES

UCL

Dr Chelsea Gardener

[redacted]

Cc: Jessica Stubbs

18 September 2023

Dear Chelsea and Jessica,

Notification of Ethical Approval
Project ID/Title: 26221/001 / Exploring practitioners' perspectives on how a creative stance within Narrative Therapy disrupts normative ideas

I am pleased to confirm that your study has been ethically approved by the UCL Research Ethics Committee (UCL REC) until 30 September 2024.

Ethical approval is subject to the following conditions:

Notification of Amendments to the Research
Please seek Chair's approval for proposed amendments (to include extensions to duration) to the research for which this approval has been given. Each research project is reviewed separately and if there are significant changes to the research protocol you should seek confirmation of continued ethical approval by completing an 'Amendment Approval Request Form' https://www.ucl.ac.uk/research-ethics/responsibilities-after-approval

Adverse Event Reporting – Serious and Non-Serious
It is your responsibility to report to the REC any unanticipated problems or adverse events involving risks to participants or others. The REC should be notified of all serious adverse events via the Research Ethics Service [redacted] immediately the incident occurs. Where the adverse incident is unexpected and serious, the Joint Chairs will decide whether the study should be terminated pending the opinion of an independent expert.

For non-serious adverse events, the Joint Chairs should again be notified via the Research Ethics Service within ten days of the incident occurring and provide a full written report that should include any amendments to the participant information sheet and study protocol. The Joint Chairs will confirm that the incident is non-serious and report to the REC at the next meeting. The final view of the REC will be communicated to you.

Final Report
At the end of the data collection element of your research we ask that you submit a very brief report (1-2 paragraphs will suffice) which includes issues relating to the ethical implications of the research

[redacted]

i.e., any issues obtaining consent, participants withdrawing from the research, confidentiality, protection of participants from physical and mental harm etc.

In addition, please:

- ensure that you follow all relevant guidance as laid out in UCL's Code of Conduct for Research;
- note that you are required to adhere to all research data/records management and storage procedures agreed as part of your application. This will be expected even after completion of the study.

With best wishes for the research.

Yours sincerely

Appendix E: Qualtrics Survey

Qualtrics Questionnaire (template for screening and personal, socio-demographic information entered into Qualtrics)

- Name (mandatory):
- Preferred name (if different):
- Contact phone number:
- Contact email (mandatory):

These first questions are about your practice so we can see how much is informed by Narrative ideas. We are wanting to speak with people who are predominantly drawing on Narrative practice or where Narrative ideas are a core part of their practice so these questions are designed to help us understand this.

- Age: (We ask this as people under 21 will not be able to take part in the study):
- What professional titles describe your role/roles?
- How many years have you been qualified? Please include as many qualifications as is relevant (e.g., clinical psychology, narrative diploma, systemic family therapy, counselling).
- How many years have you been using Narrative ideas to inform your practice?
- Please can you include brief details on your practice that is informed by Narrative ideas?
- If you were to put a number from 0-100 on how informed your practice is by Narrative ideas, what number would you pick?

The next set of questions are asking about different aspects of your identity. We are collecting this information so we have an awareness of participant's identities.

We recognise how our lived realities shape our ethics and practice and we want to include voices who are underrepresented in clinical psychology conversations and whose identities may have been marginalised through societal structures. Therefore, we are collating socio-demographic data to be reported at a group level and to aim for a diverse participant group, where possible. Nobody will be excluded from the project based on their personal socio-demographic information.

The boxes are free text so you can enter responses how you want to. You can also leave responses empty.

- How would you identify your ethnicity/ethnicities?
- How would you identify your gender?
- How would you describe your current geography (meaning where you live and where you practice)?
- How would you describe your country/countries of origin?
- How would you identify your sexual orientation?
- How would you describe your religious and philosophical beliefs?
- How would you describe your social class? Is this something that has changed across your life time?
- Do you identify with having a disability?
- How would you describe your social class? Is this something that has changed across your life time?

Thank you for taking part in this survey.
The research team will look at your answers relating to your practice and Narrative Therapy. We will then get in touch with you.

Appendix F: Interview Schedule: Version 1

This is a draft, which will be further shaped by the consultation group.
Topic Guide

Please see below for an example of how the researcher will set the scene of the interview.

Thank you for taking the time to meet with me today to have a conversation about your experience in using creativity within Narrative Therapy and how creativity can be used to disrupt dominant ideas and what this means for practicing ethically. Our interview today should last up to an hour.

I am aware that people come to work within Narrative practices through very different journeys and for lots of reasons, one being that it aligns with someone's ethics. Some of what we're talking about today may feel personal and emotive. As we talk to today, what would help this conversation to feel safe/respectful?

I'll be checking in and we can take a break at any point and please know you can withdraw from the study at any time.

Before we start it feels important to name our position in seeing Narrative therapy as one model or approach to practicing in ways that disrupt normative and harmful discourses. There are many movements, resistances both within and beyond the world of therapy that disrupt. Whilst we are delving into Narrative Therapy in this thesis, it feels important not to overstate it and to acknowledge that it is one contribution to developing ethical practice amongst many.

Do you have any questions for me before we begin?

Setting the scene

To start with, can you tell me what creativity means to you?

What core values or ethics have brought you to Narrative approaches?

Defining Creativity within NT

We are next going to be thinking about the concept or idea of creativity within Narrative Therapy.

I want to acknowledge that there are multiple ways of constructing creativity and through these conversations there'll be different ways of talking about creativity and tensions in describing something with possible multiple meanings.

What does creativity look like in your Narrative practice across different levels (Prompts: individual, system, social action, supervisory or developmental practices, professional practice)?

Linking back with what you were saying earlier about what creativity means to you, is there anything you'd add in relation to what creativity means in Narrative Therapy (prompts: creativity as a way of thinking, as a process, as an output)?

Are there particular ideas or aspects of Narrative approaches that you link with creativity?

How do creative practices link to and facilitate your ethics for practice that you outlined earlier?

What does creativity make possible in NT practices and for professionals in their practice?

Intentions and examples in using creativity in Narrative Therapy to engage in social action and disrupt dominant discourse.

Now we are going to be thinking about the intentions of creativity in NT and its use in disrupting dominant discourses and engaging in social action more specifically.

How do you use creativity to disrupt normative ideas in your direct clinical work (Prompts: working with 1:1. family, teams, systems)?

How do you use creativity to disrupt normative ideas in indirect work (Prompts: in supervision, training, teachings, social action)?

And what about in your professional-personal development (Prompts: intra-personal reflection, professional practice, accountability, how you conceptualise/formulate)?

How do you use creativity within your Narrative practice to engage in social action? When we're talking about social action, I'm meaning how our practice engages in actions that strive to challenge and change oppressive systems and narratives.

Thinking about the examples you've shared with me, what do you think this way of practising has made possible (prompt, for yourself, for the people you work with)?

Now thinking about developing creativity within Narrative Therapy, what has helped you to practice in this way? (Prompts: when training, now qualified, in terms of intentions, posture, reflexive questions, other professional praxis, values).

What hinders/stops you from practicing in this way (prompts: context, power, position, privilege)?

Defining creativity as an ethic in Narrative Therapy

We're now going to have a think about pulling together what we've spoken about so far and to think about how practitioners can develop their practice.

Given the conversation we've created today and where it's taken us, what would you say is important about having a creative stance in Narrative Therapy?

And what do you think is important about having a creative stance in social action?

What intentions or ideas do you hold in mind when you're using creativity to disrupt normative ideas?

What do you think practitioners/clinicians need to develop to practice in this way?

How do you think people can develop this stance?

What recommendations do you have for how this stance could be embodied by clinicians/practitioners (Prompts: training, supervision, ethical guidance, reflective practice, in day-to-day working)?

Appendix G: Interview Schedule: Version 2

Interview Schedule: Version 2 - amendments after consultation with experts-by-experience

Topic Guide

Please see below for an example of how the researcher will set the scene of the interview.

Thank you for taking the time to meet with me today to have a conversation about your experience in using creativity within Narrative Therapy and how creativity can be used to disrupt dominant ideas and what this means for practicing ethically, for engaging in social action, justice-doing and anti-oppressive practice. Our interview today should last up to an hour.

I am aware that people come to work within Narrative practices through very different journeys and for lots of reasons, one being that it aligns with someone's ethics. Some of what we're talking about today may feel personal and emotive. As we talk to today, what would help this conversation to feel safe/respectful?

I'll be checking in and we can take a break at any point and please know you can withdraw from the study at any time.

Before we start it feels important to name our position in seeing Narrative therapy as one model or approach to practicing in ways that disrupt normative and harmful discourses. There are many movements, resistances both within and beyond the world of therapy that disrupt. Whilst we are delving into Narrative Therapy in this thesis, it feels important not to overstate it and to acknowledge that it is one contribution to developing ethical practice amongst many.

Do you have any questions for me before we begin?

Is there anything that would help this conversation to feel respectful and comfortable for you?

Setting the scene

To start with, can you tell me what creativity means to you?

What has drawn you to Narrative therapy that resonates with what you give value to?

Defining Creativity within NT

We are next going to be thinking about the concept or idea of creativity within Narrative Therapy.

I want to acknowledge that there are multiple ways of constructing creativity and through these conversations there'll be different ways of talking about creativity and tensions in describing something with possible multiple meanings.

What does creativity look like in your narrative-informed practice across different levels or how is it expressed? (Prompts: individual, system, social action, supervisory or developmental practices, professional practice)?

Linking back with what you were saying earlier about what creativity means to you, is there anything you'd add in relation to what creativity means in Narrative Therapy (prompts: creativity as a way of thinking, as a process, as an output)?

Are there particular ideas or aspects of Narrative approaches that you link with creativity?

How do creative practices link to and facilitate your ethics for practice that you outlined earlier?

What does creativity make possible in NT practices and for professionals in their practice?

Intentions and examples in using creativity in Narrative Therapy to engage in social action and disrupt dominant discourse.

Now we are going to be thinking about the intentions of creativity in NT and its use in disrupting dominant discourses and engaging in social action more specifically.

Do you use creativity to disrupt normative ideas in your direct clinical work (Prompts: working with 1:1. family, teams, systems)? How so?

Do you use creativity to disrupt normative ideas in indirect work (Prompts: in supervision, training, teachings, social action)? How so?

And what about in your professional-personal development (Prompts: intra-personal reflection, professional practice, accountability, how you conceptualise/formulate)?

Do you use creativity within your Narrative practice to engage in social action? When we're talking about social action, I'm meaning how our practice engages in actions that strive to challenge and change oppressive systems and narratives. How so?

Thinking about the examples you've shared with me, what do you think this way of practising has made possible (prompt, for yourself, for the people you work with)?

What do you think the people consulting you appreciate about your use of 'creativity' in your conversations? Could you give me an example.

Now thinking about developing this use of creativity within Narrative Therapy, what has helped you to practice in this way? (Prompts: when training, now qualified, in terms of intentions, posture, reflexive questions, other professional praxis, values, with other people/relationships).

What hinders/stops you from practicing in this way (prompts: context, power, position, privilege)?

Defining creativity as an ethic in Narrative Therapy - *we're now going to have a think about pulling together what we've spoken about so far and to think about how practitioners can develop their practice.*

Where has this conversation taken you today?

Given the conversation we've created today, what would you say is important about having a creative stance in Narrative Therapy?

And what do you think is important about having a creative stance in social action?

What intentions or ideas do you hold in mind when you're using creativity to disrupt normative ideas?

What do you think practitioners/clinicians need to develop to practice in this way?

How do you think people can develop this stance?

What recommendations do you have for how this stance could be embodied by clinicians/practitioners (Prompts: training, supervision, ethical guidance, reflective practice, in day-to-day working)?

Appendix H: Interview Schedule: Version 3

Interview schedule - amendments after first seven interviews

Topic Guide

Please see below for an example of how the researcher will set the scene of the interview.

Thank you for taking the time to meet with me today to have a conversation about your experience in using creativity within Narrative Therapy and how creativity can be used to disrupt dominant ideas and what this means for practicing ethically, for engaging in social action, justice-doing and anti-oppressive practice. Our interview today should last up to an hour.

I am aware that people come to work within Narrative practices through very different journeys and for lots of reasons, one being that it aligns with someone's ethics. Some of what we're talking about today may feel personal and emotive. As we talk to today, what would help this conversation to feel safe/respectful?

I'll be checking in and we can take a break at any point and please know you can withdraw from the study at any time.

Before we start it feels important to name our position in seeing Narrative therapy as one model or approach to practicing in ways that disrupt normative and harmful discourses. There are many movements, resistances both within and beyond the world of therapy that disrupt. Whilst we are delving into Narrative Therapy in this thesis, it feels important not to overstate it and to acknowledge that it is one contribution to developing ethical practice amongst many.

Do you have any questions for me before we begin?

Is there anything that would help this conversation to feel respectful and comfortable for you?

Setting the scene

To start with, can you tell me what creativity means to you?

Where have these understandings of creativity come from in your life and history?

What has your relationship with creativity meant and made possible in your life / history?

What has drawn you to Narrative therapy that resonates with what you give value to?

Defining Creativity within NT

We are next going to be thinking about the concept or idea of creativity within Narrative Therapy.

I want to acknowledge that there are multiple ways of constructing creativity and through these conversations there'll be different ways of talking about creativity and tensions in describing something with possible multiple meanings.

What does creativity look like in your narrative-informed practice across different levels or how is it expressed? (Prompts: individual, system, social action, supervisory or developmental practices, professional practice)?

Linking back with what you were saying earlier about what creativity means to you, is there anything you'd add in relation to what creativity means in Narrative Therapy (prompts: creativity as a way of thinking, as a process, as an output)?

Are there particular ideas or aspects of Narrative approaches that you link with creativity?

How do creative practices link to and facilitate your ethics for practice that you outlined earlier?

What does creativity make possible in NT practices and for professionals in their practice?

Intentions and examples in using creativity in Narrative Therapy to engage in social action and disrupt dominant discourse.

Now we are going to be thinking about the intentions of creativity in NT and its use in disrupting dominant discourses and engaging in social action more specifically.

Do you use creativity to disrupt normative ideas in your direct clinical work (Prompts: working with 1:1. family, teams, systems)? How so?

Do you use creativity to disrupt normative ideas in indirect work (Prompts: in supervision, training, teachings, social action)? How so?

And what about in your professional-personal development (Prompts: intra-personal reflection, professional practice, accountability, how you conceptualise/formulate)?

Do you use creativity within your Narrative practice to engage in social action? When we're talking about social action, I'm meaning how our practice engages in actions that strive to challenge and change oppressive systems and narratives. How so?

Thinking about the examples you've shared with me, what do you think this way of practising has made possible (prompt, for yourself, for the people you work with)?

What do you think the people consulting you appreciate about your use of 'creativity' in your conversations? Could you give me an example.

Now thinking about developing this use of creativity within Narrative Therapy, what has helped you to practice in this way? (Prompts: when training, now qualified, in terms of intentions, posture, reflexive questions, other professional praxis, values, with other people/relationships).

What hinders/stops you from practicing in this way (prompts: context, power, position, privilege)?

Defining creativity as an ethic in Narrative Therapy - *we're now going to have a think about pulling together what we've spoken about so far and to think about how practitioners can develop their practice.*

Where has this conversation taken you today?

Given the conversation we've created today, what would you say is important about having a creative stance in Narrative Therapy?

And what do you think is important about having a creative stance in social action?

What intentions or ideas do you hold in mind when you're using creativity to disrupt normative ideas?

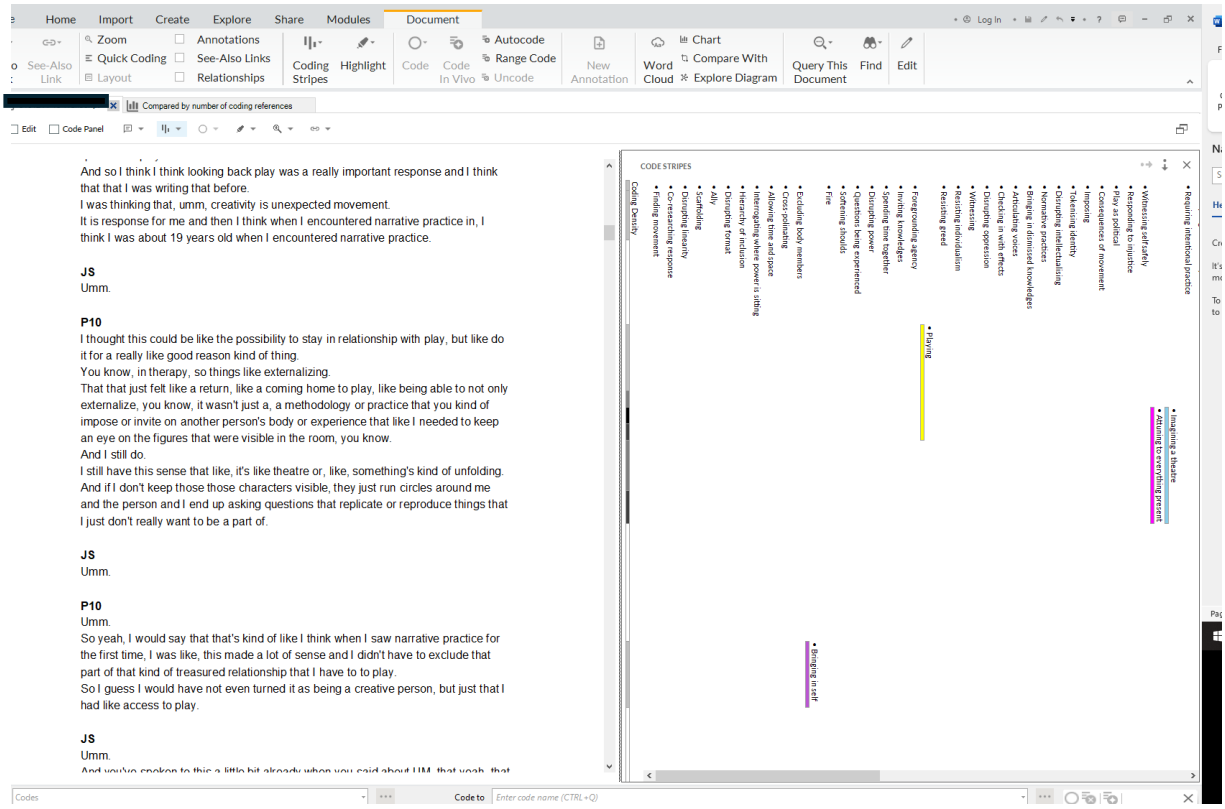
What do you think practitioners/clinicians need to develop to practice in this way?

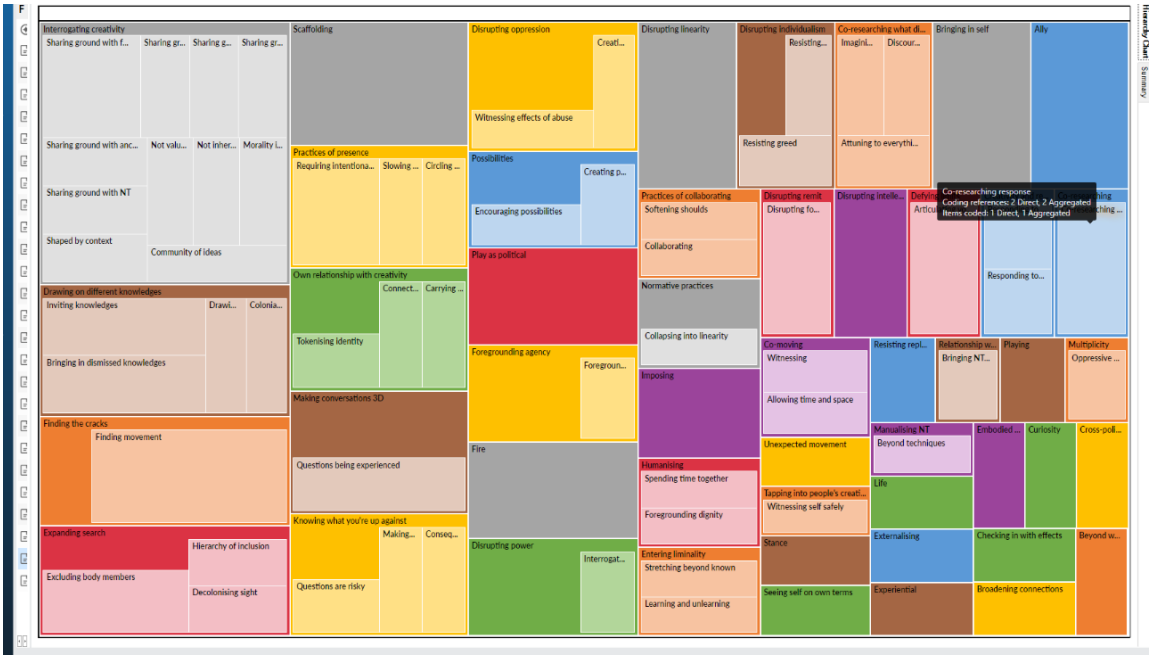
How do you think people can develop this stance?

What recommendations do you have for how this stance could be embodied by clinicians/practitioners (Prompts: training, supervision, ethical guidance, reflective practice, in day-to-day working)?

Appendix I: Line-by-line coding

Example of line-by-line coding and codes for one transcript





Appendix J: Focused coding

Examples of focused coding: 'stance and own relationship with creativity'

STANCE SHAPED BY OWN RELATIONSHIP WITH CREATIVITY

Locating self in relationship with history and ancestry
Creativity essential to existing
Resisting subjugation
Linking own history and resistance
Brutalising forces
Music and resistance
Resistance, creativity and activism
Way of being
Passed down through bloodstream
Running through lineage
Creativity and music
Creativity as teacher
Responding to injustice through play
Discourses shaping play
Play and seeing self on own terms
Examining shoulds
Creating safety for self
Deeply political play
Connecting with ancestry
Carrying play into practice
Creativity in family
Collective creativity
Dance/art
People responding
History of resisting
Responding to oppression
MH in family, treatment in services
Dominant MH stories
LW community, deprivation
Equality as focus

Questioning
Norms and rules
Right and wrong coming from values
Interrogating policies
Relationship with creativity
Imagination running
Creating stories
Childhood imagination
Reading stories
Allowing magic and imagination
Finding ways to convey imagination
Imagining = home
Playing music and DIY ethic
Punk rock questioning
Creating in community
DIY - what could be, making it be
Family and creativity
Finding expression
Sharing talent
Community connecting
How people express

USING WHATS AVAILABLE / EXPANDING SEARCH

Using the Earth
Drawing on Earths knowledges
Starting with what exists
Using whats available

(Collectively) expanding search
Bringing self in
Using whats available
Using what people are bringing
Attuning to whats around
Different forms
Bringing self in
Using the earth
Starting with what exists
Sight
Noticing different stories
Expanding search
Observing multiple stories
Allowing for multiple stories
Nuance
Many openings
Allowing difference
Expanding sight
Different seeing
Broadening landscape
Widening exposure
Expanding sight
Where is knowledge coming from
From life
Bringing in different stories
Drawing on different knowledges

Sharing lit
Sharing knowledges
Cross-pollinating
Drawing on wide ideas

Drawing from artists
Inspiration from artists
Being informed
Reading about contexts
Immersing in new ideas
Drawing on different knowledges
Where are we learning from?
Earth
Drawing on cultural knowledges
Respecting knowledges
Disrupting knowledge
Privileging ancestral knowledge
Cross-pollinating
Exchanging
Whose included?
Body community
Hierarchy of inclusion
Oppressive structures = single story
Colonial knowledge gets privileged
Making space for unheard voices
Cultural stories shaping therapy
Resisting dominant practices
Attuning to all stories
Drawing from dance
Finding possible connections
Permitting intimacy

Consulting knowledges
Connecting with alternative knowledges
Consulting with important people
Client's knowledges

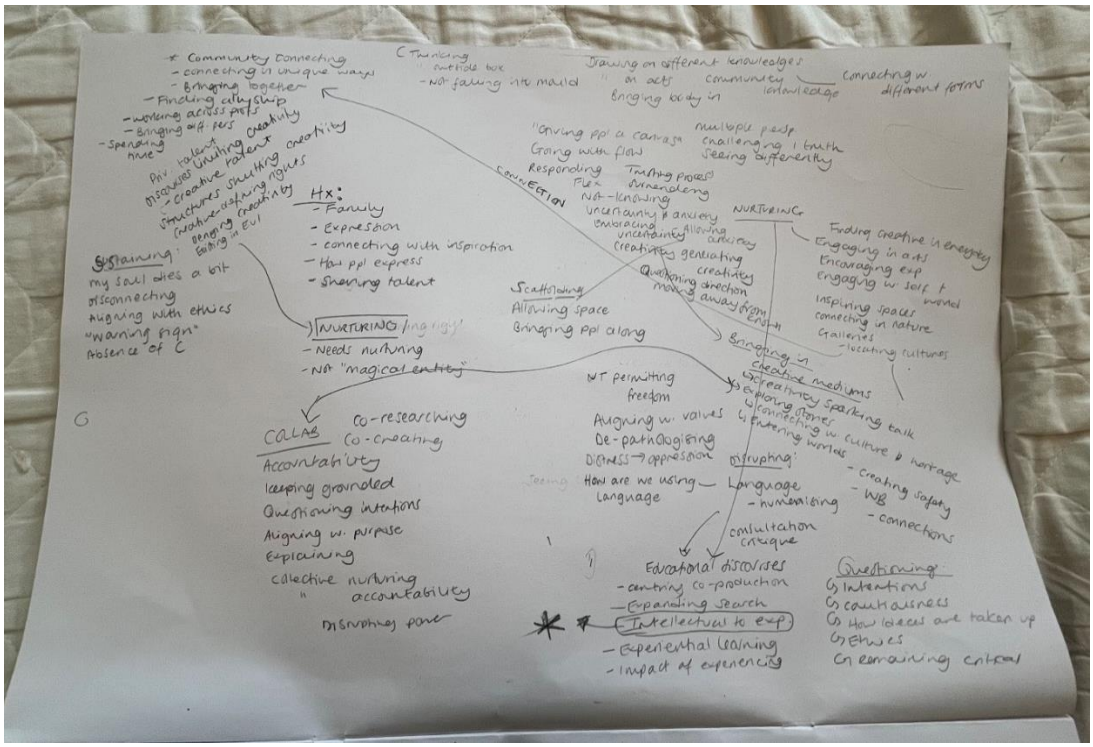
Drawing from philosophy
Seeing all knowledges/skills
Situating NT in philosophy
Sharing ground with philosophy
Drawing on music
Bringing in all forms of knowledges
Ethics and planet
Connecting planet
Nature and wellbeing
Learning from planet/nature
Relationship with nature
Disrupting consumerism
Drawing on cultural knowledges
Drawing on different knowledges
Working with body
Drawing on different knowledges
Drawing on arts
Drawing on different knowledges
Bringing in feminisms
Bringing in different people
Drawing on arts knowledges
Drawing on ToL
Drawing on Ecotherapy
Bringing body in

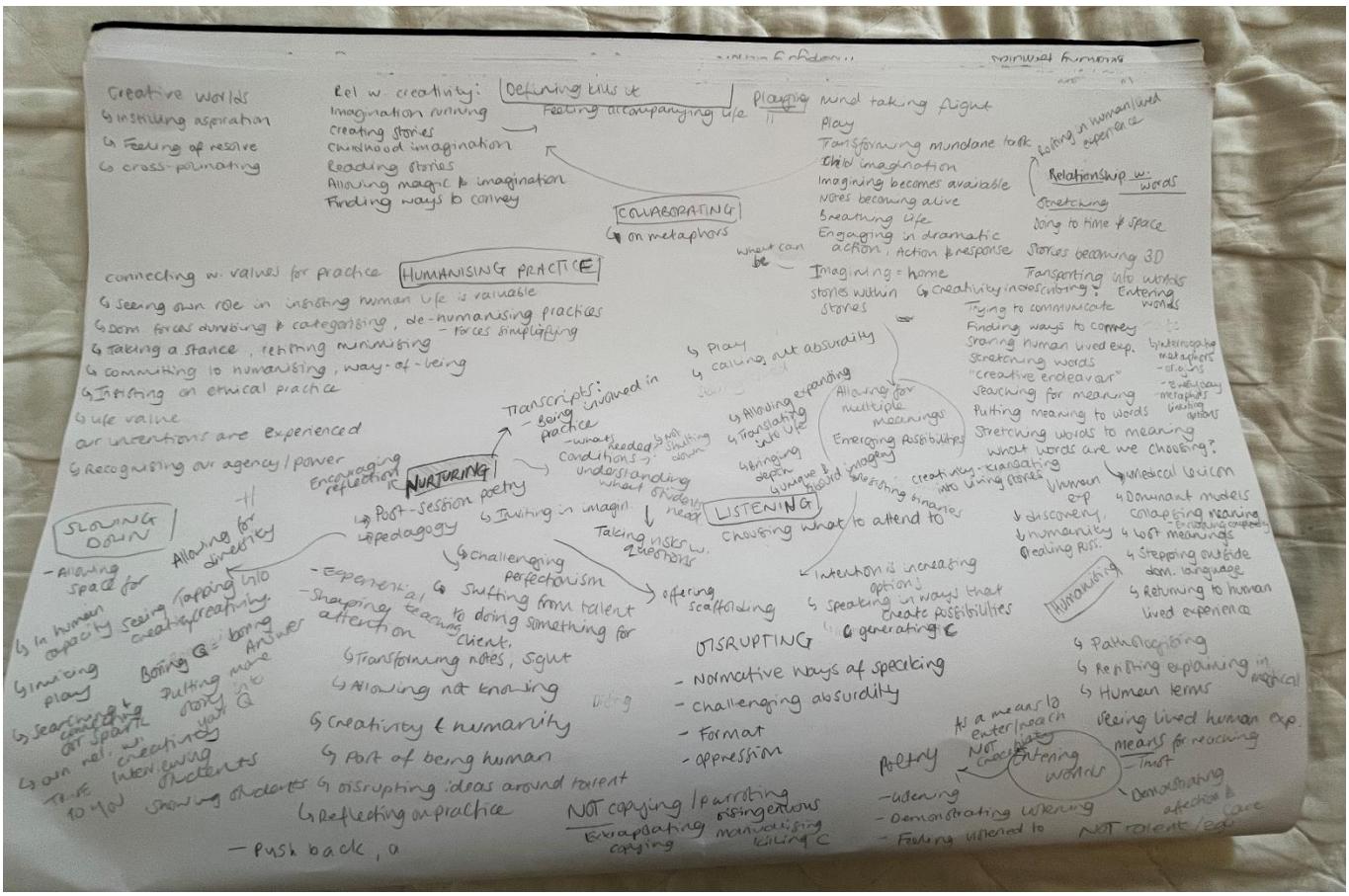
Example of focused coding 'using what is available' in first 14 interviews.

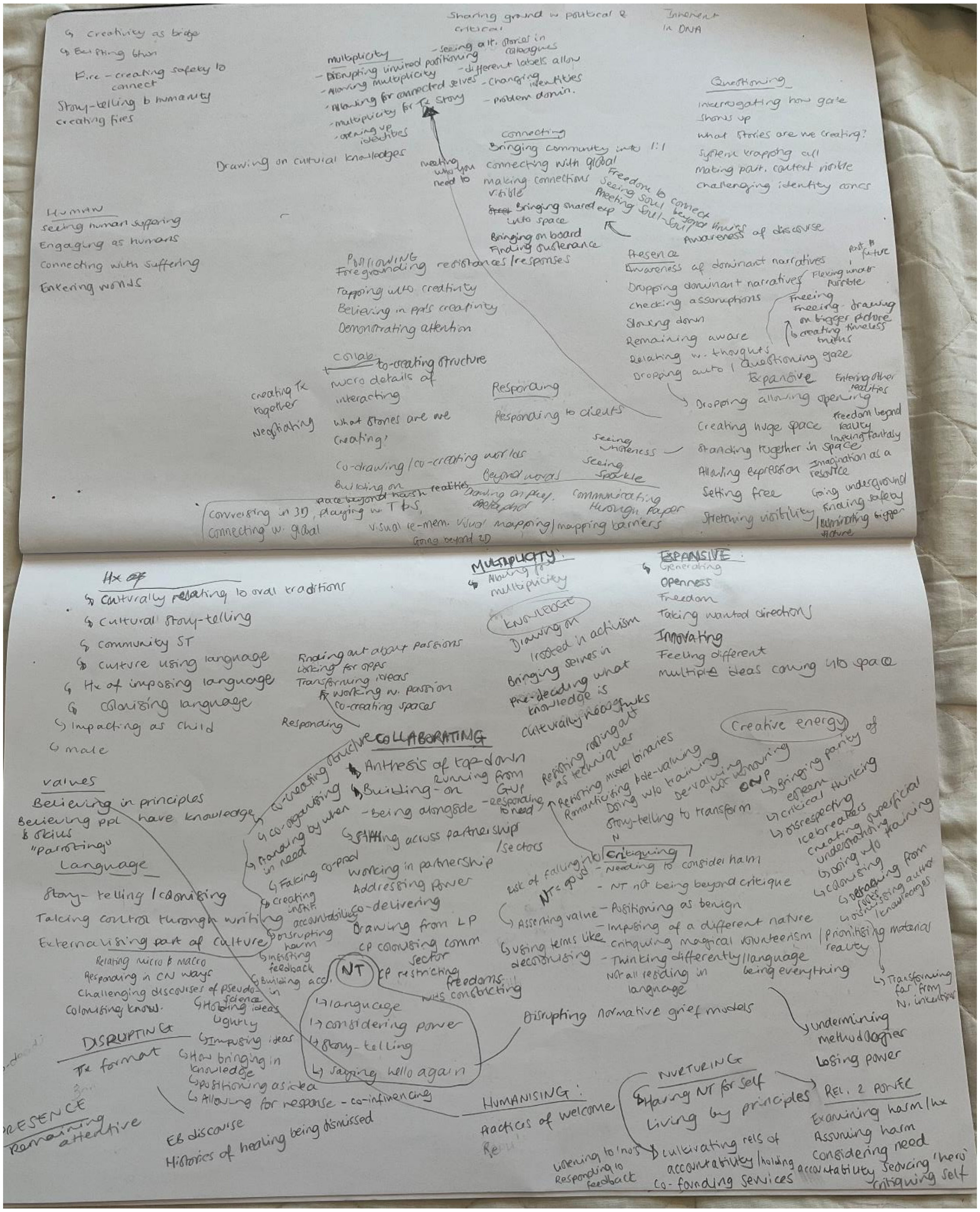
USING WHAT IS AVAILABLE (coding 14 interviews)	Participants contributing to code	Incidences of code
Consulting significant knowledge	1	4
Drawing from nature	4	9
Drawing from different knowledges	5	5
Drawing from artists	3	3
Drawing from cultural and ancestral knowledges	4	4
Learning from body community	2	2
Drawing from dance	1	1
Hierarchy of knowledge	2	3
Interrogating knowledge	3	3
Bringing self in	2	2
Cross-pollinating	3	4
Immersing self in new ideas	1	1
Starting from what already exists	2	2
Using what is available	2	3
Expanding search	4	6
Noticing multiplicity	5	5
Many opening points	3	3
Disrupting single-story	1	1
Making space for unheard voices/stories	1	1
Resisting dominant practices	1	1

Appendix K: Theoretical Coding

Examples of theoretical coding

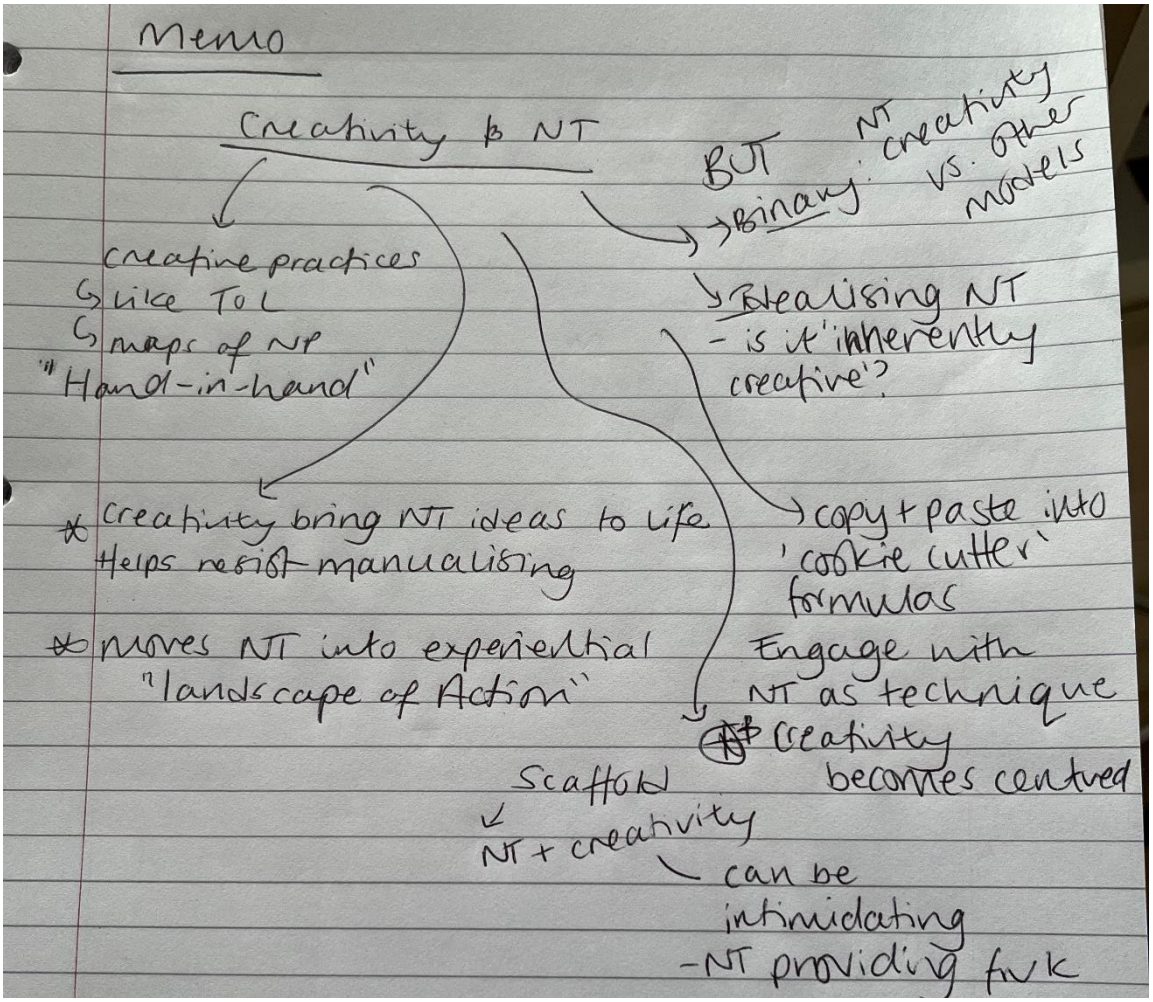




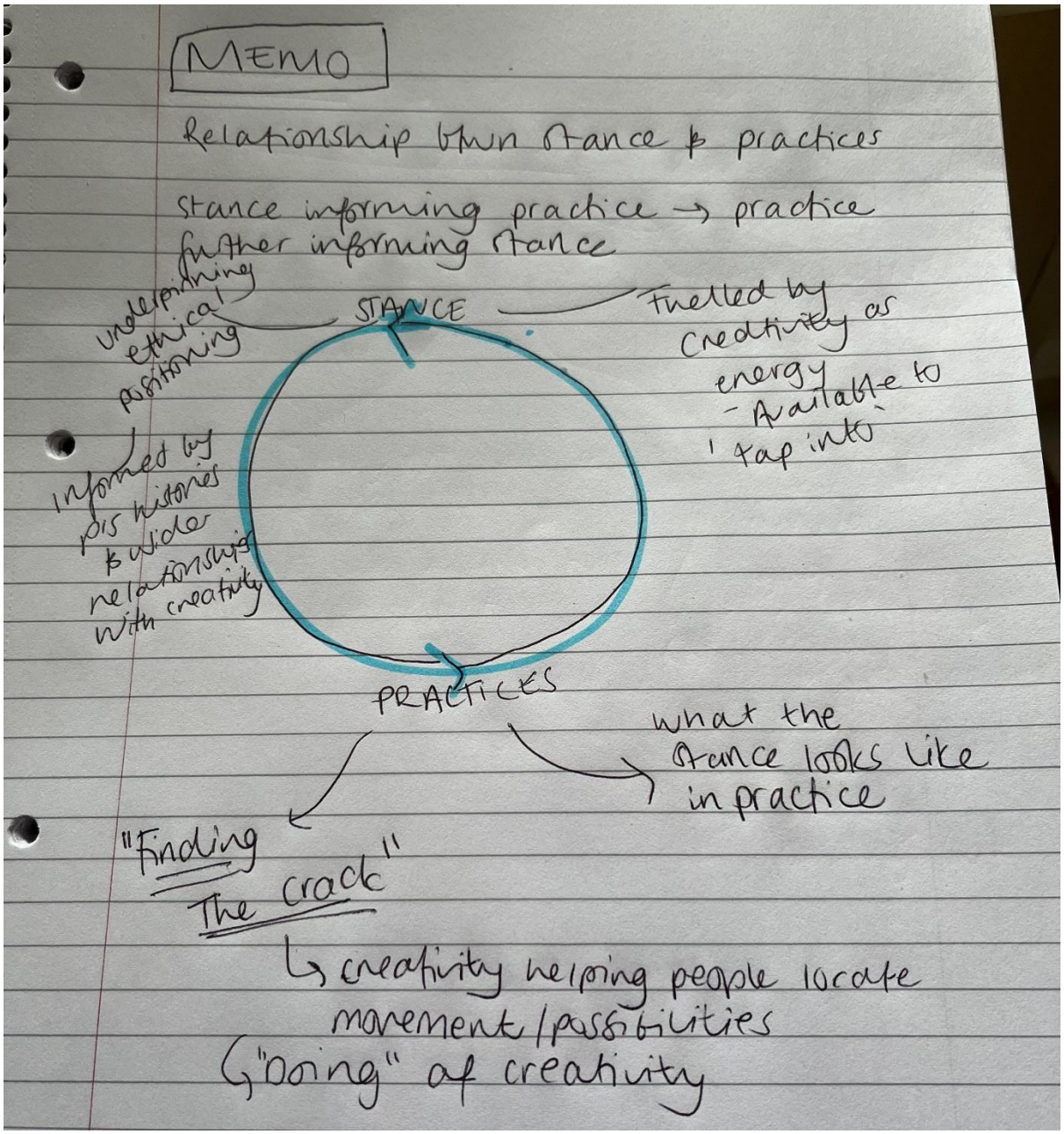

multiplicity
Questioning
connecting
HUMAN
Seeing human suffering
Engaging as humans
Connecting with suffering
Entering worlds
Presence
Expansive
Responding
Responding to clients
MULTIPLICITY
EXPANSIVE
Openness
Freedom
Innovating
Feeling different
KNOWLEDGE
COLLABORATING
Creative energy
Values
Believing in principles
Language
Critiquing
NT
DISRUPTING
PRESENCE
Remaining attentive
HUMANISING
Practices of welcome
NURTURING
Living by principles
REL. 2 POWER
Examining harm
Assuming harm
Considering need
Disrupting normative grief models

Appendix L: Memos

Example of memos
Main category: Creativity and Narrative Therapies

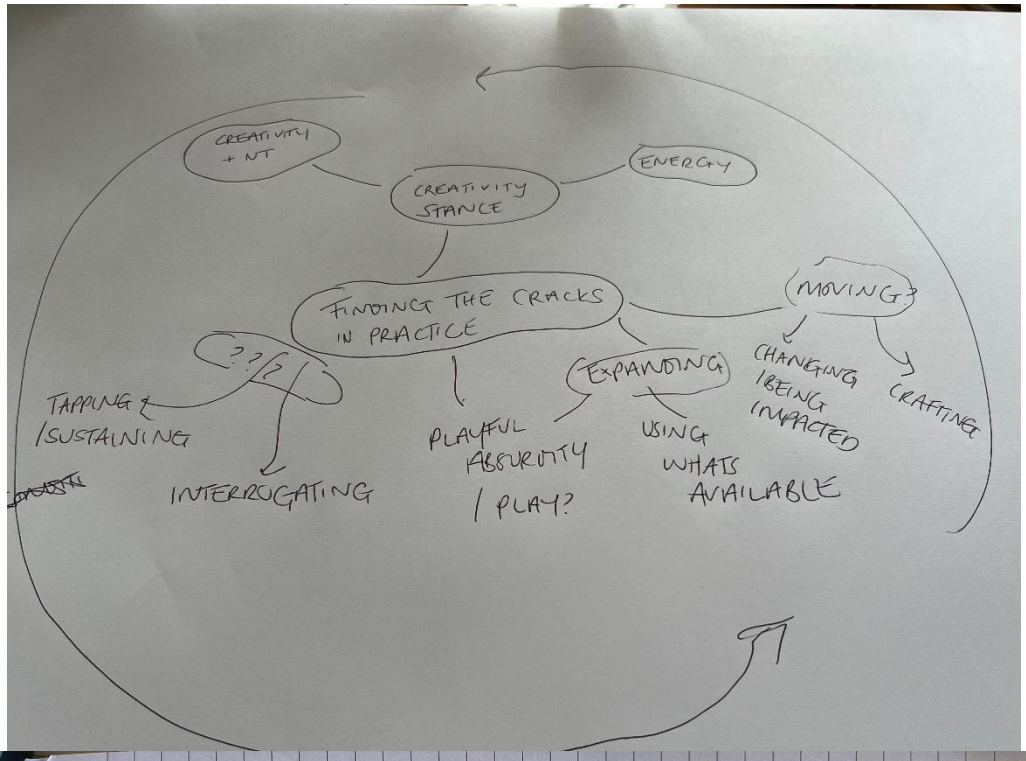


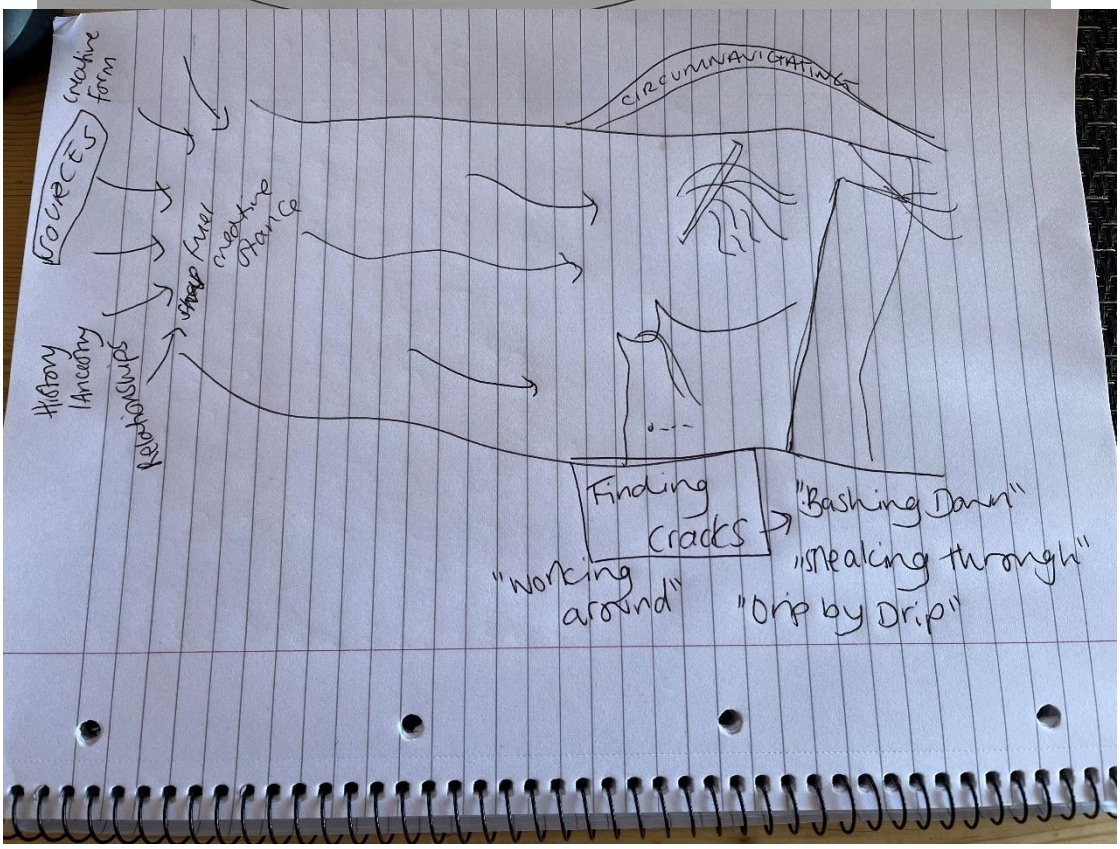
Exploring relationship between Creativity as a Stance and Creative Practices/Responses – emergence of 'Finding the Cracks'



Appendix M: Diagramming

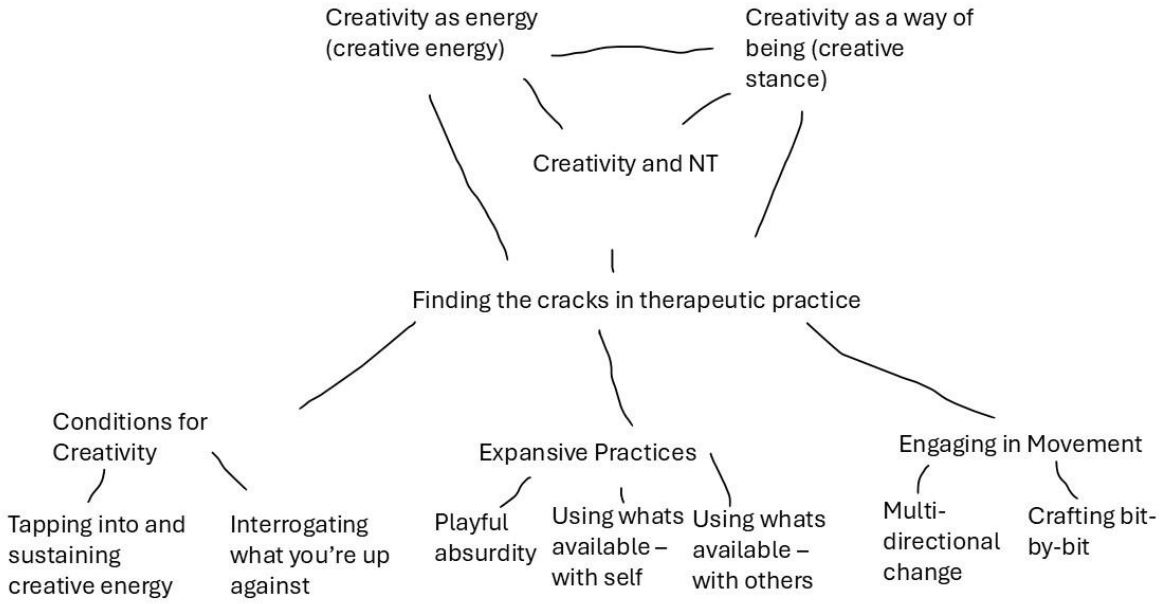
Examples of diagramming





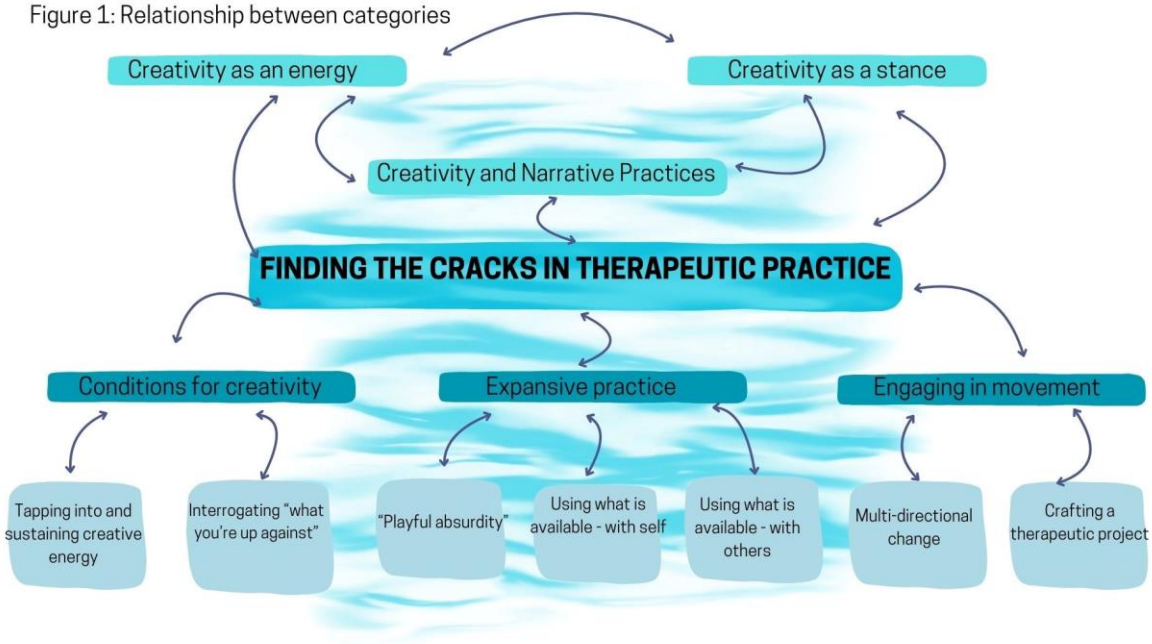
Appendix N: Model Diagram Development

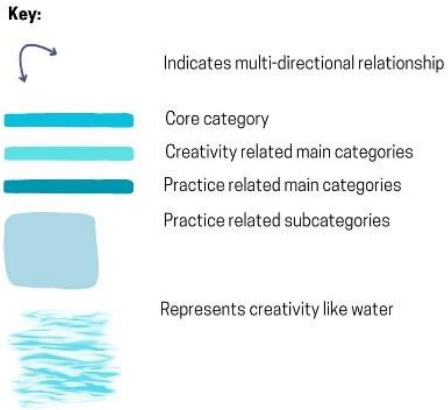
Model diagram Version 1 (September 2024



Model Diagram Development Version 2 (November 2024)

Figure 1: Relationship between categories

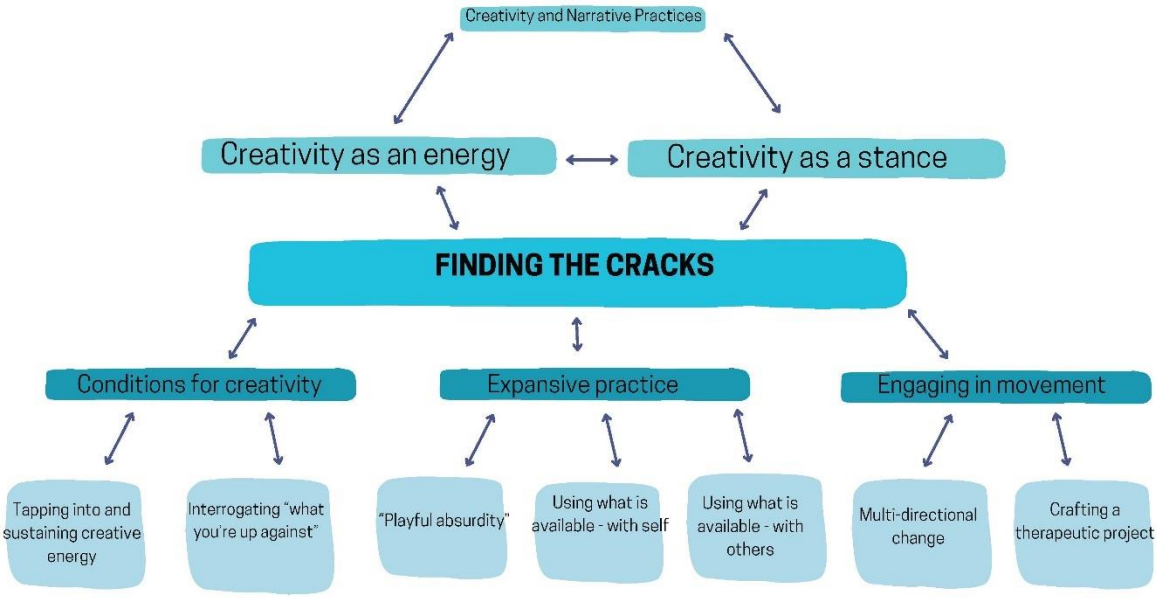


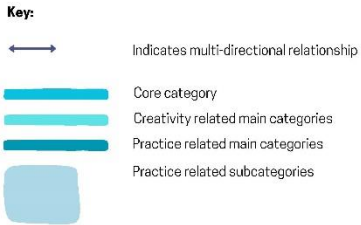


Model Diagram Development Version 3 (February 2025)

Changes to diagram based on member feedback and conversations with research supervisors

- Make diagram easier to read – lose water background, straighten lines as hard to know where to look.
- Changing core category name: 'finding the cracks in therapeutic practice' to 'finding the cracks'. The former sounds like the problem is within the therapeutic practice.
- Making the NT category smaller as a way of de-centring NT (in recognition of hazards when NT becomes the focus of what we are doing rather than a means to centring clients).
- Introduce NT first to set the context of what creativity means in narrative-informed practice.
- Introduce creativity as a stance as last main category relating to creativity as this will help the reader hold in mind the stance whilst they read about the creative responses/practices.

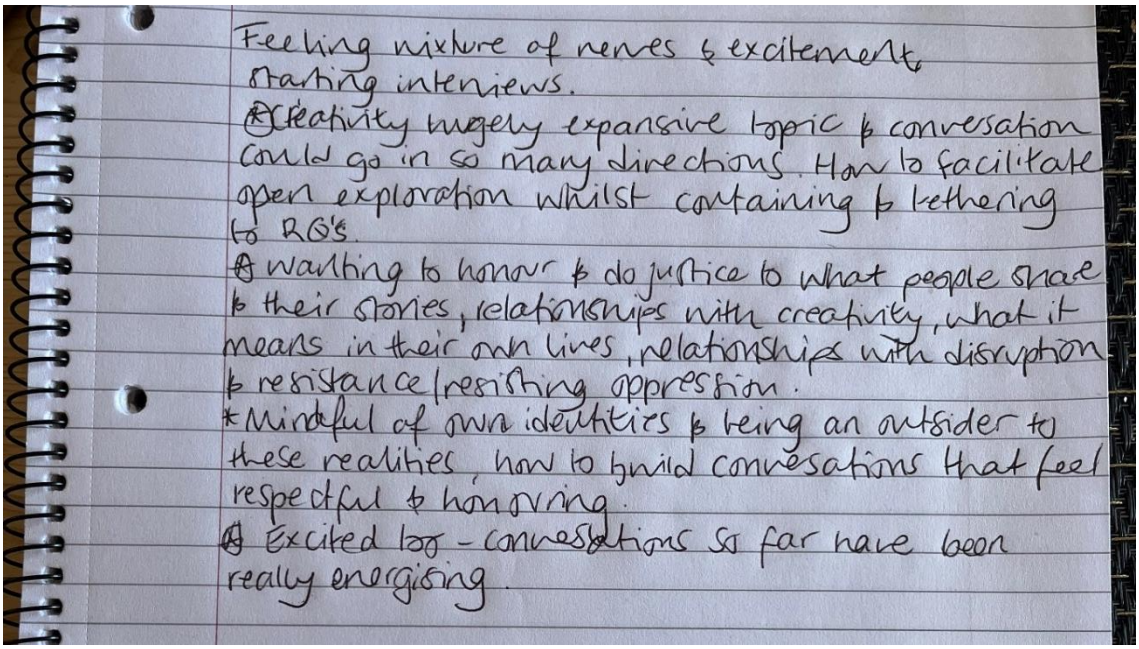




Appendix O: Reflective Log

Examples of reflective log

15/12/23 – Reflective log before starting interviews


Feeling mixture of nerves & excitement, starting interviews.
Creativity hugely expansive topic & conversation could go in so many directions. How to facilitate open exploration whilst containing & tethering to RQ's.
Wanting to honour & do justice to what people share & their stories, relationships with creativity, what it means in their own lives, relationships with disruption & resistance/resisting oppression.
*Mindful of own identities & being an outsider to these realities, how to build conversations that feel respectful & honouring.
Excited log - conversations so far have been really energising.

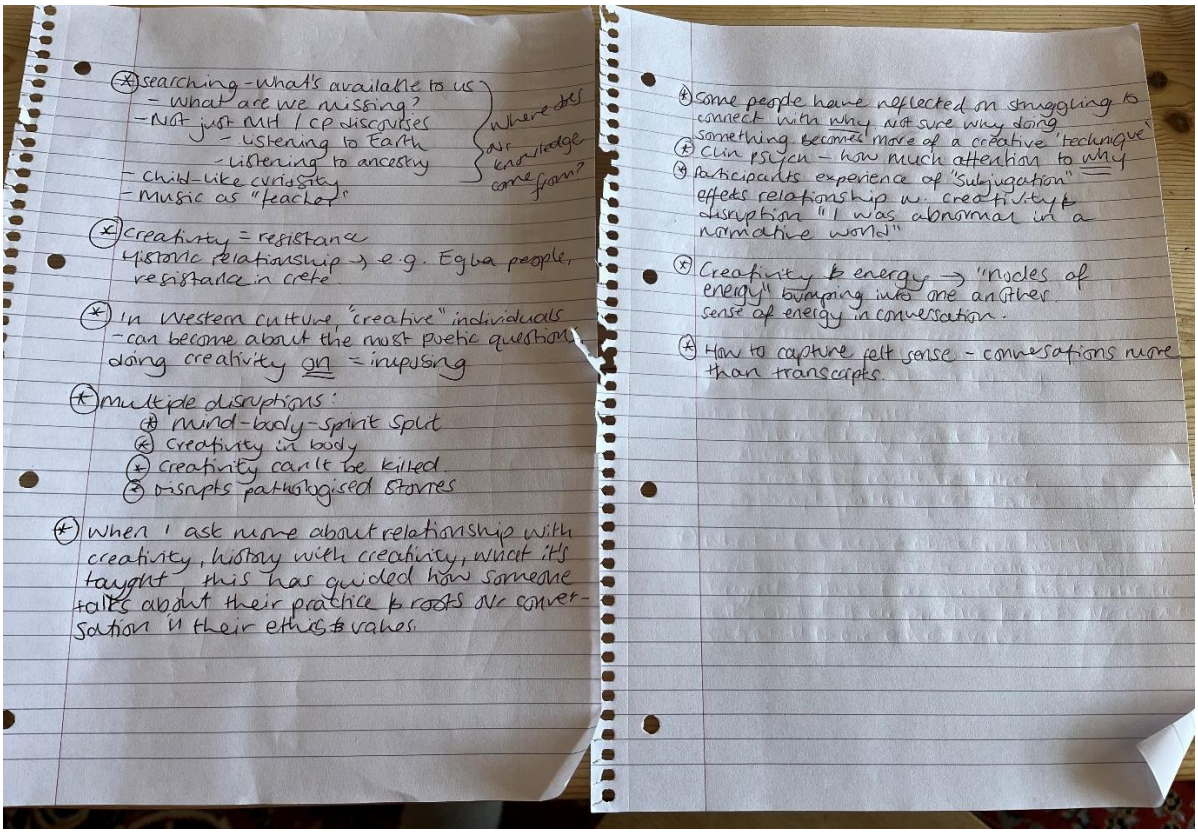
04/01/24 - Reflective log after initial coding of first interview

It felt like sometimes I was slipping very easily into using narrative language to code participant's words. Because they were talking about the process of externalising, so easy to code it as externalising. But what may I be missing?

I am finding it hard to be concise and I also have so many codes for one interview.

Standpoint theory: talks about needing time to slow down and notice own history with identity. Participant speaking about own relationship with questioning taken-for-granted truths / power structures, because of own identity: "being different actually… being abnormal in normative world", so these ideas very much in thinking from their own life experience not because introduced to them on training/through NT.

29/01/24 - Reflective log after initial coding of first seven interviews



Appendix P: Bracketing Interviews

Examples from Bracketing Interview

Questions for Bracketing Interview 1

- Tell me about your research topic. What brought you to this topic?
- What is your journey and history with this topic? Your relationship with this topic?
- Where are you positioned in this research? What power do you hold?
- What hazards/pitfalls do you foresee relating to you as the researcher (considering your identity, relationship with the topic)?
- What assumptions do you hold about this topic?
- How will you meaningfully engage different voices in this project (e.g., Experts by Experience, Artists)?

14/02/2023 - Reflections from Bracketing Interview 1

We reflected on my own history with engaging in NT, community practice and social justice. How relationship towards self-examination has been changing through this practice. We reflected together on my relationship with power and privilege as white, middle class, cis-gendered female with no disabilities. How am I remaining attuned to what it means to hold these identities and be claiming to engage in SJP. How do I remain aware of my intentions and impact?

Tension between 'novel' ideas in clinical psychology that have existed for a long time in community practices. How to explore this topic and the potential it has for clinical psychology without claiming newness.

Reflected on themes of 'disruption' and using creativity to engage in anti-oppressive practices being potentially personal, deep and emotive topics. How safe, comfortable does it feel to have these conversations with me? Whats my awareness of what these terms might mean to people personally? How am I conveying this with participants? What steps can I take to helping create sense of respect and humility in the conversations?

Appendix Q: Consensus Checks with Research Supervisors

01/05/24 - Extract from consensus meeting with research supervisors, discussing creativity as an energy and stance

JS (researcher)
And also that it's something that people in the relationship with. So it's something that they can draw on that can support and shape their practice. I think there was interesting conversations about it being inherent to humanity and big, big part of being human and that actually the task in any space is how do you tap into that creative energy.
And that and at the same time, it being beyond the individual. So there was quite a lot of conversation about it being something that existed, it was larger than one person or it doesn't belong to one person.
So something as well around like this idea of it as an energy that.
And what people meant by that, I think, is that there's a an essence or there's an awareness when it isn't there, an awareness that it can, Its an important barometer of working in line with ethics of.
Hmm, I mean cause some people speak about it as like life giving as essential as something that.
Yeah, it's really important in practice and I think when they're getting like when they're feeling more and more constrained by systems, creativity is being shut down. So there's a sort of an awareness of its presence. Yeah. So those were sort of, I guess, some of the different ways that people were talking about it like an energy. And it feels important to introduce this alongside the stance.

CG (supervisor)
Yes this feels like a good idea, in grounding then all the rest of your themes are linking to the stance. I think where you saying before like actually it has a relationship. It's this energy. There's a position.
There's something about humanity and connecting us with others. Even in the slimmest of spaces.

HS (supervisor)
I guess it has me thinking a little bit about the people that have stepped into these conversations or like chosen to take on part take part is alright 'cause. I mean it's so rich when you hear about people's histories with creativity beyond their training, like its personal from childhood right, Rich descriptions of their relationship with an ethic of creativity.

Appendix R: Member Checking Feedback

Summary draft and questions sent to participants

Creativity: finding the cracks in therapeutic practices

This document is a brief description of the direction the analysis is moving in. It includes the titles of the categories (themes) and a brief description of what they are about.
I wanted to preface it by saying that the thesis attempts to collate the 26 interviews and explore the different and expansive ways in which creativity is described, within the word count and format of a clinical psychology thesis. Creativity was repeatedly described as "existing beyond articulation" and intellectualising it "an oxymoron". Through writing it in this academic, linear format, some of the "vitality" and "multi-directionality" of creativity (as described by participants) will inevitably be lost. Acknowledging this, the thesis aims to capture some of the "expansiveness" and "generativity" of creativity, exploring what it could offer in therapeutic practice and particularly in NHS contexts.
As you read through, please can you keep these questions in mind? Please feel free to include any other reflections that you feel are not captured in the questions.

- Based on the brief summary, what are your reflections and thoughts about the overall direction of the findings?
- The thesis is represented through two diagrams, which are organised by the core category "finding the cracks in therapeutic practice". What are your overall reflections about how these diagrams reflect the summary?
- What about the summary or diagrams doesn't feel clear or fit for you? Are there aspects that could be expanded on?

The thesis used grounded theory to analyse the 26 participant's interviews. These conversations were analysed and integrated into a conceptual framework with the core category "finding the cracks in therapeutic practice" and six main categories:

- Creativity as an energy
- Creativity as a stance
- Creativity and Narrative Practices
- Conditions for Creativity
- Expansive practices
- Engaging in movement

Core category: Finding the cracks in therapeutic practice.

The thesis is organised by the core category "finding the cracks in therapeutic practice" as a metaphor of what creativity enables in practice, in how it finds ways to create space around a problem or injustice. The cracks represent possible "entry points" to disrupt the ways in which injustices, dominant discourses or problem stories operate.

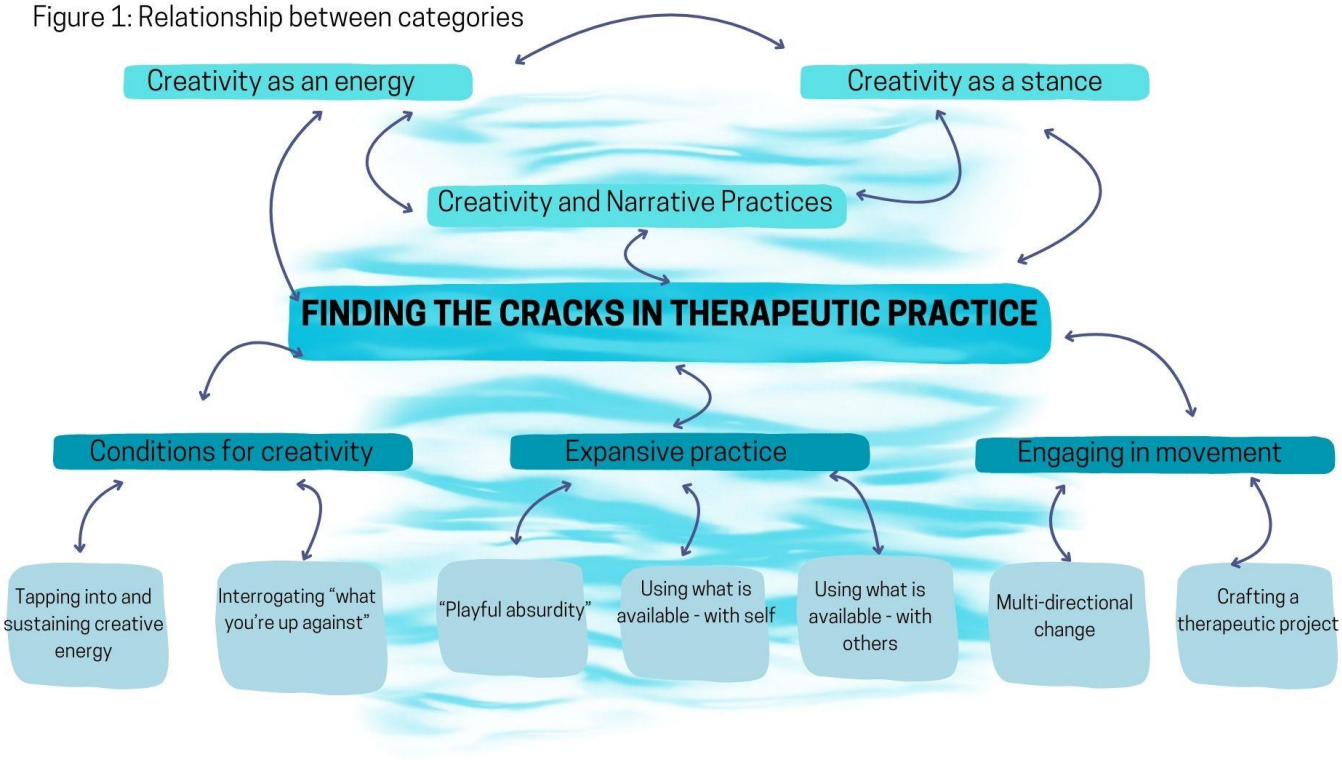
Participant: It could be the slight little crack in its grip on people's lives and identities. So, inviting, nourishing a relationship with creativity has enabled me to have a sense of finding some cracks in [injustice's] grip, or dominance in people's lives. And I guess that's the liberation practice and, kind-of, anti-oppressive practice that I most hold dear.

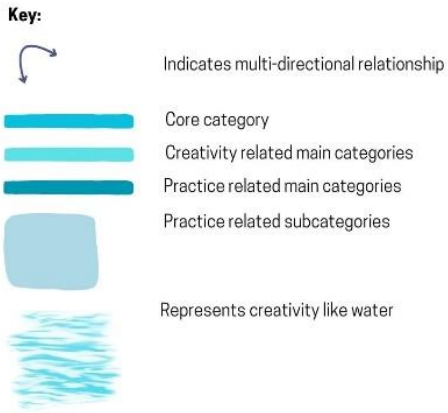
The thesis is visually represented by two diagrams (figure 1 and 2).

Figure 1 illustrates how the categories are organised around finding the cracks and how they are interrelated. The first three categories explore participants' relationships with creativity, informed by its role in their lives, histories and identities. It looks at the different ways participants draw on creativity in their practice to find cracks, what helps them to draw on it (conditions), how it helps them to expand and engage in movement. However, the structure of this figure suggests a hierarchical and structured relationship, when actually it is multi-directional and fluid.

Figure 2 more closely represents the fluid, multidirectional ways that creativity finds cracks, using a metaphor of water to symbolise how creativity moves. The diagram shows obstructive forces that impede the flow of water, which represent injustices and difficulties that people face in their lives. Water finds many ways to keep flowing in the face of these obstructive forces, e.g., 'pooling' to collect water and create a waterfall over the obstruction; splitting into another stream to find a way around or trickling drip-by-drip through a crack in the obstruction. The 'water cycle' also represents the interconnected practice, in how participant's values, histories and identities shape their relationship with creativity as energy and stance, and how the practices further shape relationships with creativity.

Figure 1: Relationship between categories





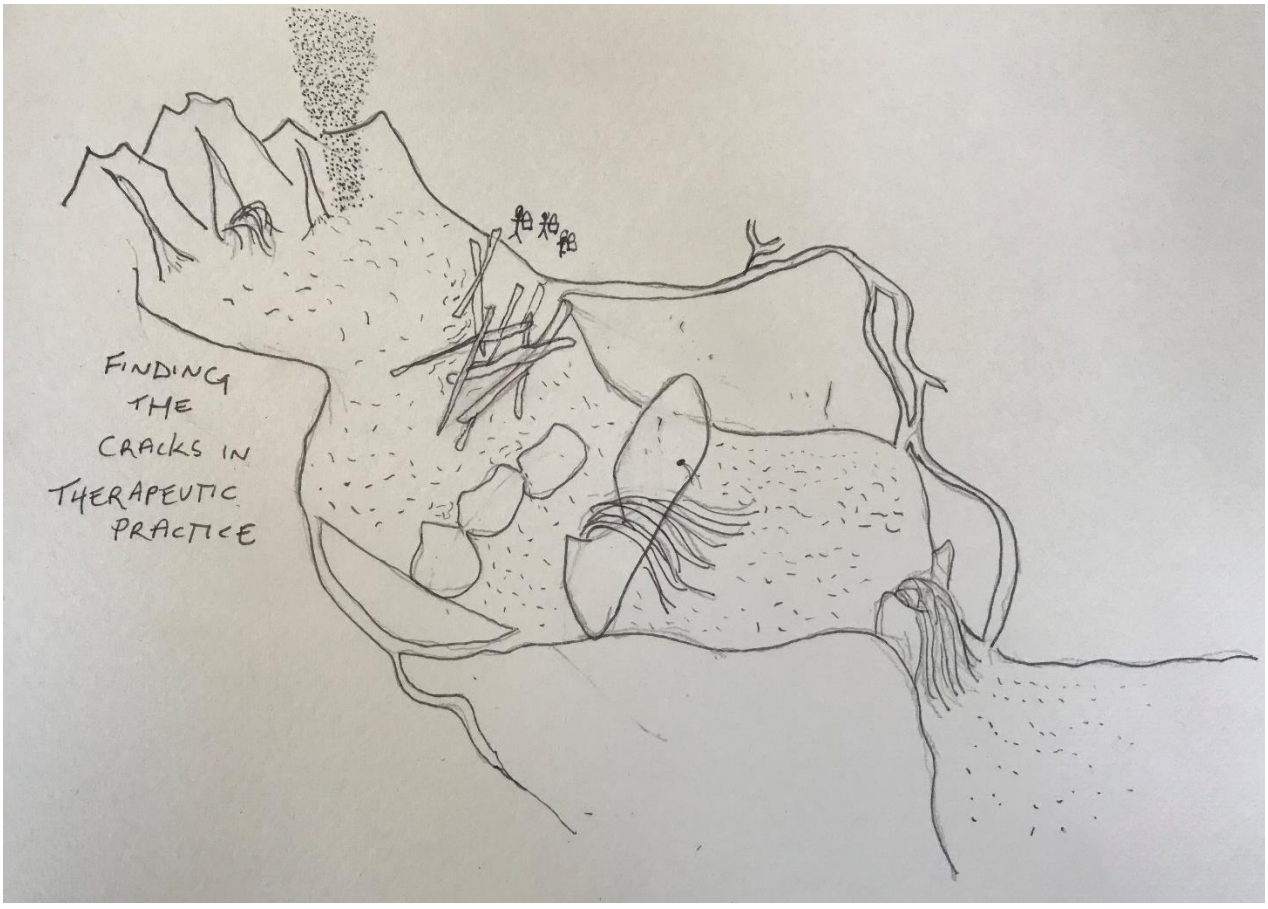


Figure 2, Finding the Cracks in Therapeutic Practice, using the metaphor of water
(NB Figure 2 is a draft sketch to be done again after feedback)

The first three categories explore the different relationships with creativity, which accompany participants into practice.

Main category: Creativity as an Energy

Many participants reflected on creativity as a "fiery", "life-giving" energy, that is always available and searching for movement and connects people with "vitality", "wellbeing" and "source of power". It was described as an energy existing within and between people and connecting to existence beyond selves (e.g., with ancestors, Earth, deities, animals, universe). Tapping into this energy was seen as an important project in therapy, both connecting with own and helping others tap into creativity.

Participants also explored challenges to drawing on creativity as an energy, reflecting on how it is not value free and is shaped by contexts. Participants were intentional in seeking out creativity that is in relationship with anti-oppressive practices. Multiple participants reflected on building embodied awareness of this relationship with creativity, sharing that its absence can be a warning sign in practice and how injustices and oppressive forces can subdue and hamper access to creativity.

Main category: Creativity as a Stance

This category explores creativity as a stance and "way of being", informed by participant's relationships with creativity in their lives and histories, "embedded from the start to the end of you" and accompanying them into practice. The stance comprises of several defining features, which are explored in detail in the thesis.

1. Rooted in values and politics of anti-oppressive, liberation and narrative practices with intentions of disrupting oppression and engaging in social justice
2. Fuelled and supported by a creative energy that is always responding and finding cracks or means of expression
3. Shaped by participant's relationships with creative form (e.g., music, poetry) in their broader lives
4. An openness to being changed through connection and a commitment to honouring life as precious
5. Slowing down to question taken-for-granted truths and interrogate how power is operating
6. Drawing on imagination and playfulness to find possibilities
7. Using what is available to draw on different knowledges
8. Centring collaboration to create together and share power

Main category: Creativity and Narrative Practices

This introduces narrative practice as a creative practice and explores how creativity and narrative therapy aid one another. Creativity supports narrative practices to centre its philosophies and not to become manualised into a series of techniques. Creativity helps participants along the journey from "known and familiar" to "unknown and possible to know".

Narrative and post-structuralist ethics help creativity stay in service of anti-oppressive practice and not become about creative talent or the therapist's own creative ambitions. Narrative practices were described as providing a scaffold for creativity, providing a loose frame from which to be creative.

The thesis then explores the different ways creativity is drawn on within narrative-informed practices to find cracks.

Main category: Conditions for Creativity: this category looks at participants reflections on what is needed to draw on creativity in practice.

Subcategory: Tapping into and Sustaining Creative Energy: this explores how participants develop embodied awareness of how creativity as energy feels, how accessible it is and how they can draw on it in their practice. They reflect on this energy as a disruptive force in the ways that oppression is operating. Several participants reflect on how connection with others (e.g., people, ancestors, deities, more-than-humans, animals) fuels creative energy and keeps it moving. Several participants shared how witnessing creative resistances in their own practices, lives and histories, fuelled them being able to tap into creativity as energy in their own practices. This section also includes reflections about how creative energy can be used to support others' to tap into creative energy.

Subcategory: Interrogating "what you're up against": this explores the cyclical relationship between creativity and interrogating power and oppression. A creative stance helps participants to question taken-for-granted truths and at the same time questioning is needed to draw on the types of creativity that might find cracks or "unexpected movement". Interrogating looks at how participants examine and challenge how power-over (power that is used to dominate and oppress) is operating across levels of practice, in systems they work in, in how power is imposed on them and how they impose power over others and cause harm. Through "knowing what you're up against" and how injustice operates, participants are supported to locate "the tiniest of cracks" and possibilities.

Main category: expansive practices: this explores how participants draw on creativity to look beyond what is immediately available, see the new in the familiar and draw on different knowledges.

Subcategory: "Playful absurdity": this explores how participants draw on creativity in the form of playfulness, and "playful absurdity" to disrupt and find cracks. This is not about minimising or trivialising trauma and injustice but a recognition that finding a crack may require "disruptive energy", imagination and playfulness. It explores how playful absurdity looks different depending on setting, and how something "standard" in one setting might be "radical" in another, e.g., asking a slightly different question in a medical meeting, challenging that therapy takes place in a room. In this way, creativity as playfulness was seen to disrupt rigidity, dominant discourses, status quo, by creating unexpected movement and finding possibilities.

Subcategory: "Using what is available" with self. This explores how creativity encourages participants to look beyond "what is immediately available" or dominant in psychology professions and to draw on often overlooked or subjugated parts of themselves. It encourages participants to draw on knowledges and wisdoms from their own lives and identities that exist "outside of the psychology textbook". It disrupts how psychology can "police selves and others", by finding ways to connect with and draw on knowledges and identities. Participants reflected on how creative form helps them to engage with these different parts of themselves, e.g., through writing poetry post-sessions. Several participants spoke about how using what is available to them supports them to be fully present in practice.

Subcategory: "Using what is available" with others. This explores how participants expand what is being drawn on with others and how creativity aids narrative practices in making visible connections and re-membering practices, e.g., community of figures in imagination, body as community. Creativity supports participants to play with "landscape of action" as experiential exploration, encouraging participants to find ways and opportunities for clients' to engage with and experience subjugated parts of themselves. It disrupts what is considered knowledge/expertise in therapy, the isolating effects of

oppression and connecting with community and positions clients with knowledges, resources and wisdom.

Main category: Engaging in Movement

Subcategory: "Mult-directional change": this looks at how creativity supports participants to engage themselves in movement and an openness to being changed through connections. It disrupts how change is dominantly seen as happening within clients because of interaction with a therapist. It looks at how therapists are impacted and changed and how this impact engages participants in actions and movements that work towards building a more just world. It explores how participants engage and seek out types of connections that will challenge, change and hold them accountable.

Subcategory: "Crafting a therapeutic project": this explores how creativity supports the crafting of a therapeutic project. It looks at how creativity aids narrative practices of continual movement between listening with presence, responding, checking in, modifying. A creative stance encourages participants to slow down and attend to practices of presence, listening and responding and to think about what supports these practices. Participants emphasise that it is the crafting process and not what is created per se that is the creative endeavour.

Questions (please write responses here and attach or paste into email).

- Based on the brief summary, what are your reflections and thoughts about the overall direction of the findings?

- The thesis is represented through two diagrams, which are organised by the core category "finding the cracks in therapeutic practice". What are your overall reflections about how these diagrams reflect the summary?

- What about the summary or diagrams doesn't feel clear or fit for you? Are there aspects that could be expanded on?

Brief summary of member check feedback to three questions.

1. Based on the brief summary, what are your reflections and thoughts about the overall direction of the findings?

- Themes and descriptions make sense and mostly align with own experience of creativity.
- Well balanced between academic restrictions and vitality of narrative practice. Helped me put in context some of my thoughts and expanded my understanding of my practice.
- Describes some of the improvisation and perseverance that's involved in finding a way through difficulties.
- Note on crafting and co-research, and challenging dominant therapeutic set-up.
- Relationship between NT and creativity as scaffold resonated.
- Love playful absurdity – feels like a relational tool.
- Parts resonate with my practice. remind me of other work that inspires me, parts made me want to try things out in upcoming sessions.
- Interested in creativity as energy that is always available and connecting beyond selves. Sounds spiritual/metaphysical, in a tone I don't hear much in NT.
- Reminds me of Deleuze and Guattari discussion on desire.
- Appreciate the emphasis on relationship between ethics of NT and creativity. Re-storying of creativity as its value can be diminished.
- The water metaphor feels liberating and belonging, has cultural resonance with local context, embodying our values of flexibility and adaptability.
- I have drawn on these ideas and the water metaphor, particularly 'pooling' in my practice.

Critique/considerations:

- Would like more detail as not sure how the subcategories and main categories fit together from this summary.
- Using structuralist language to describe poststructuralist practice, e.g., creativity as object rather than relational process. Look at Deleuze and desire.
- Confusing due to lack of definition of creativity, what would non-creative therapy be?
- Findings suggest a binary, where NT is inherently creative and others are not creative or oppressive. Common and unhelpful narrative about NT, which is frequently engaged with problematically. Need to approach NT critically.
- Consider David Smail's critique, magical voluntarism, and setting people up to fail by changing relationship to problem and not material reality.
- At points, are you departing from NT and taking more generally about creativity?
- Are we always finding cracks, sometimes are we creating them or amplifying ones that already exist?
- Is narrative practice creative practice?
- Curious about creativity as resistance, primarily in the face of capitalism and colonisation. Is this explicit in your findings?
- Curious about the results of expansive practices: expanding realities, possibilities? Expand the space available for clients and ourselves to hold on to dignity in the face of oppression?

2. The thesis is represented through two diagrams, which are organised by the core category "finding the cracks in therapeutic practice". What are your overall reflections about how these diagrams reflect the summary?

- Diagrams helpful and the metaphor of water with the different ways it finds to overcome obstacles makes sense and is very felicitous.
- Fits for me to conceptualise creativity as moving with and against.
- Like the metaphor finding the cracks.
- Diagrams are very helpful and make sense.
- Love the diagrams, particularly the water one.
- Reminds me of Deleuze and Guattari's work on 'flow', when describing how desire moves and blockages as 'anti-production'.

Critique/considerations:

- Clarity of figure 1: blue water background confusing and distracts from words, bubbles are also shades of blue and arrows are curved, so hard to know where to focus, start, end and pause.
- Make the title: Relationship between Categories: Finding the Cracks to help the reader know where to start.
- Consider creativity as always happening, to me the question isn't so much "what is creativity?" as it is "what are we creating?" and "what is the effect of creating it that way?"
- What are the cracks meant to be found in? Therapeutic practice? It isn't clear.
- The name 'finding the cracks in therapeutic practice' sounds like the problem is in the therapy.
- Found the title jarring because suggest the problem is in therapy.
- Sizing could help, e.g., reduce NT and creativity as it seems this is smaller and like idea of de-centring narrative practices and focusing more on possibilities of creativity.

3. What about the summary or diagrams doesn't feel clear or fit for you? Are there aspects that could be expanded on?

- Feels clear, looking forward to reading in full
- Innovative, expansive and generative.
- Inclusive and thoughtful.

Critique/considerations:

- Whilst water metaphor makes sense it isn't resonant with own understanding of creativity in therapeutic process. Response Art may be impactful as a way of showing your visual representation rather than suggesting it represents everyone.
- Terms like energy and stance don't clarify what creativity is.
- Doesn't reflect me / outlier experiences and is engaging with NT in idealised ways and uncritically.
- How do these findings affect actual practice?
- I'd like to see what this actually means for practice.
- How might you (researcher) practice differently after all this work? Examples of what you might say/do in given circumstances.

Appendix S: Participant contributions to categories and subcategories

Table 1
Participant contributions to categories

Main category	Subcategory	
Creativity and Narrative Practices		P2, P3, P4, P6, P8, P9, P10, P11, P12, P14, P16, P17, P18, P19, P20, P21, P22, P25, P26
Critique		P5, P6, P15, P17, P20, P21, P23, P24
Creativity as Energy		P4, P5, P7, P10, P11, P12, P13, P17, P19, P20, P22, P24, P25, P26
Creativity as a Stance		All participants (26)
Conditions for Creativity	**Tapping into and sustaining creative energy**	P1, P2, P4, P5, P7, P8, P9, P10, P11, P13, P14, P17, P21, P22, P23, P24, P25, P26
	"Interrogating what you're up against"	All participants (26)
Expansive practice	**"Playful absurdity"**	P2, P4, P10, P11, P14, P15, P16, P17, P18, P19, P20, P21, 24, P25
	"Using what is available" - with self	P1, P6, P7, P8, P9, P10, P11, P12, P13, P15, P16, P19, P20, P21, P22, P24, P26
	"Using what is available" - with others	P1, P2, P3, P4, P5, P7, P8, P9, P10, P11, P12, P13, P14, P17, P17, P18, P19, P20, P21, P22, P23, P24, P25
Engaging in Movement	**Multi-directional change**	P2, P4, P5, P6, P7, P9, P10, P11, P15, P16, P19, P20, P23, P24, P25, P26
	Crafting a therapeutic project	All participants (26)