The effort and intricacies of generating experience-near language

by David Newman

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Abstract

In this paper I explore Clifford Geertz's distinction between experience-near and experience-distant language. In the process, I draw from mad studies and mental health service user epistemology, both written and generated through my work. I also draw on the work of the historian of emotion Tiffany Watt Smith. Three specific practices in relation to language use are proposed: how we can invigorate the agency or meaning-making in language use; how we can use language to assist people to become familiar with, not alienated from, their experience; and how we might name and question the values or obligations that get smuggled in with emotion talk. I also provide three exercises to explore these themes.

Key words: experience-near; language; Clifford Geertz; narrative practice

Narrative practice has drawn on the concept of "experience-near" language (White, 2007, p. 40) to decentre professional language and centre insider language. In using this term, Michael White and David Epston drew on the work of Clifford Geertz (1974):

> An experience-near concept is, roughly, one that … [someone] might … naturally and effortlessly use to define what [they] see, feel, think, imagine, and so on … An experience-distant concept is one that specialists of one sort or another… employ to forward their scientific, philosophical, or practical aims. (Geertz, 1974, p. 27)

The distinction between experience-near and experience-distant language (which also get described as "insider" as distinct from "expert" language) has been both intriguing and clarifying for me in my work. I would like to add two considerations to Geertz's description. First, that experience-distant language is taken up by people other than specialists, including by individuals, families and communities themselves when describing their own experience, especially as psychiatric power swirls around lives and conversations. And second, I would argue that experience-near language is frequently not natural and effortless, especially as a result of psychiatric power and meaning-making processes. These two considerations in relation to Geertz's concept of experience-near and experience-distant are broad brushstrokes, and one of my intentions with this paper is to paint in more detail.

This paper initially took shape from fairly unrelated reflections about language use in response to the mad studies reading I was doing, the service users I was speaking with and the workings of a psychiatric unit. It is my intention with this paper to include these (at times disparate) reflections around language use, even if they venture slightly away from the concepts of experience-near and experience-distant. My hope is that they add colour to the picture I am trying to paint, even if the brushstrokes are somewhat outside the main canvas. And if that is the case, hopefully the picture will have more detail to assist with our work.

I will start with a story.

Words for all

A week or two back, Patricia and I were having our third meeting. Patricia is in her late 60s and works as a mental health peer worker. When we first met, Patricia said she wished to speak with me about her work, but also about what she called paranoia, stress and "getting help for the crap that happened". At one point during our conversation, I used the word "suspicion" to describe her experience. Patricia froze, then, after a moment of seemingly quiet disturbance said, "Why did you just say suspicion?"

I replied with a little uncertainty: "I am sorry if it isn't a word you'd use. I guess I said suspicion as I have heard others use that word".

She responded, "It's a good word. It's a healthier word".

I was somewhat relieved but also curious about Patricia's response to the use of one word rather than another. We had the following exchange:

David: It is a healthier word than which word?

Patricia: Than paranoia.

David: In what way?

Patricia: Well, paranoia is when you are labelled, meaning you are mentally unwell.

David: And suspicion is healthier as it is not a label and doesn't mean you are mentally unwell?

Patricia: Yes.

David: Is there anything more to say about what is healthier with the word suspicion?

Patricia: Well, suspicion happens to a lot of people, not just some. It is a bigger word and the world becomes bigger.

David: Okay. And what's it like imagining using a word that describes things that happen to lots of people, that makes the world bigger?

Patricia: [Speaking a little slowly, considering her answer] I think I would treat myself better. It is a word for everyone, not just a certain group. I'm part of a bigger group then, David.

David: Well, I am pleased to hear that using the word suspicion means you will be part of a bigger group, and that you will treat yourself better. For some reason I am thinking of a certain Elvis Presley song. I hope you don't mind [starts singing the chorus to "Suspicious minds" by Elvis Presley].

Patricia: [With a smile] Aaaahhh, yes. I like that song.

David: What do you imagine you will do with what we just spoke about?

Patricia: Hmmm. I want to have a conversation at work about the difference between the words paranoia and suspicion. I'll see what the other workers think. I think if they used this word [suspicion], it could be better.

Patricia had that conversation with her colleagues and enjoyed where it got to, including a discussion about the language surrounding them all. I was struck by the powerful significance of just one word; how some words can be "words for all"[1] as Patricia elegantly distilled it, whereas some words label and are potential openings for what Erving Goffman (1963) described as "a spoiled identity". So much could be written about the effects of labelling or psychiatric language. I will paint in the picture a little more with just one account of psychiatric treatment, which I read in Michel Foucault's lecture, "The psychiatric cure" (1973/2003).

An apprenticeship in hierarchical language and everyday resistance

Foucault (1973/2003) described a man named M Dupre who was treated in a French asylum by the psychiatrist François Leuret from around 1838 to 1840. Part of the treatment involved what Foucault named as a requirement for Dupre to "reuse" language when the language he used was assessed as incorrect. Foucault described a particular focus of this treatment: "In a way that is quite typical, Dupre is not required to learn the names of the patients but rather those of the doctor, the doctor's students, and of the supervisors and nurses: the apprenticeship of naming will be an apprenticeship in hierarchy at the same time" (Foucault, 1973/2003, p. 150).

Although this particular treatment is from nearly 200 years ago, I appreciate this analysis as I think it shows the linking of language use with hierarchy and power relations in everyday ways that often go unnoticed or unquestioned. For instance, in the psychiatric unit where I worked, "handover meetings" are held every morning. During the meeting, each young person, in their absence, is "reviewed". The review begins by introducing the young person, invariably with the following phrase: "[Person's name], admitted *under* Dr [medical practitioner's name]". In this, a kind of apprenticeship in or solidifying of hierarchical language was enacted.

Yet even with this ritual, I am reminded of the metaphor of multi-storied history, or perhaps better put, multi-storied approaches within institutions. One morning I noticed a very interesting resistance to this hierarchical language. As we set off on the reviews for the "handover meeting", a nurse introduced the young people by saying, "[Person's name] *working with* Dr [medical practitioner's name]". I was so surprised by this resistance that I spoke with the nurse over lunch that day. She told me a little of the origins of her practice, including working outside of psychiatry in a women's refuge.

Language as the limits of our worlds and extending these limits

As I write this paper, thinking about language and about what I might include where, I have been drawn to Wittgenstein's (1922/2010, p. 74) description of writing: "The limits of my language mean the limits of my world". There are angles, analyses and directions that I cannot even imagine as a result of language I can't find, know or use. There are limits to this paper, and realising this can shape a useful modesty and more.

I want to acknowledge that, as a result of the limits of language, there are limits to what we can even imagine. But I also want to emphasise that language and description – or the absence of language and description – don't just limit but also shape. Or at least, the availability of language and description at a specific time and place is shaping of action. Ian Hacking (1995), a Canadian philosopher specialising in the philosophy of science, has discussed the work of another philosopher Elizabeth Anscombe and her assertion that action is action under a description.

Although there are different strands to his argument and his use of Anscombe's ideas that I won't detail, I was drawn to his assertion that when new descriptions become available, one lives in a "new world of opportunities". He wrote:

> When new descriptions become available, when they come into circulation, or even when they become the sorts of things that it is all right to say, to think, then there are new things to choose to do. When new intentions become open to me, because new descriptions, new concepts, become available to me, I live in a new world of opportunities. (Hacking, 1995, p. 236)

The availability of these descriptions comes out of the particularities of the folk understandings and language of different cultural communities, so there is a specificity to the language use. Yet Hacking's idea that there are new things to choose to do when gifted with new descriptions reminds me of the importance of always expanding the linguistic repertoire, knowing there will always be some limits swirling around such a project.

The contested and political realm of language use in psychiatry

Language use is a contested realm in psychiatry and in psychological treatment more generally. A few years ago, I noticed this message from the publication *Deep Insight: Leaders in the international mental health consumer/survivor movement share their thinking*, published by Our Consumer Place, an Australian mental health resource centre run by people with lived experience of mental health struggles.

> In this booklet we put many words (e.g. "mental illness") into inverted commas. People tend to use these words because they are commonly understood in the mental health field, but by putting them in inverted commas we are acknowledging that not everyone agrees with their use – these terms are contested. For example, the idea of "mental illness" is not something that all consumers identify with – many reject it, often with sophisticated intellectual, political or spiritual critiques of this concept. Others find the term profoundly useful. (2012, p. 5)

Since working more regularly in a psychiatric setting, I have seen this contestation manoeuvred around. I have become interested in considering the delicacy of language – in its history, including a history of contestation, and how some phrases can have such uncertainty surrounding them, such as those used in diagnostic language. I have also become interested in the profoundly political aspect of language: which words get used by whom, which words are available to whom, and what sorts of language use muddies meaning-making.

Language that muddies context as well as the response to context

I have heard on many occasions about how suicide is one of the biggest health challenges we face. I always react to the word "health" in this context. Using this word strips the experience of suicide of its context, of its politics, of its often-heartbreaking injustice. And of the ways that "hate kills", to use Vikki Reynolds's (2016) phrase.

But language can muddy more than just the context of experience. It can muddy the ways people respond to such context. When people are said to use "dysfunctional coping mechanisms", the action (mechanism) is deemed wrong, and we are all robbed of an opportunity to make sense of such action.

There is more that muddies the context of suffering and responses to suffering, such as norms and particular discourses, but language is key in enacting those discourses, and in turn, language is shaped by discourse.

Refusing the thievery of experience

Rachel Waddingham is an independent trainer specialising in innovative ways of supporting people who struggle with extreme states and has been a mental health service user. I thought I would include the following quote from her as Waddingham uses powerful language and the concept of theft to evoke what is at stake with language use.

> Does it matter if we sometimes slip into the language of illness when we all agree that these experiences are meaningful, personal and have value? Yes. It does. The language of illness was the language used by the thief who first stole a person's experience and replaced it with

"schizophrenia". Every time we use words from this language we inadvertently add our seal of approval to this thievery and make it that much harder for people to reclaim their experience as their own. (Waddingham, 2013)

I hear outrage in these words from Waddingham. She asserts that the language of illness can steal *experience*, not just (potentially experience-near) descriptions for experience. This amplifies for me that it is anything but neutral or harmless to impose the language of illness and has made me determined not to add a seal of approval to the theft of story and language.[2]

Privileging understanding and collaboration over risk assessment and textbook language

A year or so ago in the psychiatric unit where I was working, I consulted young people about what they hoped for from mental health workers and their own networks when they were experiencing die thoughts or way-out thoughts.[3] In the first group I consulted, Brendan responded immediately and with great clarity, like he had been waiting to share his vision for mental health service response for some time. He said, "Don't try to stop us; try to understand us. Then when you understand us, maybe together we can stop us". Such a plea has stayed with me and shapes the work I do with those who are experiencing way-out thoughts.

Brendan's words also helped illuminate the words below from Honor Eastley, a writer, blogger and "professional feeler of feelings". She has written of complex and painful experiences of psychiatric hospital admissions. She also writes about the importance of understanding from those around her during these admissions:

Back in hospital all those years ago, I wanted to be medicalised. I wanted someone to name my pain and for it to be a thing that was real and written down in a text book somewhere. I wanted the answer.

But now I know it's not that simple. Having someone explain your pain is not the same as having someone understand it. (Eastly, 2018)

Brendan's and Honor Eastley's words have invited me to hold close practices of understanding and collaboration over and above risk assessment or

textbook language. And I would argue that experience-near language is one of the most powerful ways to enact understanding and collaboration.

So far I have discussed some of the intricacies of experience-near language use, for which Patricia had a resonant description: "words for all". I have also explored some broader considerations around language. These have included how some language, especially psychiatric language, runs the risk of muddying context, as well as the responses made to context, and risks stealing not just experience-near language, but experience itself. I have been drawn to and reminded in my work of Foucault's description of language use within psychiatric power being an "apprenticeship in hierarchical language", both for those at the receiving end of psychiatric treatment and those enacting psychiatric treatment. And I have discussed how experience-near language can be in the service of understanding and collaboration, which is often preferred by psychiatric service users.

There are now three themes I wish to explore in some detail to take this discussion further into our practice:

- acknowledging agency – language as a meaning-making achievement

- supporting the recognition of experience not alienation from experience

- questioning the values that get 'smuggled in' to emotion talk.

For me, these themes have brought clarity and further options for meaning-making, rather than muddying meaning-making; assisted in the reclamation of experience, rather than the stealing of experience; and built a stronger foundation for people to name the politics of what is at play with language use, especially emotion talk.

Agency – language as a meaning-making achievement

Language use and description can be seen as achievements. That is, the act of finding a word or phrase, the deliberation in that process, and the specificity of a word or phrase can be understood as actions that are linked to intention and purpose. I will discuss options for getting a rich sense of such intentions and purposes, and therefore amplifying the agency involved in the use of language.

I notice that when I ask people to name the often-inchoate preferred stories that might be shyly starting to show up in our conversations, they can find it difficult. I can think of some different ways to understand this. It could mean that the stories are only just starting to take some shape or are very thin and barely able to be named, especially if they have been in the shadows of a punishing or dominating problem story. Or it could mean that, in the context of power relations, people are trying to find language they imagine the practitioner appreciating – a name that might be adequately informed by psychiatric expert knowledge, for instance. Or it could mean that finding a name requires meaning-making, and as is the case when trying to make sense of things, it takes time and effort. It can also be shaped by particular intentions and values.

The following extract from a conversation with Julie illustrates the meaning-making in the act of naming experience and stories. When we were speaking about her experience of suicidal ideas, Julie's preferred language was "die thoughts" as opposed to "suicidal thoughts". I noticed this and asked her about it:

David: And you've deliberately not used the word "suicidal thoughts"? Is that a deliberate thing? Or not necessarily?

Julie: I don't know. But it seems like suicidal thoughts is like it's actively doing something, but "die thoughts" is like some influence— it's actually those kinds of things are not from yourself. It's from something else that influences you and forces you to take your own life

David: So it's almost like your life is being stolen by something that's not within you, that your life's been taken in a way, or trying to be taken at least. Therefore, you're less likely to feel wrong or responsible. Is that right?

Julie: Yes.

David: When using the word "die thoughts" which—

Julie: Yeah. Compared to suicidal thoughts.

David: "Suicidal thoughts" seems to centre it more on you, does it? Is that right?

Julie: And suicidal thoughts is a term that's used by those authorities, those doctors or psychologists and that's, I think that's so – I hate that.

David: Oh, that's another reason why you came up with the phrase "die thoughts"? Words or phrases that are not in the realm of the authorities? And die thoughts are not in the realm of the authorities? You said you hate that. Is it okay to say a little bit about why you hate words that are in the realm of the authorities?

Julie: Yeah. Because I had a very hard time with them. And they, they would like to take away my son from me and force me to do things that I didn't want. Schedule⁴ me to the hospital. Just like—

David: And what? To take medication you didn't want?

Julie: Yes, yes. Two nurses did that: push me on a chair and then open my mouth, and that's, that's so terrible. I don't know what type of crime that I had committed or whatever but, yeah, they treat me like—

David: Yeah. It was your sense that you were a person who'd committed crimes, given the way they were treating you? Wow, yeah. And I'm imagining that, you know, what was happening for you was suffering. I don't know if that's a good word to use, but rather than it being a crime that you were committing, I'm imagining you were experiencing some very, very rough times. Like really strong suffering at the time.

Julie: They always say that because I am sick and I cannot make good choices, they have to make choices for me, including what I need to do every day or whether I can be with my son. So you are not yourself anymore. Actually, they work with die thoughts, I think. It's like, if the rest of my life needs to be controlled by them, then I'd rather die rather than—

David: Really? So the controlling aspect of the psychiatric system or the mental health system actually meant for you, "If this is

going to be it, I might as well die"? In other words, it gave a lot of power to die thoughts when the controlling aspects of the mental health system stepped in.

Julie: It was a really, really stressful time in my life for me and also for my family and my son. And then I feel like I'm a burden on the family.

David: What difference, then, does it make to try to use language that's not of the authorities, that's not of maybe the mental health system? What difference does that make for you? Is it a big difference or a small difference? How important is it to say "die thoughts" rather than, for instance, "suicidal thoughts"?

Julie: Maybe from other peoples' perspectives it's just a small thing, but because I cannot control most of the things that happen in my life, maybe this little thing means a lot to me, you know. So yeah, "die thoughts" – that is really powerful.

David: Yeah. Some people might just consider it a small little thing. But language choice is an area where you have some control, and it's a deliberate choice of words that don't belong with the authorities.

For Julie, the deliberate use of language that was not of the authorities was a small way for her to control something in her life. This use of local language was a small action but involved considerable principle. It was linked with a refusal to comply with psychiatric power, its language, and the harm such power and language can create. I got the picture of refusal, and the agency involved in refusal, being a way to build experience-near language.

In many ways, Julie has inspired me to develop the following exercise to build richer meanings out of the achievement and agency.

BUILDING RICHER MEANINGS AROUND LANGUAGE USE

This is an exercise to be completed in pairs with each person using either their own experience or the experience of someone they are working with. Both people take turns at being the interviewer and interviewee.

Can you think of a time when you or someone you are working with had a strong preference for using a particular word to describe their experience? This could be an experience-near or experience-distant (or expert) word. Please answer the following questions about this.

- What was the word or phrase you chose?

- Could you say something about why you chose that word?

- Does it speak to a particular preference for how you, or your network, would like to be understood or how you'd not like to be understood? Does it speak to expectations you, or your network, hold for how you ought to be treated?

- Does that preference suggest something that really matters to you and your network, perhaps something you are refusing to go along with or are protesting?

- What does your preference say about what you are honouring?

- What is the individual and collective history of what you are honouring, refusing or protesting?

- What difference do you imagine it will make to your sense of yourself and your future if you continue to use this word or phrase?

- Are there ways that you would like to let people around you know of the significance of this word or phrase?

Supporting the recognition of experience not alienation from experience

I remember where I was when I read the following quote from the mental health trainer and consultant Ron Coleman: "Psychiatry takes away my experience, moulds it into their model and then hands it back to me in a way unrecognizable to me" (as quoted in Escher & Romme, 2010, p. 32). This sentence lit up for me as a powerfully succinct critique of psychiatry. Although the "model" of psychiatry is more than just language use, this quote made me think about psychiatric language use in particular. After I read this quote from Ron Coleman, I made a promise to myself to not work or speak in ways that foster a lack of recognition of oneself, or an alienation from oneself. This would include not painting people into a corner in which they have to use psychiatric language to forge easier relationships with me, or easier relations with the institutions they are often forced to be in.

The alienation can go in multiple directions, and like a storm, can knock down so much in the landscapes of people's lives. Those whose lives are getting described in psychiatric terms can get alienated from their community, their networks, their families, and their relationships. As psychiatric language is being cast around, the words can often replace the everyday or folk language used for descriptions of extreme states and suffering. However, given the pervasiveness of psychiatric language, people's everyday or folk language may not have been replaced at all, but rather comprise psychiatric language! When psychiatric language comes to enter lives, networks and communities, another requirement then quickly follows: to "know" what those names refer to, for psycho-education about the signs and symptoms of psychiatric illnesses and disorders, and an obligation to learn such technical and often formal phrases. Having then received such an education[5], people and their communities owe "a debt of gratitude" (Foucault, 1973/2003, pp. 28–29) to psychiatry, and therefore mental health workers, setting up further (often difficult-to-name) power relations.

Another direction where this alienation can reach as a result of the psychiatric model and language includes the alienation that psychiatrists can have towards those they "treat". I was reminded of this when speaking with Gabe.

Gabe approached me at the end of a group I was facilitating on "writing a letter to the problem". She asked me if we could write a "letter to the voices" together, as the voices made the exercise too difficult during the group. We spoke for a while about the voices, their tricks and tactics, their intentions, what possibilities they offered her life, and what helped quieten the difficult ones and connect with the sustaining ones. I retrieved her words and compiled them in a way she was happy with. This is her letter.

Dear voices,

Most of you have been upsetting me, making my life difficult. You are stopping me from having my own life. You make me suicidal. What are you trying to achieve, voices? Trying to make me suicidal and sitting on the lounge doing nothing? Is this what you want for me?

I want you to go away and stay away. If you're not going to go away right now, please be quiet so I can be friends with you.

I do different things to try to make you quiet.

Sometimes I try to change the words of what you're saying. That can be really difficult and you get louder. But when I sing out loud Christian songs, you listen to me. That's good because you're really quiet, and then you're easier to tolerate.

Chewing gum really helps make you quieter. I focus on the rhythm of my chewing and change rhythms. You go away at those times.

There is one of you I like: Chris, my angel voice. Chris taught me about the beach, and that has been a good thing. When I meditate, I hear Chris more loudly. I then connect with his voice energy and there's a flow of good, calm energy to me.

Yours sincerely,
Gabe

After I read the letter to her, Gabe said spontaneously, "Do you think I can show this to my psychiatrist?"

I replied, "If you'd like to do that, it sounds like a good idea". Ron Coleman's words came to mind,

and I asked Gabe whether she was trying to introduce the psychiatrist to her words and her understandings about the voices.

She replied, "Yes, I think so". Perhaps Gabe wanted to introduce *her model* to the treating psychiatrist in order to treat his alienation from her as a result of the psychiatric model and psychiatric language.

The dictionary of obscure sorrows: Recognising experience and producing better metaphors

I developed the dictionary of obscure experience after my friend and Dulwich Centre writer, teacher and community practitioner David Denborough shared with me the website *The dictionary of obscure sorrows* (Koenig, 2009), which was an innovative way to create words for experiences that are obscure and have no English description. I imagined that creating a similar dictionary in the psychiatric unit where I worked would be one way to respond to Ron Coleman's critique of psychiatric language as making experience unrecognisable. But in addition to that, I imagined making such a dictionary could be a way to find words for the unnamed, and at times unnameable, complexity that clasps on to people's lives when they come to a psychiatric unit.

There was another important consideration I was conscious of as I started this dictionary. I was thinking about metaphors.[6] If this was to be a potentially playful and diverse dictionary, then I imagined it would include playful and diverse metaphors.

Brain and medicine metaphors are in-vogue descriptions for mental health suffering in many contexts.[7] This is potently symbolised by a comment made by a psychiatrist to a journalist at NBC News when making suggestions about the best way to speak about suicide in her culture: "We talk about death with cancer and heart disease but not death when associated with mental illness. But some people do die from it. Suicide is like a massive heart attack of the brain" (Spector, 2018). And similarly, in my work context in Sydney, language such as "sleep hygiene", "mental health first aid" and "a dose of therapy" are routinely used, using metaphors sourced from the medical world.

I was drawn to other metaphors, outside of the reach of medical power and what it clutches at in an effort to illuminate more likely experience-near language. Or to find another angle to this, perhaps "better metaphors", to use Peter Salmon's term:

> Thus, having acknowledged that we live in the mess of the metaphorical, where metaphors are ways of thinking, our task is in a sense to wallow in this unrestricted becoming, and produce better metaphors as we do so. Better, in some readings, means "having more explanatory power" or "correlating better to lived experience". One often feels with Deleuze that, at times, a better metaphor is simply one that is more interesting or exciting – once all language is metaphorical, why not enjoy? (Salmon, 2022)

These ideas assisted me in crafting the dictionary entries with the young people to produce metaphors that were interesting, exciting, enjoyable and more!

The current dictionary has around 150 entries and it is rich with metaphor. The following entries, "The Form Identity" and "Floating", along with synonyms and an antonym, are both metaphoric and punning, and comprise directly rescued words from five people in groups I facilitated. They are some of my favourites.

> **The Form Identity:** The process of mental health services trying to get to know me through mental health records rather than through speaking with me. Those records don't recognise my skills, my achievements, how I've overcome things, or who I am at my best. I can feel worse when this is done and see it as inaccurate. (Ref: the 2002 film, *The Bourne Identity*)

> **Synonym. Cornering**: The assumption that you can talk to me for 5–10 minutes, read a discharge summary and know who I am. And then life-altering decisions can be made on the basis of that "knowledge".

> **Antonym. Read your fucking notes**: When you have to repeat the negative parts of your story multiple times to multiple people.

> **Floating:** Best understood by the following analogy: if you are snorkelling and you come across a current, you could swim against it but sometimes you are too exhausted and you just float. The current then takes you in whatever direction it's going, even if that direction is much less interesting or even dangerous.

Synonym. I give up: When feeling weak, not having the strength to define yourself anymore other than through the illness.

Some considerations with the dictionary

Before I introduce an exercise that can be done after reading the dictionary, I would like to add three hopefully clarifying distinctions about the dictionary of obscure experience.

First, I would like to emphasise that this dictionary is always in draft form, as it is always being added to. It is incomplete and partial, never definitive.

Second, this dictionary is not meant to be authoritative. Dictionaries have been used to delegitimise marginalised and non-sanctioned language. The dictionary of obscure experience uses descriptions that are local, potentially temporary and from the margins. They are deliberately reclaimed in response to psychiatric power – locating descriptions and experiences before they get described by psychiatry, or to take this one step further, before experience even gets discerned via the lens of psychiatric power.

And third, this dictionary is distinct from efforts like a dictionary of alcohol and other drugs slang. Such important dictionary projects can give status to words and descriptions used by those in marginalised communities. Yet descriptions like alcohol and other drugs slang are already in circulation, albeit limited circulation. The dictionary of obscure experience includes words and descriptions that are mostly not in circulation and are not intended for broad usage.

So this is a dictionary of emerging and particular descriptions that are reclamations in response to psychiatric power, and a partial and incomplete project with no ambition for broad usage.

The following exercise may be useful to do after you have read the Dictionary. It has the dual purpose of assisting you to consider the resonance of such a dictionary in your context as an option for experience-near language that helps people recognise experience, as well as crafting your own entries for a dictionary of obscure experience.

DICTIONARY OF OBSCURE EXPERIENCE EXERCISE

Please answer the following questions with another person if possible, or just consider your answers without a partner.

- Would this be a helpful way to assist people to locate experience-near language in your context? Is the genre of "dictionary" resonant?
- Which entries caught your attention and why?
- What ideas get sparked for you around obscure experiences you, or others in your work or community, have?
- Do you have ideas for how might you share and build such a dictionary in your context?

Suggestions for how to collect a dictionary entry:

1. Listen for experiences that may not be named, may be difficult to name, are unusual or playful.

2. Listen for words or phrases that speak to experience, not the interpretation of experience; the landscape of action, not so much the landscape of identity.

3. It can be helpful, although not necessary, to craft the entry in the present tense, and start with the word "when".

Questioning the values that get smuggled in to emotion talk

I notice that young people are animated when we share the dictionary[8] and I have tried to make sense of this. The first page of the dictionary includes a collection of reflections that young people have made about what the dictionary means to them. For instance, one young person said it is about:

> seeing intricate experience. There's so much intricate experience that makes up your life. And in this dictionary, experiences are written like people are actually saying it. So when I read this, I can see clearly everyone else's intricate experience and I feel less alone.

The young people's meanings are ones I put at the centre of making sense of their positive responses to

the dictionary. Yet I have wondered how else I can figure out what is happening when such animation and at times exuberance surrounds engagement with the dictionary. One understanding I have considered is that the dictionary, and the practices associated with it, are like the inverse of the treatment obligations placed on the young people. In "person conferences"[9], individual and group therapy, there are requirements for young people to "work on" or "fix" the "illnesses", "disorders" and distress they are experiencing. I see that as something that can create pressure or stress.[10] I have wondered if the dictionary might provide relief from having to "fix" or "work on" problems, and instead offers a collective way to "feel less alone in distress".

Recently I read something that resonated with this guess. The Wildflower Alliance "supports healing and empowerment for our broader communities and people who have been impacted by psychiatric diagnosis, trauma, extreme states, homelessness, problems with substances and other life-interrupting challenges" (Wildflower Alliance, 2019) and they do this in part via peer-to-peer support. Among the principles articulated for their work they include the following:

> There are no "fixers" and people being "fixed" within our community. We will not act as therapists, case workers, or healers. It is assumed that all people who become a part of the Wildflower Alliance for support or learning will also pass that benefit along to others in some way. (Wildflower Alliance, 2019)

Reading this principle for the work helped me search a little further in making sense of the notion of "not working on or fixing a problem". I wondered how to describe what we might be doing when collating this dictionary if we are not "working on" or "fixing"? Perhaps finding collective ways to feel less alone in distress is description enough, but I wondered if there was more I could have brought to the understanding and therefore to my practice. The work of Tiffany Watt Smith helped illuminate an idea.

Tiffany Watt Smith is a research fellow at the Centre for the History of the Emotions at Queen Mary University of London. She has written a book titled *The book of human emotions* (2015). Although I won't explore the place of emotion in narrative practice, I want to write a little about a particular phrase she used that caught my attention.[11]

According to Watt Smith, "No one really felt emotions before about 1830" (2015, p. 3). This observation emphasises that emotion is more than just a natural bodily process, unchanging and stable. Rather, it has a history, and is therefore culturally grappled with and produced. She goes on to write, "understanding the cultural stories of our emotions above all helps us uncover the tacit beliefs about what 'natural' (or, worse, 'normal') emotional responses might be" (2015, p. 12). It was this concept of the tacit beliefs that caught my attention. Perhaps this dictionary is a refusal of the "tacit belief" that one must "work on" or "fix" negative emotions.

Watt Smith made a further observation in her 2017 Ted Talk, "The history of human emotions", which stretched my thoughts just a little further:

> There is a historicity to emotions that we are only recently starting to understand, so I agree absolutely that it does us good to learn new words for emotions, but I think we need to go further. I think to be truly emotionally intelligent, we need to understand where those words have come from and what ideas about how we ought to live and behave they are smuggling along with them. (Watt Smith, 2017)

I don't aspire to emotional intelligence, or hold that as a goal for people I meet with, but I do hope to assist people to name the obligations that are "smuggled in" with emotion speak. A crafty or underhanded process by which these obligations arrive in people's lives is evoked by Watt Smith's word "smuggle". It takes a bit of work to get to the bottom of crafty or underhanded processes. I thought about some common examples of emotion speak and the values and obligations that get smuggled in within them. The following table is an attempt to represent this. The left column includes five emotion descriptions, general and specific. The middle column shows the values and obligations that can get smuggled in with them. And the right column describes some options for questioning or refusing such values and obligations.

Emotion	Attached value or obligation	How questioned or refused
Negative emotion	that ought to be worked on	Negative emotion expressed collectively in order to build resonance and feel less alone
Worry	that requires reassurance	Worry as a likely expression of care
Regret	that should be left in the past	Regret as an expression of which values and expectations were transgressed
Anger expressed by those marginalised	that ought to be quietened	Anger as an expression of outrage linked to notions of what is fair and just
Happiness	that is necessary to be living properly or normally	Happiness expressed ironically, and/or an exploration of whether normality or the promise of normality via happiness is preferred

I have shared this table with participants in workshops. I then ask them to discuss in small groups the following questions.

QUESTIONING OR REFUSING THE VALUES THAT GET SMUGGLED IN WITH EMOTION TALK

- As you read this table, were you greeted with any examples from your own work or life of something similar?

- Is there a word, image, song or even dance that describes the emotion you thought of?

- Are there stories that come to mind of where values or obligations were "smuggled in" by emotion talk?

- What came to mind?

- What were the values or obligations you noticed smuggled in with this emotion?

- Was the value or obligation named at the time, or is it something that you could see later or now?

- Can you as a group consider ways you might name, question or refuse these values and obligations in your work or life? This could include:
  - ways of listening
  - comments you could make
  - connections or resonances with others you could propose
  - questions you could ask.

You may be thinking about what you have already done, or what you could newly try out.

Conclusion

I began this paper with a quote from cultural anthropologist Clifford Geertz (1974, p. 27) in which he explained that an "experience-near concept" is one that can be used "naturally and effortlessly". I have tried to describe how in some contexts – in particular, psychiatric contexts – the generation of "experience-near" concepts is anything but natural, but rather requires considerable effort, which is characteristic of meaning-making and is shaped by intentions and principles.

I have also suggested that in some contexts, again with much of my discussion set in psychiatric contexts, people themselves, and not just specialists, utilise "experience-distant" concepts to describe their experience. This can contribute to an alienation from experience.

In working with both experience-near and experience-distant language we can use practices to support people with:

- the effort required to achieve and build meaning around language use

- finding language that helps build the recognition of experience.

- Three practices to support these two agendas have also been described:

- questions that assist in meaning-making in relation to language

- creating a dictionary of obscure experience

- naming and evaluating the values that get smuggled into emotion talk.

I would like to end on a personal note. Often my own history lights up when walking alongside people as they negotiate the often-complex terrain of language use to describe their lives. I regularly think about my mother's life. Usually, I have said my mother died by suicide when I was a child. This description muddies the context of significant limits for most women in Australia in the late 1950s, when my mother was first married. It was this context that would have opened the door wide to the turmoil she experienced for the following two or so decades. As a result of the work I have been doing, and the responses and stories I have witnessed around the intricacies of language use, I will now reconsider and re-work my description of her death, seeking a description that will acknowledge and not muddy the context for her.

I am now imagining how you, the reader, might engage with the ideas in this paper, and in what kind of ways you might use them, both in your life and in your work.

Acknowledgments

Notes

1. I appreciate the delightful democratising flavour of Patricia's description: "words for all". However, I don't want to suggest that there are particular words that are relevant for all experience or all people.

2. I will use the language of illness or disorder if that is the preferred language for a person, family or community. However, I often see that people use many descriptions for their experience, both inside and outside the realm of illness and disorder. We can reflect back all the different descriptions we hear and ask which are preferred.

3. These are often experience-near descriptions of what is generally named by psychiatry as suicidal ideation.

4. "Scheduled" means an involuntary psychiatric hospitalisation.

5. Of course, sometimes people do their own research.

6. To read more about the use of metaphor in narrative therapy and community work, see Chapters 4 and 5 of *Collective narrative practice: Responding to individuals groups, and communities who have experienced trauma* (Denborough, 2008).

7. Neurodiversity is a metaphor sourced from discourse about the brain or nervous system and has become a highly valued description for many.

8. This is not always the case. After one group reading of the dictionary, we crafted the following entries to describe one person's response:

    Fishing without bait: Reading this dictionary and not remembering any of it and/or not being present while it's being read.

    Synonym. **Whadutorkinbout?**

9. Often referred to as "case conferences".

10. As well as some ideas for how to proceed that can be relieving.

11. For an excellent discussion about a cultural, rather than neuro or naturalistic, account of emotion and its connection to narrative practice, see Part 2 of David Denborough's (2019) paper "Travelling down the neuro pathway".

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