

Data Abstraction table – publication summary columns

#	Citation	Year	How found?	Lead author country	Study design	Narratives	Recipients	Female/ Male	Mean age	Ethnicity	Quality
1	Sheens, E., Rhoses, P., and Dawson, L. (2016) 'Encountering anorexia: challenging stigma with recovery stories', <i>Advances in Eating Disorders: Theory, Research and Practice</i> , 4, (3), pp. 315-322	2016	Database search	Australia	Thematic analysis of semi-structured interviews with first year psychology students who listened to an Anorexia Nervosa recovery narrative read by a researcher (n=25)	Anorexia nervosa recovery story	First year psychology students (n=25)	F: 18 M: 7	19	Not stated	Moderate
2	Thomas, J., Judge, A., Brownell, K., and Vartanian, L. (2006) 'Evaluating the effects of eating disorder memoirs on readers' eating attitudes and behaviors'. <i>International Journal of Eating Disorders</i> , 39, (5) pp. 418-425	2006	Citation tracking [1]	USA	Quantitative study of the impact of a written eating disorder recovery narrative on female undergraduate Psychology students. Impact assessed using the Eating Attitudes Test (EAT-26), the Eating Disorders Inventory (EDI) Drive for Thinness subscale, a measure of perceived ED symptom prevalence, and an Implicit Association Test (IAT) measuring associations between anorexia and glamour/danger (n=54)	Published eating disorder memoir.	Female undergraduate psychology students (n=54)	F: 54 M: 0	20	White: 32 Asian American/Pacific Islander: 12 Black: 7 Hispanic 2 Other ethnicity 1	Moderate
3	Shaw, LK., and Homewood, J. (2015) The effect of eating disorder memoirs in individuals with self-identified eating pathologies, <i>Journal of Nervous and Mental Disease</i> , 203, (8), pp 591-595	2015	Database search	Australia	Qualitative analysis of questionnaires completed by participants who consumed eating disorder recovery narratives as part of their own recovery (n=24)	Published eating disorder memoirs.	Participants with prior or current eating disorder diagnosis [self-rated] (n=24)	F: 24 M: 0	25	Not stated	Moderate
4	Williams, A., Fossey, E., Farhall, J., Foley, F. and Thomas, N., 2018. Recovery After Psychosis: Qualitative Study of Service User Experiences of Lived Experience Videos on a Recovery-Oriented Website. <i>JMIR Mental Health</i> , 5(2).	2018	Expert consultation	Australia	Interviews with participants who have been diagnosed with a psychotic disorder, and who have engaged with used video-based recovery narratives presented on a website as part of their recovery (n=36)	Lived experience videos presented on a project website.	1. over 18 years of age, current users of mental health services, diagnosis of a psychotic disorder, sufficient English proficiency to participate in an interview. (n=36) 2. had used the website for at least 3 months with their usual mental health worker	F: 24 M: 12	41	Not stated	High
5	Nurser KP, Rushworth I, Shakespeare T, et al. (2018) Personal storytelling in mental health recovery. <i>Mental Health Review Journal</i> 23: 25-36	2018	Web-searching	UK	Interpretive Phenomenological Analysis of interviews with attendees of a Telling My Story course (n=8).	Recovery stories told in a Telling my Story course.	1. aged 18 or over, with a mental health difficulty and have received support from secondary mental health services 2. had completed the TMS course within the last year. (n=8)	F: 4 M: 4	51	7 white British 1 mixed White British and Asian	High

Data Abstraction table – items relating to impact on participants [initial source of data for refinement through narrative synthesis]

#	Time of impact assessment	Social interaction	Evidence for impact?	Form of impact	Consequences of impact [numerically linked to processes if relevant]	Facilitators	Barriers
1	Immediately after hearing the story	Interaction with researcher	Yes	<ul style="list-style-type: none"> 1. Initiation of strongly-felt emotional responses through empathy for narrator (feeling moved, sad, distressed, heartbroken) 2. Deepening the recipient's personal understanding of the severity, intensity and complexity of the mental health condition experienced by the narrator 3. Decreasing the recipient's stigmatic responses to the mental health condition described by the narrator 4. Increasing the recipient's gratitude for positive features of their own life 5. Deepening the recipient's understanding of the details of how personal recovery happens 6. Feeling connected to narrator 	Initiating personal disclosure to the researcher conducting the interview		<p>Recipient reports general inability to connect with others</p> <p>Recipient has experienced recent distressing event causing temporary inability to connect with others</p> <p>Recipient has strongly-held personal beliefs that contradict those of the narrator</p>
2	Within one week of reading the story	NA	Null result	NA	NA	NA	NA
3	Undefined	NA	Yes	<ul style="list-style-type: none"> 1. Providing reassurance that others have experienced similar distress to the narrator 2. Engendering hope that recovery is possible 3. Providing comfort and support at times of distress through an understanding that recovery is possible 4. Providing companionship and support during times of social isolation 5. Enhancing the recipient's understanding of the dangers of illness-related behaviours 6. Inciting emulation of eating disorder behaviours enacted by narrator 7. Triggering of prior ED behaviours matching those of the narrator 8. Inciting destructive social comparison with narrator at their worst 9. Normalisation of disordered eating 	<p>5.</p> <p>[Those in recovery] Greater effort put into avoidance of ED behaviours</p> <p>[Those struggling] Increases in belief that others are worse off, and hence change not necessary</p>	<p>Recipient recognition of parallels in recovery journey with narrator</p> <p>Memoir details specifics of eating behaviours – facilitator for 6,7,8</p>	<p>Recipient not able to relate to narrator's journey of recovery [causing alienation and despair]</p>
4	At least three months after initial contact with website	Support worker available to discuss videos	Yes	<ul style="list-style-type: none"> 1. Feeling less alone, in light of feeling alone much of the time 2. Feeling connected to the narrator 3. Feeling like they belong 4. Hearing "hidden" views that are not openly talked about, and recognising them 5. Identification of personal behaviours to reconsider 5. Promotion of personal reflection 	<p>4&5.</p> <p>Discussion of behaviours with a support worker</p> <p>8.</p>	<p>Life circumstances and events in the narrative matched their own [deepens resolve to continue]</p> <p>Hearing others describe thoughts which are not normally discussed</p>	<p>Avoidance of particular videos due to content being personally challenging</p> <p>Prior experience of providing on-line peer support [empathic response to narrator makes consumption of video tiring]</p> <p>Recipient not able to relate to narrator's journey of recovery [but</p>

				6. Feeling inspired 7. Understanding the spectrum of views around mental illness 8. Learning from the actions of narrators 9. Increase in belief that recovery is possible 10. Feeling less ashamed about having a mental illness	Being more forceful when talking about medication with GP	[supports feeling less alone] Being able to consume videos in private if desired Having a support worker to facilitate use of the technology	fell back onto other areas of the website so little negative impact] Lack of access to internet technology at home
5	Within one year of taking the course		Yes	1. Comparing themselves to the narrator, and finding that they are doing well 2. Feeling out of place, as they have experienced significant distress, and the problems of the narrator feel insignificant 3. Feeling compelled to make personal changes after hearing a recovery narrative from someone they could relate to		Narrator and recipient share similarities in experiences.	The recipient feels significantly worse off than the narrators [e.g. they have experienced more profound difficulties], causing them to hold back from connection

Reference search strategy

Clause	Definition
1	exp Mental disorders/
2	exp Mental health/
3	(psych* health or psych* illness or psych* problem* or psych* disorder or "mad" or madness or mental distress or emotional distress or trauma).ti,ab.
4	1 OR 2 OR 3
5	exp "quality of life"/
6	Rehabilitation/
7	(Recover* or transform* or meaning* or resilien* or surviv* or thrive* or hope* or cope or coping or endure* or overcome* or rebuild* or journey).ti,ab.
8	5 OR 6 OR 7
9	(narrat* or story* or stories or telling or tale* or account* or restory* or "alternative narrative" or "counter-narrative" or disnarrat* or memoir* or blog* or vlog* or biograph* or auto-ethnograph* or "narrative porn" or forum or "discussion board" or "personal experience" or "lived experience" or "new media").ti,ab.
10	(hear* or listen* or read* or tell* or shar* or disclos* or told or view* or watch* or "personal contact" or "social contact").ti,ab.
11	4 AND 8 AND 9 AND 10