This is a post-peer-review, pre-copyedit version of an article published in Nursing Ethics. The final authenticated version is available online at: http://dx.doi.org/10.1177/0969733017753742. When citing this article, please refer to the print-version: Fredwall, T. E., & Larsen, I. B. Textbook descriptions of people with psychosis – some ethical aspects. Nursing Ethics. Prepublished April 29, 2018, doi: 10.1177/0969733017753742

Textbook descriptions of people with psychosis – some ethical aspects

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Abstract

Background: Textbooks are central for the education of professionals in the health field and a resource for practitioners already in the field.

Objectives: This article focuses on how 12 textbooks in psychiatric nursing and psychiatry, published in Norway between 1877 and 2012, describe and present people with psychosis.

Research design: We used qualitative content analysis.

Ethical considerations: The topic is published textbooks, made available to be read by students, teachers and professionals, and no ethical approval was required.

Findings: The analysis shows that all 12 textbooks describe and present people who are considered as psychotic from a 'perspective from above'. In this perspective, the readers are learning about psychosis in the professional's language and from the author's viewpoint. Most often the textbooks communicate a universal image of people with psychosis, a description that fits with the diagnostic criteria. The analysis also shows that two textbooks in psychiatric nursing combined this perspective with a 'perspective from within'. Here, the readers are learning about psychosis from the patients' own viewpoint. The authors communicate a personal, psychotic universe that differs from various people, even if they have the same diagnosis, and the descriptions are focusing on the patient as a whole person.

Discussion and conclusion: Drawing partly on Rita Charon's writings about narrative knowledge in the health field, and partly on insights from Martha Nussbaum and her concept of narrative imagination, we argue that mental health professionals need to learn about, understand and fathom what patients go through by reading, listening to and acknowledging the patients' own stories and experiences. Cultivating the capacity for empathy and compassion are at the very heart of moral performance in the mental health field. A valuable moral resource in that regard is leading textbooks and how they describe and present people with severe mental illness.

Keywords

Compassion, empathy, narrative imagination, moral performance, professional ethics, psychiatric nursing, psychiatry, psychosis, recovery, textbooks

Background

In previous studies of Scandinavian autobiographies, written by people considered by themselves or others to be suffering from mental health problems, a main finding was that almost all of them wrote about a failing healthcare

system.[1-3] The autobiographies represented a period of 90 years (1918–2008), but despite changing perspectives on treatment and different social and political eras, the experiences throughout the period were striking. The healthcare professionals were generally described as more interested in signs of illness than in the patient as a whole person with body and mind, hopes and dreams. The authors experienced violation (e.g. use of enforcement) and lack of recognition, and a tension was expressed between what the patients with mental health problems thought was helpful, and how the field of expertise emphasised diagnosis and treatment of specific illnesses. As one of the autobiographers, Arnhild Lauveng, writes:

> They become so caught up in the deviant and bizarre that the human and understandable disappears to the degree that you almost forget that it exists. And that frightens me. Because I've been there. And I know that it is possible to understand me, and that I am human, even though it was not easy to understand me back then. And I don't necessarily believe that these [. . .] textbook descriptions of deviant behavior are the best way of creating the curiosity and motivation needed to get pass the categorizing descriptions and to discover the true reality inside of them.[4]

In her autobiography, Lauveng – diagnosed with psychosis – describes a misfit between what she needed as a patient with psychotic experiences and the professional care she was offered. The health professionals met her in a way that did not ease the pain, and she indicates a connection between her negative healthcare experiences, the conduct of professionals and descriptions laid out in leading psychiatric textbooks. Similar experiences and connections are reported and found in the international literature.[5-7]

In recent years, much has been written about recovery from psychosis.[8-18] There has been a growing awareness towards the central role and influence human relationships have in the recovery process.[12-18] Several studies have focused on the importance of user involvement[13, 14, 18-20] and staff attitudes,[16, 21-27] but, interestingly, very little attention has been paid to how leading textbooks in the mental health field describe and present people having psychosis and how psychosis as such is communicated to students and the professionals. It is therefore, in our view, of great interest to study these texts and to investigate and discuss the descriptions that students are reading in their academic courses.

Hence, the twofold aim of this article is (1) to analyse and discuss how textbooks, used in the field of psychiatric nursing and psychiatry in Norway, describe and present people who are considered as psychotic and (2) by doing so, contribute to further discussions and reflections on moral performance in the mental health

field. We are interested in psychosis since most of the autobiographers had experienced being psychotic.[1-3] Psychiatric nursing and psychiatry are chosen because nurses and physicians traditionally had dominated the psychiatric field in Scandinavia.[28] And we are looking at textbooks because they are central for the education of professionals, because they often provide the first source of information in the classroom, because they are important to constitute professional values and identity, and because they are a resource for practitioners already in the field.[29-32] As is pointed out by Kleppe et al.,[30] textbooks in the health field could on one hand be understood as a medium for knowledge and communication, while on the other hand, they could be viewed as instruments of knowledge, power and control, potentially governing the professionals' conduct from a distance. As such, textbooks used in nursing or medical schools are not only a source of information and knowledge for the students; they also represent a kind of truth and constitute a valuable resource from which professionals can attain a sense of identity and self-understanding.

Material and methods

Textbook selection

The empirical material analysed in this study is Norwegian textbooks emphasising adult psychiatry. The literature search was conducted using the search engine Oria, which provides access to search the complete holdings of practically all Norwegian research libraries. We limited the search to books that were published in bokmaal or nynorsk (the two written standards in Norway) and used the following Norwegian search terms in different combinations: *læreb**, *introd**, *psykiatri**, *sykepleie**, *psykiatrisk sykepleie**, *sinnssykepleie**, *sindssykepleie** (translated to English: *textb**, *introd**, *psychiatry**, *nursing**, *psychiatric nursing**, *mental nursing**). We then identified 167 publications.

In the further selection process, we included books that were presented as textbooks in psychiatric nursing or psychiatry, and we excluded duplications (including new editions of older works), textbooks in child psychiatry and textbooks that originally were written in another language than Norwegian. This gave us a list of 25 textbooks. However, in Norway, psychiatric nursing did not become a formal education until 1954. Earlier, the term "nursing of the insane" (*sindssykepleie/sinnssykepleie*) was used, but we only found one relevant textbook when searching using this word in Oria (Hans Evensen's *Handbook for nursing of the insane*). We therefore chose to include a well-known nursing textbook (in a Norwegian context) written by Rikke Nissen, which contains a chapter about nursing of the insane.

In the final inclusion, we were looking for literature within the two fields that had been in a reading list for courses in nursing schools or at the University of Oslo in roughly the same period as the autobiographers had their healthcare experiences (see the introduction). Although we mainly chose the first printed editions, we also included two books printed in newer editions (2012) since they were revised and brought up-to-date (Appendix 1).

Since the topic is published textbooks, made available to be read by students, teachers and professionals, no ethical approval was required. In the following presentation of our main findings, textbooks in psychiatric nursing are marked with an N (N), while textbooks in psychiatry are marked with a P (P).

Qualitative content analysis

In order to investigate how the selected textbooks describe and present people who are considered as psychotic, we chose qualitative content analysis. Qualitative content analysis is an approach to documents that – unlike quantitative content analysis in which the protocol is the instrument – emphasises the role of the investigator in the construction of the meaning of and in texts.[33, 34] The approach is, according to Bryman,[33] highly iterative with a recursive and reflexive movement between concept development, data collection, analysis and interpretation; the emphasis is on the systematic classification process of coding and identifying themes or categories, and the researcher should constantly revise the themes or categories that are distilled from the examination of documents. Qualitative content analysis is, naturally, only one of many research methods used to analyse text data, but as Bryman[33] points out, it is today 'probably the most prevalent approach to the qualitative analysis of documents'.

In this study, the 12 textbooks were initially reviewed for any subject index entries that might include a reference to psychosis. Since the books used different concepts and diagnoses about people having psychosis, we included all sections that contained the terms *dementia praecox*, *schizophrenia*, *insanity* and *psychosis*. The term *psychosis* covers a set of related conditions, e.g. schizophrenia. The concept of *schizophrenia* was originally formulated by Eugen Bleuler, who, drawing on Emil Kraepelin's *dementia praecox*, used the term to reference a group of diseases or psychoses.[35] Bleuler argued that the name *schizophrenia* was a useful alternative to Kraepelin's *dementia praecox*. Over the years, the term *schizophrenia* has gradually replaced the term *dementia praecox* in Norwegian textbooks. The concept of adolescent *insanity* has by some authors been considered as synonymous with *dementia praecox*.[35]

As with all qualitative research, this kind of content analysis could be influenced by the researcher's personal values or theoretical inclinations.[33] In the interpretation and analysis, the pre-understandings of both the first author (T.E.F.) and second author (I.B.L.) were taken into consideration. While T.E.F. mainly has worked with professional ethics, moral philosophy and prison-related research topics (including mental health issues), I.B.L. has in many years worked as an academic teacher and researcher in the Norwegian mental health field. She is also one of the researchers who wrote about the Scandinavian autobiographies (introduced in the beginning of this article),[1-3] and she has several years of experience as a psychiatric nurse in closed psychiatric units, mainly working with psychosis. All data were therefore read and discussed both by the first and the second author, and we were discussing potential biases and pre-understandings throughout all stages of the study.

Both of the authors contributed to the planning, design and completion of the study. The part of the article dealing with the findings was drafted by I.B.L. and revised by T.E.F. The rest of the article was mainly written by T.E.F. with advice and guidance from I.B.L.

We used an inductive approach, in which codes and categories were directly drawn from the data. To get an overall impression, we read the text from each textbook separately, line by line. The most relevant information was emphasised and grouped into related categories. The categories were then compared, and those with similar characteristics were finally merged to form the main themes.

The quotes from the original Norwegian sources, as well as the titles of the textbooks, were translated into English by the authors of this article.

Findings

The analysed textbooks contained numerous patient cases and descriptions of persons considered to be psychotic. In the following, we will categorise these cases and descriptions into two main positions, distinguishing between a perspective from above and a perspective from within. The perspective from within involves the patient's own point of view when trying to describe and understand the experience of being psychotic. It opposes a perspective from above, which emphasises the professional's point of view, which generally is guided by already stable and established descriptions, and which describes and sees the patients from a distance. This distinction is inspired by Bøe and Thomassen[36], who in a similar way distinguish between a professional point of view (described as "perspective from without") and a patient point of view

(described as "perspective from within"). In this study, however, we found the concept of a perspective from *above* to be more accurate than *without*.

A perspective from above

In a perspective from above, psychosis is presented and described as a concept. This view emerges in all the selected textbooks. [37-48] People with psychosis are positioned as a specific and generalised group that behave differently from the average population; even if the textbooks are written in different periods – from the asylum era, throughout the introduction of neuroleptics and over to the era of deinstitutionalization,[1, 49, 50] the descriptions of psychosis are constructed on a medical basis. Usually, the textbooks present a common image of people having a psychosis. Thus, a common image and common symptoms make it possible to diagnose. However, there are different ways of describing and presenting people with psychosis within this perspective. All the textbooks emphasise descriptions of abnormal ideas. Some of them also give descriptions of abnormal behaviours.

Descriptions of abnormal ideas. All textbooks present the psychotic patient as a person with symptoms which all other psychotic persons have in common. One of the symptoms is hallucination. Nissen[37] (N) describes the behaviour as odd because of the hallucinations, which, according to her, are frequently seen among the insane. She also writes that the behaviour often makes the person ridiculous and comic, stating that illusions and delusions frequently occur among the insane. Holm[43] (P), Evensen[38] (N), Winge[44] (P) and Frøshaug[39] (N) write in a somewhat similar way, describing insanity as abnormal delusions, paranoia, voice hearing and megalomania. Holm (P) states, 'they are quickly Freemasons, spiritualists, quickly anarchists or mere mortals who act like somebody is after [them]. They feel they are followed by persons who use the telephone to afflict them. Sometimes the persecution happens via magnetism or electricity'.[43] Langfeldt[45] (P) writes that 'a schizophrenic who in his daily life is working as a bus driver, might very well in his delusions be a king without finding any reason to reflect upon the peculiar with such a constellation'. He also describes a patient that feels like

> his stomach is blocked up, his blood is freezing, the genitals are swollen up. Usually these sensations are followed by verbalised hallucinations about strangers, or mystical instruments causing the changes in the body parts. The patient finds himself as the subject of hypnosis, he is being experimented upon, devices with distant effects are in use, etc.

Furthermore, the abnormal ideas are described in all the textbooks as an illusion of being observed by others in a suspicious way, for example, that other people make ambiguous remarks, make faces or give scornful looks. Both Langfeldt[45] (P)

and Frøshaug[39] (N) describe people having psychosis as people who hear casual remarks, remarks which are characterised by being vulgar with a sexual impact, containing words such as *whore*, *wanker*, *paederast* or *gay*. According to Frøshaug (N), the reason for this behaviour is that they are self-insecure, anxious and sensitive patients. Usually, it is their morals in general or sexual morals in particular that are criticised, he states. [39]

Frøshaug[39] (N) also writes that 'when an ordinary citizen from this country [Norway] claims a secret foreign drug-organization is persecuting him, and he explains in detail how he is continually being harassed […] we have to figure the person is suffering from delusions'. Løkensgard (N) states that hallucinations and delusions could be the reasons why the patients do not want to eat. 'They might see rats in the food, the taste and smell are odd, and they can hear voices telling them not to eat the food'.[40]

The newest textbooks on psychiatry tell the same story of a man who lost his initiative and felt after a while that someone was after him and would grab him, that other people could influence his thoughts and that electrical impulses were used on him. [47, 48] According to the textbooks, this person, working as a seaman, returned to the sea, but the symptoms developed. He felt poisoned while at sea, he heard voices talking to him and he thought a plot was going on.

The symptoms above are called association disturbances, first described by the Swiss psychiatrist Bleuler: [51] the first letter A is for association and is one of four A's that are linked to the schizophrenia diagnosis; the second is for affect, described as inappropriate affect-emotions; the third is for autism, explained as social withdrawal; the fourth is for ambivalence, meaning conflicting attitudes towards others. These four symptoms are still noted in all the textbooks as characteristics of schizophrenia or psychosis.[37-48]

Descriptions of abnormal behaviour. Quite a few textbooks give descriptions of the behaviour of people having psychosis. Nissen[37] (N) writes that when people are imagining themselves something 'their behaviour in front of others will appear as ridiculous and funny'. Evensen[38] (N) presents the person in the following words:

> One sees these sick people everywhere in the asylum. In secluded rooms for the agitated, they are lying naked, huddled up in blankets in a corner of the room, and suddenly they might flare up, make a noise. They are knocking at the door, screaming, outraging, messing oneself up with urine, and if they have the opportunity they also do it with faeces, scratch messages and drawings on the walls, tear and destroy everything they touch; they might also hit.

Langfeldt[45] (P) writes about bad behaviour, stating that the patients neglect themselves. Some of them also make drawings in odd ways, a behaviour that might be influenced by the disease:

> At the early stage of the disease, the drawings are infantile and have signs of having been made by a child. A grown-up schizophrenic draws in the first stage like a four- to five-year-old child. As the disease advances, more and more symbols and surrealistic characteristics are seen.

Nissen[37] (N) states that some of them live a shady life at home and are seen as an oddities, 'helping with simple housekeeping, or "studying" without finishing. […] Mentally they have hibernated'. Frøshaug (N) describes people having schizophrenia as people who become more and more lazy. As time passes, he writes, their behaviour will become more peculiar and twisted: 'If they are not taken care of, they can become hermits living their isolated lives and sometimes they are vagabonding'.[39]

A perspective from within

In a perspective from within, the experiences of being psychotic are described and presented from the psychotic person's own point of view. The knowledge that emerges in the textbooks is most often formulated in his or her own language, quoting autobiographies, narratives and sometimes also poetry. These descriptions let the readers learn about suffering great pain and about experiencing something incomprehensible, sometimes completely beyond the person's own understanding. We find this perspective in two of the books in psychiatric nursing, written by Strand[41] and Hummelvoll.[42] The articulated reason Hummelvoll[42] (N) gives for introducing these descriptions, is that 'all the time no patients attribute the illness to the same sense (even if they have the same diagnosis), it is important to take into consideration the patient's own horizon about his/her view of the world'. Strand (N) states that we need to find something inside ourselves making us able to meet the individual psychotic person 'with an attitude mainly about trying to understand this person's situation'. She argues that art – for example, poetry – could help the readers to understand something they did not understand beforehand. [41]

Descriptions of great pain. Strand[41] (N) uses poems as well as autobiographies to describe experiences of psychosis. She quotes the Norwegian poet Stein Mehren, who writes that 'within what hurts so much that it is unbearable/yet not possible to escape from/the voice and time have sprung a leak/and the eternal is flocking into the moment'. This quote refers to a great and never-ending suffering, a pain

where the poem's 'I' is stuck forever, without control over what she or he is saying or thinking. She also quotes the autobiographical novel The King of Fools (Tokfursten), written by Elgard Jonsson, who himself suffered from schizophrenia:

> On the most beautiful midsummer day a youngster was locked up in himself like a king with a mantle of soul's mist. Tight to his body he wore a burning shirt woven from betrayal and solitude. The King of Fools' journey of horror was without gloss, with no luggage containing joy of life or a single memory of being loved.[41]

Another painful experience is described by Hummelvoll[42] (N). He quotes an autobiography where the author, who had been diagnosed with schizophrenia, saw scary marionettes all around him.

Descriptions of the incomprehensible. According to Strand[41] (N), being psychotic seems to be a situation where you feel lack of control. What is happening is completely beyond your own understanding. A quote in Strand (N) is from the legal philosopher Nils Kristian Sundby, who also had experienced being psychotic: 'Through the psychosis the familiar concepts spring apart. The psychotic person experiences the meaning of being in contact with the phenomenon without interpreting this through the limits of the language'. He describes these experiences as being ridden by fear and not being able to engage in abstract thinking.

Strand (N) quotes again the autobiography *The King of Fools*, which is the name Jonsson gives himself when he is psychotic. His experiences, which were possible to understand when he was psychotic, seem far from real when he looks back:

> 'The-land-in-here' fed secretly his death of life, but this was something the King of Fools did not notice. He continued playing in his land of mist and made the most beautiful ballads having megalomania as a key signature . . . and he, he was me. In a rusty Renault, I was on my way to the hospital . . . where God the Father was living with a magic wand. He was about to lift his wand – and the night would become day.[41]

Discussion and conclusion

Discussion

In a previous article, where we analysed author positions and how the fields of expertise are described in the same 12 textbooks that we analyse in this study, we found that all of them generally presented nurses as subordinate to physicians.[52] Despite the nurses' striving for independence by emphasising other subject areas than psychiatry, the study showed that knowledge was characterised by a psychiatric perspective on mental health problems – a perspective where the

professionals' knowledge informs the observations and determines what is supposed to be seen. As such, it opposes a position where the patient's own view is of considerable interest.

These observations correspond closely with the findings in this study. All 12 analysed textbooks describe and present people who are considered as psychotic from a perspective from above, emphasising the professional's view. Only two of them combined this perspective with narratives and descriptions from the viewpoint of the patients. Thus, the authors of the textbooks communicate quite different ways of how the readers should perceive and understand patients with psychosis.

When reading about psychosis from *a perspective from above*, we learn about psychosis in the professionals' language and from their point of view. Furthermore, it seems that we are reading from a distance about someone that could not have been ourselves. People with psychosis belong to an abnormal group. In the earliest books, such persons are positioned almost as animals with no hygienic standards. These descriptions, however, disappear in the textbooks that are written and published later. Now, ideas and behaviours are presented as something peculiar. Usually, the textbooks communicate a universal image of people with psychosis, a description that fits with the diagnostic criteria of schizophrenia and the understanding of how people become psychotic. We suggest interpreting this perspective, using a formulation from Charon,[53] as an attempt to illuminate the universal by transcending the particular.

When reading about psychosis from *a perspective from within*, by contrast, we learn about psychosis as a phenomenon that is both painful and incomprehensible for the persons experiencing it. The authors communicate a personal, psychotic universe that differs from various people, even if they have the same diagnosis. Furthermore, the descriptions focus on the patient as a whole person; we come closer to his or her pain and vulnerability, and as readers we are offered resources in which we in a better way may understand and approach what is being experienced by the patients themselves. We suggest interpreting this perspective, again using a formulation from Charon,[53] as an attempt to illuminate the universals of the human condition by revealing the particular.

This attention towards a person's illness narratives and his or her experiences of being a patient is at the centre of what Charon[53, 54] has described as the turn towards narrative knowledge in the field of health care. In this narrative shift,

telling stories, listening to them and being moved by them to act are recognised to be 'at the heart
Of many of our efforts to find, make, and honour meaning in our lives and the lives of others'.[53] Charon argues that health professionals, as well as their growing scientific expertise, need the expertise to understand as best they can the ordeals of illness, to honour the meanings of their patients' narratives of illness and to be moved by what they behold so that they can act on their patients' behalf. To know what patients endure through illness and therefore to be of clinical help requires, according to Charon, [53] that the health professionals '*enter* the worlds of their patients, if only imaginatively, and to see and interpret these worlds from the patients' point of view'.

Charon suggests a strengthening in the narrative competence among the health personal. Narrative competence, she argues, could enable the health professionals to receive and understand the stories told by another. Narratives deal with experiences, and the health field could therefore benefit from providing the professionals with a richer and more resonant grasp of another person's situation as it unfolds in time – whether in such text as novels, scriptures or biographies, or in such life settings as courtrooms or illnesses. Even though nurses traditionally have mastered such skills more fully than physicians, 'all can join in strengthening these capacities in health care', she states. [53]

A similar view, the notion that empathy is essential to the act of moral judgment, has for decades been advocated by Nussbaum.[55-58] According to Nussbaum,[57] narratives help us – as readers as well as professionals – to consider the lives of the different with more than 'a casual tourist's interest'. Through narratives, the readers may cultivate the ability to imagine what it is like to be in another person's place (empathy) and to respond with compassion (that is, the recognition that another person, in some ways similar to oneself, has suffered some significant pain or misfortune in a way for which that person is not, or not fully, to blame).

This inner world of the other is sometimes mysterious and different, sometimes almost like our own. But both by identification and by its absence, we can learn something about a common vulnerability and what life can do and has done to people, she states:

> Understanding the world from the point of view of the other is essential to any responsible act of judgment, since we do not know what we are judging until we see the meaning of an action as the person intends it, the meaning of a speech as it expresses something of importance in the context of that person's history and social world. [57]

This literary perspective facilitates the ability to meet another in such a way as to respond with sensitivity to all the particulars of a person and a situation. However, Nussbaum also emphasises that neither compassion nor empathy guarantees good moral performance. But to imagine the pain of another person, to recognise that people are much more than the sufferings they endure and to respond to others' pain with empathy and compassion, are, according to her writings, key resources in treating others in a better way.[55-58]

In a discussion on the courtroom as a professional arena, Nussbaum[56] also introduces the term 'literary judge' to highlight how judges should see defendants as inhabitants of a complex web of circumstances. 'One must', she states, 'see things from that person's point of view, for only then will one begin to comprehend what obstacles that person faced as he or she acted'. [56] As such, Nussbaum's literary professionals oppose a mentality where they are putting themselves above the persons they meet, looking at their client or patient as if from a lofty height. Instead, like a novel, they treat the inner world of a defendant or a patient as a deep and complex place, seeing the people they meet with both identification and sympathetic understanding: 'The narrative imagination', she explains,

> means the ability to think what it might be like to be in the shoes of a person different from oneself, to be an intelligent reader of that person's story, and to understand the emotions, wishes and desires that someone so placed might have.[55]

Concluding remarks

Cultivating the capacity for empathy and compassion are at the very heart of moral performance – in everyday life as well as in the professional health field. As Charon[53] points out, 'patient-centered care and relationship-centered care require respectful authentic relationships with patients that come about through attentive and creative listening'. When the authors in 10 of the 12 analysed textbooks in this study only emphasise the professional's point of view, they do not encourage their readers to include the patients' own stories and experiences in the understanding of psychosis. As such, the perspective from above, with its attempt to illuminate the universal by transcending the particular, seems to be overshadowing the perspective from within.

Drawing on insights from Charon and Nussbaum, we have in this study argued that mental health professionals need to understand and fathom what patients go through – not by looking at them from a lofty height but with identification and a sympathetic understanding. The previous studies of Scandinavian autobiographies, as well as a growing body of studies analysing the experiences

of being diagnosed with serious mental illness, strengthened this argument.[1-3, 16, 22, 25] These studies state that it is of fundamental importance for a patient with serious mental health problems to be regarded and seen as an ordinary human being.[22, 25] The patients describe a good health professional as someone who treats them as *ordinary people*, *not as a diagnosis*,[16, 19] and it is argued that 'persons with psychotic experiences are deserving of our compassion, not in the sense of charity or pity, but in the more fundamental sense of showing respect for their dignity and shared humanity'.[16] As Davidson writes:[16]

> Persons with psychosis are deserving of practitioners who hold them in this kind of high regard, as the regard of others provides a key foundation for the person's efforts to reclaim his or her personhood from out of the ravages of the condition and the social consequences of discrimination.

Thus, an important way to bring about healing relationships with patients seems to be to provide a form of health care that recognises suffering and takes the patients' own experiences as sources for understanding and guidance. A valuable resource in that regard is leading textbooks and, as argued, how they describe and present people having psychosis.

Conflict of interest

The authors declare no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship and/or publication of this article.

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Appendix 1

Table 1. The following 12 textbooks, published in Norwegian between 1877 and 2012, were selected and further analysed.

Textbooks on psychiatric nursing

Evensen, H. (1921). *Haandbok i sindssykepleie [Handbook for nursing of the insane]*. Kristiania: Aschehoug.

Frøshaug, H. (1968). Psykiatriske sykdommer [Psychiatric diseases]. In: F. Askevold (ed.), *Lærebok for sykepleieskoler: psykiatri [Textbook for nursing schools: psychiatry]* (vol. 6). Oslo: Fabritius.

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Strand, L. (1990). *Fra kaos mot samling, mestring og helhet: psykiatrisk sykepleie til psykotiske pasienter [From chaos to assembling, coping and wholeness: psychiatric nursing to psychotic patients]*. Oslo: Gyldendal.

Textbooks on psychiatry

Dahl, A. A., Eitinger, L., Malt, U. F., & Retterstøl, N. (1994). *Lærebok i psykiatri [Textbook of psychiatry]*. Oslo: Gyldendal norsk forlag.

Holm, H. (1895). *Den specielle psychiatri for læger og studerende [Special psychiatry for physicians and students]*. Kristiania: Cammermeyer.

Kringlen, E. (1972). *Psykiatri [Psychiatry]*. Bergen: Universitetsforlaget.

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