





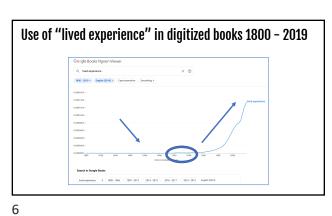
What were the steps we took to get to the lived experience of strawberries dipped in chocolate?

Step 1 - Be willing to suspend [bracket] our belief in the idea there are 5 distinct senses

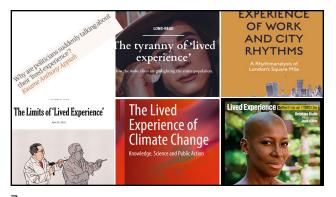
Step 2 - Reflect on the experience as we live it, even if what we find is different than our "models" would have us believe

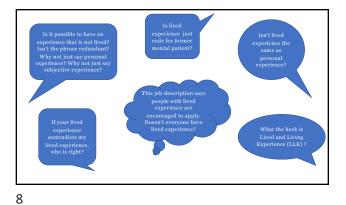


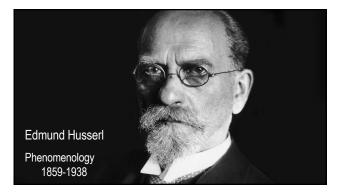
Part 1: What does lived experience really mean?

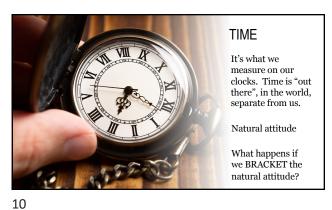


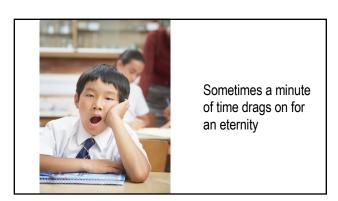
5







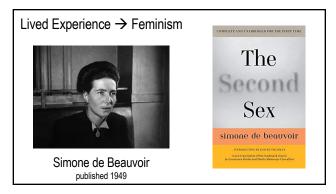








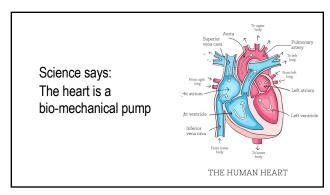


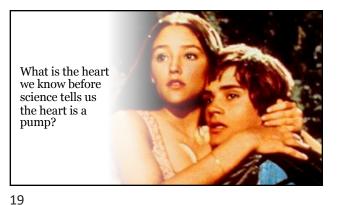


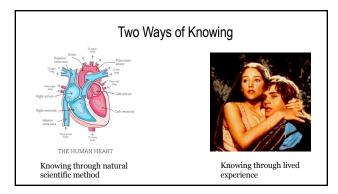


15

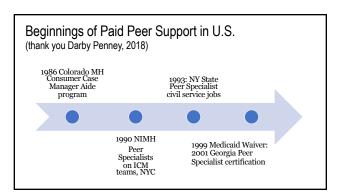




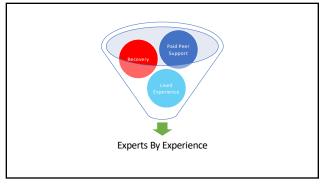


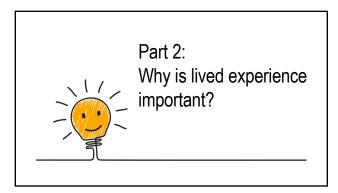


It's important to understand (we) do not "get rehabilitated" in the Recovery: The Lived Experience of Rehabilitation sense that cars get tuned up or televisions "get 1988 repaired"... Recovery refers to the lived or real-life Patricia E. Deegan experience of people as we accept and overcome the challenge of (psychiatric) disability.



21 22







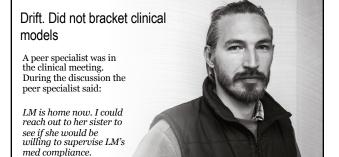
1. Lived experience is important because it guides the work of peer specialists

Peer specialists' bracket clinical terms and models, and listen to peers' lived experience and evolving understanding of what is happening in their lives

Clinical model or clinical way of knowing

LM is a black cisgender female in her early 20s who began working with the team in March 2022. She is bright, motivated and engaged with the team. She has been experiencing auditory hallucinations prior to working with us. She is currently in college but unable to complete the semester because she is failing her course work. Her hallucinations are preventing her from being productive at school. She recently started responding inappropriately (laughing and smiling) to internal stimuli. She presents as distraught and often cries out of frustration with the voices. In March she was prescribed olanzapine which seemed to help decrease the intensity of the voices. However, for the past 2 weeks LM has refused to take meds stating they are unhealthy for her. Team is concerned she lacks insight.

25 26



A more complex narrative reflecting lived experience

Some of the voices LM hears are really wonderful. They comfort her and help her believe she's really special. LM chooses not to take the meds because they interfere with those good voices. She doesn't want to get rid of them.



27 28



Keanu told his peer supporter:
Stories about shamans go way back in my culture. Maybe my visions and voices mean I'm becoming a shaman. Maybe I don't have psychosis.

The peer supporter replied:
Man, your Doc says you have psychosis. It's not your fault. In order to recover, you have to accept your illness. That's the first step.

A more complex narrative reflecting lived experience That's interesting. I don't know that much about shamans. Maybe you can teach me. In the early days I remember thinking I was having a spiritual emergence. Like I was awakening into a new consciousness. It was beautiful.



The unique contribution of peer specialists on clinical teams is to help deepen the clinical narrative into a story of resilient human beings. PS help teams understand how individuals' makes sense of their experiences. PS are guided by lived experience, not clinical models

31 3

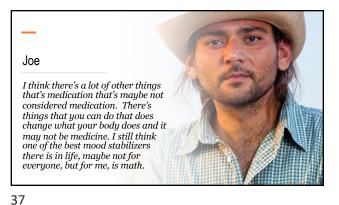


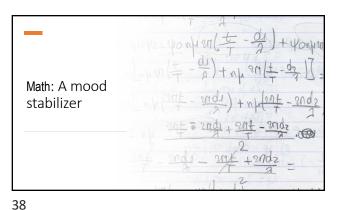


33

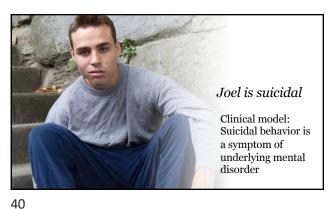


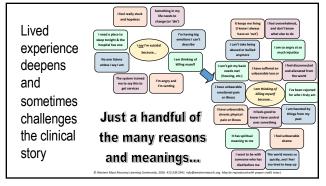


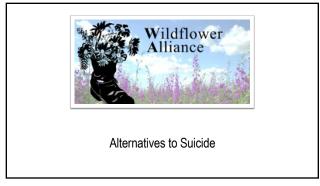


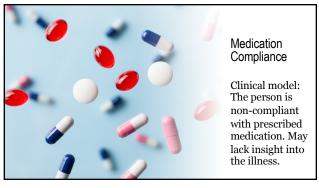














The lived experience of psychosis: a bottom-up review co-written by experts by experience and academics World Psychiatry 21.2 - June 2022 45

3. Lived experience is important because it is another way of knowing. Sometimes lived experiences challenge dominant narratives that ignore or dismiss the experience of historically marginalized people

46



