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Transformative and therapeutic benefits of digital storytelling: a phenomenological lifeworlds study of Patient Voices participant experiences

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ABSTRACT

Background: References to transformative and therapeutic benefits of digital storytelling are often made, yet this remains an under-explored area, which we foreground in this study.

Methods: A phenomenological research design was adopted to explore through interview how a purposive sample of Patient Voices storytellers experienced participation in more than one digital storytelling workshop. Analysis was through thematic coding, linguistic analysis and use of van Manen's lifeworld existentials framework.

Results: We find that for this particular group, the therapeutic and transformative experiences that re-centre and re-frame personal meaning do so through inter-personal connections and can be understood as a process of social learning. The lifeworld existentials analysis demonstrates that a pluralist and relational conception of wellbeing holds and there is a close relationship between this and Yalom's 11 therapeutic factors.

Conclusions: Drawing on group analytic literature, we suggest the concept of a social learning methodology as useful in grounding further research that seeks to understand the beneficial impacts of digital storytelling methodologies in healthcare and in contributing evidence in this field with fidelity to the lived experience as central.

Background

Digital storytelling, in the 21st century, has become a ubiquitous term, describing the vast range of digital artefacts, from .pdf files to TikTok videos. In this paper, our use of the term relates to the creative workshop process and product first designed and implemented in the mid-1990s by Joe Lambert, Dana Atchley and others (Lambert & Hessler, 2018; Hardy & Sumner, 2018b). Over the course of 3 days, workshop participants share ideas for, and receive feedback about, a story of personal significance; they draft a script, record a voiceover, find, take or draw pictures and then use digital video editing software to create a short (3–4 min) video as can be seen in a documentary film about a Patient Voices

workshop (Stamm & Alexandra, 2017). The resulting tapestry of words, images and sometimes music or other sounds, is therefore a powerful expression of some aspect of the storyteller's life, created through a process that is both reflective and personal and also one of co-creation with other participants' stories. Ten years after the first digital storytelling workshop was facilitated by what was to become "The Center for Digital Storytelling" and is now "StoryCenter", in 2003, the "Patient Voices Programme" was founded. While StoryCenter cast its net wide, aiming to make it possible for anyone anywhere to create a digital story, Patient Voices was intended to be a response to the need for greater humanity and compassion in healthcare (Hardy, 2016; Hardy & Sumner, 2018b). The name "Patient Voices" was intended to reflect the patience of everyone involved in healthcare, i.e. patients, their families and carers as well as the health professionals who look after them.

The Patient Voices workshop model is based on the model developed by StoryCenter (Lambert & Hessler, 2018), now referred to in the international digital storytelling community as "the classical model", reflecting the amount of time taken to explore the nature of story, the subtleties of "good" storytelling and the need to find and convey meaning in a digital story. Facilitators trained in this model focus on the skills of deep listening and are able to support individuals who may be telling painful personal stories while also holding the group space in what is usually an intense experience for everyone involved. Great care is taken to attend respectfully to each storyteller and each story, while storytellers/participants in the workshop gain practice in listening, creative writing, visual thinking, voicework and public speaking and video editing. The acquisition of this rather unusual combination of technical, digital, communicative and relational skills in the context of a carefully facilitated, respectful and safe workshop environment builds confidence and competence as well as community (Dobson, 2024). Dunford and Jenkins put into words what many now endorse that "Digital Storytelling as a form has been gathering momentum as a 'movement' across the globe as more and more practitioners are trained and take the method into a variety of educational, community, activist, and even commercial research environments" (2015, p. 29); they go on to describe Patient Voices as "an important social movement with the potential to effect change at individual, community and society levels" (2015, p. 37). The terms "Digital Storytelling" and "Digital Stories" are often used interchangeably, but it is helpful to regard them as two aspects of a particular art form, thinking of them as both process and product. The product – the digital stories themselves – are highly versatile and can be used, for example, in education, awareness-raising, knowledge transfer, quality improvement and community development, while the process is widely used as a means of sharing experiences (Sumner, 2018), promoting and deepening reflection (Corry-Bass, 2008), building teams and strengthening communities (Boyd et al., in press).

The aims and benefits of both process and product are considered from many orientations in the writing that this movement has spawned. In this paper, we explore these benefits further, in order to contribute to a more robust evidence-base, through attending to the lived experiences of the storytellers. Before introducing the study through which we do this, we consider the literature on the positive benefits of digital storytelling, which draws from various sources. There is the more psychologically oriented literature on storying, in narrative therapy and therapeutic writing literature for instance (Pennebaker & Seagal, 1999; Thompson, 2010),

predicated on how "A constructed story, then, is a type of knowledge that helps to organize the emotional effects of an experience as well as experience itself" (Pennebaker & Seagal, 1999). There are then the more sociocultural ideas of voice, agency and society (Couldry, 2010) as introduced above, focused for instance on the "semiotic power" of new ways of making meaning and self-representation that multimodality affords in the media and communication literature (Hull & Nelson, 2016). The latter perspective attends to media literacy and its political ramifications, where digital stories circulate in social worlds beyond the individual. The concept of "giving voice" is much discussed: "Digital Storytelling draws in new voices so they can be seen and heard … which may be both democratic and therapeutic" (Dunford & Jenkins, 2015). Arguably, the process of communicating itself can foster a greater sense of agency to those who are in some way disempowered (Alexandra, 2008) and such analyses tend to foreground the aspects of agency and communication that promote greater empowerment.

In the literature, the democratic aspects of "giving voice" and/or "finding voice" (Dunford & Jenkins, 2015) are linked to a conception of therapeutic benefits. There is also, sometimes, a separation of benefits that accrue to the individual, often understood as therapeutic, and those for communities, understood as democratising or in terms of social justice ends (Dunford & Jenkins, 2015; Thumim, 2012). Whilst we are very much influenced by Thumim's arguments about overcoming the discourses of therapy and democracy here, we are also interested in exploring what the therapeutic discourse means in the context of those who experience storytelling in this way, as references to "… the therapeutic benefits of telling your story – especially a story that has been denied or refused by those with more power …" (Matthews & Sunderland, 2013) are not infrequently made. Jaynes considers a digital storytelling workshop for US air medical transport personnel, quoting one participant as saying "Although I didn't know it at the time, the workshop was exactly what I needed and was extremely healing for me" (Jaynes, 2018). We became interested to explore in more depth the nature of such therapeutic or healing benefits.

There has long been debate within the healing professions about what is considered therapy and what is therapeutic (Pamelia, 2015; Thompson, 2006). Is there a difference? Does one nest within the other? Some of this is territorial as different health professions and therapeutic modalities arise and claim their space in the hierarchy of things, challenging existing hegemonies. We acknowledge the distinction between therapy and therapeutic and bring our own conceptualization about what these mean. Thompson writes in relation to therapeutic writing for instance:

'It is perhaps useful, for both facilitators and particpants, to make a distinction between:

(1) a therapeutic writing group
(2) a writing group with therapeutic outcomes
(3) writing in therapy' (Thompson, 2006, p. 27).

Briefly, therapy, named in this way, happens when there is a mental health professional present, where there are specific goals and interventions and a contract in place, whereas therapeutic benefits may derive from a range of activities such as being in nature, making

art, writing or many other things that lead to this understanding in lived experience. These may be engaged in alone or with others, they may be undertaken for the purpose of feeling better, gaining insight or alleviating distress, but these benefits may also arise by happenstance. As Hunt says of participants in Life Writing courses

> They may not have come to the course with the explicit intention of using their writing for therapeutic purposes; indeed they may not have been aware of such a possibility. The therapeutic benefit they derive from writing about themselves and their lives will come by chance rather than by design. (Hunt, 2000, p. 186)

The expressive arts are increasingly seen as therapeutic activities and storytelling is often core to this (Baker & Macdonald, 2014; Haertl & Ero-Phillips, 2017; Smyth & Lepore, 2002). The healing power of story and thus its intrinsic therapeutic potential has a long history. Digital storytelling, as one of the more recent members of the storytelling family, is beginning to claim this benefit.

Alongside this aspect of the therapeutic benefits that are present in the literature, transformative benefits are also discussed: "The transformative potential of digital storytelling also lies in the reflective process of discovering and objectifying the story itself" (Davis & Weinshenker, 2012). The term "transformative" can be as problematic as "therapeutic" in its extensive and pluralist use. West (2014) suggests that transformation should mean something at the ontological level, "such as the capacity to internalise new and radically different ideas and to question the taken for granted and oppressive forces in a life" (2014, p. 165) but concedes that this is difficult to determine. McDrury and Alterio (2003) create a typology of four different kinds of stories for learning in higher education, one of which is the transformative story, promoting and encouraging the take-up of a new future vision.

These are all rich and important ways into examining the process of digital storytelling, yet in this study, we have decided to step back from any particular disciplinary view and rather focus on what we can learn from an in-depth exploratory study of *how* the health and wellbeing benefits of digital storytelling are experienced directly by participants. We wish to explore the experience of transformation or therapeutic impact from the perspective of the storytellers, with our starting point being the many years of evaluation of Patient Voices digital storytelling workshops in which participants point to these benefits, described further below. Whilst there is now a good body of literature attesting to benefits of digital storytelling for the storyteller, encapsulated well in Scanlan's research with health professionals where participants state that they "had been profoundly affected by the experience of the digital storytelling workshop" (2017, p. 41), there has been no in-depth, systematic investigation of the nature of the therapeutic and transformative experience. From an ethical perspective, richer descriptions about what constitutes transformative and therapeutic benefits are important, alongside what limitations or potential risks might sit alongside them. This greater understanding would have a bearing on the specific set of dispositions that underpin facilitation, where digital storytelling workshop facilitators "are not therapists, but they need to possess creative, pedagogic and social skills beyond those required in most educational or training environments" (Dunford & Jenkins, 2015).

From a methodological perspective, a greater understanding of the experience of digital storytelling calls on us to think about "evidence" with a fidelity to the lived

experience as central. Gadamer's (2013) argument that a preoccupation with objective method or technique is antithetical to an interest in lived experience underpins the approach of this study, which we frame through the concept of the lifeworld, in van Manen's words (1990). We adopt a phenomenological approach because this orientation to the experience of being-in-the-world was seen as most appropriately able to situate concepts such as the therapeutic and the transformative holistically, that is as multi-dimensional and concerned with the level of the ontological, and best understood through attending to subjective experience. Van Manen's lifeworld existentials, drawn from Merleau-Ponty's (2013) anti-reductionist conception of lived experience, consists of four dimensions, which van Manen suggests underpin how all human beings experience the world. These are: lived space, that is our sense of our being in space and how we have learned certain social and cultural conventions associated with space, which give it a certain qualitative dimension; the lived body as our embodied experiencing, which reveals or conceals something about ourselves through our always being embodied; lived time, which is in effect subjective time and our temporal way of being in the world, and the lived other, which refers to intersubjectivity, that is the lived relations we are born into and maintain with others throughout the lifecourse. This phenomenological lifeworlds approach is in line with the conception of the subject that we hold, where the fluidity of human becoming, in relationship with others and the world, is opposed to a more fixed version of who we are and what we experience as captured in other approaches to data (Venn, 2010).

Taking a phenomenological approach, we ask less *how does the digital storytelling process have an impact*, but more *what is the nature of the (ongoing) experience of having been in one or more digital storytelling workshops?* Different workshops, with different cohorts of digital storytellers, will be oriented to different aims and outcomes, so we would not suggest one set of understandings will suffice across all approaches. In attending to this particular form of digital storytelling through a more developed understanding of how therapeutic and transformative benefits are experienced by one group of participants, we contribute to the literature about transformative and therapeutic benefits of digital storytelling in healthcare through theoretical generalisation. As Patient Voices constitutes one of the largest repositories of digital stories in heathcare, we suggest that this study is empirically also a useful foundation for further research.

Research approach and methodology

The co-founders of the Patient Voices Programme, with their focus on experiences of healthcare, have seen first-hand transformative effects of the digital storytelling process as documented on evaluation forms as well as via personal communication. An open-ended evaluation form given to all participants after workshops enabled them to see a range of striking feedback over many years, with particular themes resurfacing, mainly around the significance and meaning that storytellers drew from the process:

> We're asked to reflect all the time, and then to reflect on our reflection until we're sick of it. But now, with the digital storytelling, I understand for the first time what it really means, and how powerful reflection can be for me. (Storyteller and junior doctor).

> Digital storytelling is clearly a powerful tool for reflection on past experiences and opportunities, and brings to light emotions and feelings which we might ignore, repress etc. I have certainly found it useful for revisiting and re-organising the experiences of that year. (Storyteller and consultant psychiatrist).

> This workshop has been the best group therapy ever – and I should know! (Storyteller and mental health service user).

The rationale for this study is therefore an exploration of the efficacy of the methodology as suggested in these evaluations of Patient Voices workshops over many years. As the evaluation forms had asked in general terms about the experience of being in a workshop, we decided on a study design based on interviews in order to have the opportunity for a guided conversation with participants around the themes of therapeutic and transformative benefits that had emerged repeatedly in the evaluations. The study was therefore designed with a purposive, typical sample of participants for whom the process was found to be very beneficial, as it was these experiences that we wished to better understand. As we present here positive feedback from participants and we will go on to describe the purposive sample based on this, the study does not speak for all participants, nor is it designed to do so, as we do not include those for whom the experience may not have been as positive and also those about whom less is known. This is discussed further in the limitations below.

The Patient Voices co-founders (Pip Hardy and Tony Sumner) worked with a wider research team of the paper co-authors who were not affiliated to the programme (Mazzoli Smith, Thompson, Westwood), and invited storytellers who had made more than one story and/or who have remained in contact, but crucially, for whom it was known through evaluation forms and/or ongoing contact that this has been a very positive experience. Participants were invited from different digital storytelling projects conducted at different times, with the aim also of considering the cumulative nature or longevity of any impacts. The sample of 20 former participants is therefore purposive in that it was focused on a group for whom the digital storytelling workshops were known to have been very positive experiences, in order for us to then be able to explore the nature of these experiences in more depth. The sample was not based on representativeness, nor are we generalising from it on this basis for this study. It is therefore beyond the scope of the study to explore whether only people from certain backgrounds benefit. However, the sample was heterogeneous in terms of some characteristics other than gender, likely due to the heterogeneous nature of Patient Voices workshops in general and not a deliberate part of the sampling strategy. Participants were all female other than one male, ranged in age from 16 to 65 at the time of making their first story and came from a wide geographical area of the UK and one from America. The sample included people who were on disability benefit, students, mental or other health service users, full- or part-time parents and medical/healthcare/education professionals, including retired professionals.

A semi-structured interview questionnaire was developed through an iterative process of discussion and development by the research team and the questions appear in Table 1. The aim in the development of these questions was not to reify the concept of "therapeutic," therefore health and wellbeing were positioned as central. Change was also seen as a more accessible and quotidian concept than transformation, but the term transformation was explored in the questioning given its seminal role in adult learning theory

Table 1. Coding from interview transcripts.

Interview question	Themes and sub-themes
How did you feel watching your story/stories again recently?	**Pride** – *creativity, bravery, voice* **Affect** – *connectedness, challenge, warmth* **Memory** – *time, immediacy, change, connectedness*
What was your experience of making your first digital story/ your digital stories?	**Affect** – *pain, catharsis, exhaustion, enjoyment* **Connectedness** – *safe, vulnerable, open, trust* **Communication** – *tool, voice, ownership, creativity* **Processual** – *therapeutic, space, reflection, change*
How would you describe the effect of having made a digital story? Do you think you've changed as a result of creating a digital story and if so, what has changed/how have you changed?	**Catalyst for change** – *confidence, bravery, pride, career, understanding, awareness* **Learning tool** – *awareness, visibility, listening, empathy, understanding, reflection, hearing* **Unique context** – *space, reflection, analysis, connection, agency*
What does this change feel like (knowledge, skills, behaviours)?	**Self-acceptance** – *voice, confidence, courage, questioning, openness, expression* **Growth** – *seeing, listening, hearing, tolerance, reflecting, articulating, curiosity* **Others-oriented** – *understanding, giving voice, empathising*
What does it look like to someone else? How would a close friend describe the difference?	**New skills** – *listening, reflection, reading non-verbal cues, articulation* **Different behaviours** – *confidence, lighter, more open, happier, less stressed*
What do you think contributed to the change?	**Story circle** – *connection, process, space, safety, voice, ownership* **Process** – *space, time, facilitation, connection, safety, learning, processing, relaxed, containing*
Would you describe this change/these changes as a transformation? (As this question is closed and more directed, descriptions are provided rather than themes. All participants agreed there was change but several did not see the word transformation as appropriate).	*Part of our ever-evolving transformation* *Post-traumatic growth* *A positive adjustment* *A learning experience* *A way to use my experiences constructively* *A therapeutic experience* *A tool to identify areas for change* *Acknowledging and realising a different narrative* *Cumulative sense-making* *Collectively transformational (impact of stories)* *Seeing things in a different light* *A release from something* *Constructivist self-building* *Giving permission and a kind of realisation*
What examples do you have of sustained transformation?	**Ongoing learning** – *compassion, understanding, empathy, acceptance, listening, reflection, creativity* **Benefit to wellbeing** – *more connected, relaxed, confident, resilient* **Changed behaviours** - *better listener, more connected, more critical/active/committed in the workplace*
Do you think the DS process has contributed to your health and wellbeing and if so, in what way or ways/how has it contributed?	**Physical health** – *better sleep, relaxation* **Mental health** – *self therapy, group therapy, self care, creativity* **Catalyst for change** – *leaving/refocusing work, taking up hobbies* **New dispositions** – *more social confidence, self-understanding, freedom, more able to process*
How do you feel about sharing your story?	**Emotional** - *strong, fearful, safe, anxious, vulnerable, satisfied, proud, uncomfortable, excited*

(Mezirow, 1998). Full ethical approval for this study was obtained from the first author's departmental ethics committee. Participants were given information sheets, consent forms with the option to withdraw at any point and were randomly assigned to one of the research team to carry out the interview. In advance of the interviews taking place online, participants were re-sent their digital story/stories to watch, as some had been made many years previously and were also given a brief set of initial questions to prompt their thinking towards the interview questions. The aim was to facilitate as reflective and in-depth a conversation with each participant as we could achieve.

We generated almost 20 hours of audio data which were transcribed and analysed through a series of stages:

(1) Reflective summary notes and core stories for each participant, aimed at trying to capture an essential storied meaning and significance through data immersion;
(2) Selective coding (Van Manen, 1990) in response to each interview question for each participant, interpreted as being "essential" and not "incidental" to the experience being described, initially led by Westwood who had no prior experience of digital storytelling, and then in collaboration with the other members of the research team until there was agreement on themes and sub-themes (presented in Table 1);
(3) An exploration of the linguistic choices made by the participants particularly with respect to describing change/transformation and therapeutic/wellbeing benefits (this was the briefest stage of the analysis);
(4) Adoption of the lifeworld existentials interpretive frame in differentiating, but not separating, these aspects of lived experience, in order to bring interpretive depth to the descriptive findings and contribute to theoretical generalisation about the experience of transformative and therapeutic benefits.

Drawing on the framing concept of the lifeworld (Van Manen, 1990), we conceived of the interviews as being a retrospective reflection on the lived experience of participating in the workshops, which we use to try to gain insights into lived experience, holding to the idea that the essence of a phenomenon is not one-dimensional and that through creating meaning we attempt to achieve understanding (Rich et al., 2013; van Manen, 2017). Phenomenological methodology attends to the nature, or essence, or the pre-reflective experience, accessed through retrospective reflection – in van Manen's words "the study of lived or existential meanings" (1990, p. 14). The meanings attached to experiences by participants will be multi-layered, as will our interpretations, in the hermeneutic act of attending to texts (Gadamer, 2013). Such bringing of experiences of change into reflective awareness picks up on the distillation process inherent in the digital storytelling method itself (Hardy & Sumner, 2018b), where the pre-linguistic world of experience is brought into reflective awareness through the hermeneutic act of interpretation – or "intentional analysis" (Polkinghorne, 1983). We draw from van Manen's (2017) phenomenological methodology as a way of framing understandings of the phenomena of the lifeworld, linking together the participants' descriptions of lived experience with our analysis of these through interpretation (Dowling, 2007).

Results and discussion

Led by criteria appropriate to research quality in the qualitative paradigm, in terms of credibility, transparency, dependability and confirmability (Lincoln & Guba, 1985) we have made choices on how to report on our findings, to foreground the core similarities in themes and content across participants in response to our interview questions. We cannot provide core stories for each participant in this paper given limitations of space and also to ensure participant anonymity given that their digital stories are largely in the public domain. So here we take a cross-sectional look at the commonalities in the group experience as a whole, rather than in terms of individuals.

Thematic analysis

Table 1 contains the questions and codes that were generated. Emboldened codes are the themes that we see as essential, that is as contributing something necessary to our understanding, whereas the sub-themes in italics are not essential to the experience in phenomenological terms but are commonly referred to or invoked by participants.

These themes serve a purpose in orienting both researcher and reader to core ideas expressed, or in van Manen's terms, "the structures of experience" through giving shape to the shapeless (1990, p. 79) and we find them to be a useful distillation of wide-ranging aspects of the experiences that were described. We have included a coding stage, which we share in full here, as we see these as being more usable to organisations who might be considering whether to engage with digital storytelling than the lifeworld existentials analysis below. This is an important pragmatic aim we argue, in a landscape in which many health-related organisations in the public and voluntary sectors are tightly bound by cost–benefit analyses of the likely outcomes of activities they engage in. These codes serve to translate and communicate storytellers' retropsective accounts of the experience of digital storytelling in their terms.

Yet we also come up against the limitations of the thematic method, which seeks to reduce experience into concepts as necessarily bounded. Van Manen suggests that "theme formulation is at best simplification" (1990, p. 87) and we would add to this fixing of concepts, when ongoing interpretation depends on conceptualization, we would argue, not concept-making (Gale & Wyatt, 2018). So we discuss these themes in relation to what they occlude as well as bring into sharper focus. For instance, in response to being asked about the experience of making a digital story, one respondent said "equally as enjoyable and a positive learning experience as the actual bond that we all made by doing it together", suggesting that the enjoyment was derived both in the experience as understood individually and by virtue of it being a group experience. Our coding in relation to this question separated individual affective experience and the group experience, but this excerpt holds these together in a way that highlights the reductive nature of thematic analysis, which the lifeworld existentials framework below mitigates. Similarly, thematic coding does not help us to see the qualities of the concept being expressed. A good example here is in relation to listening, discussed quite frequently as a change in terms of the development of listening skills, but it was the quality of the listening that was the critical factor in relation to stories, one participant stating that "stories need to be told

and people need to be heard (not fixed)" and another saying that digital storytelling fostered "really, really good listening, an active kind of listening . . . it's given me a set of skills around general facilitation skills, but also very specific questioning and listening and hearing".

Change clearly appears in these themes, but the subtlety of how change is experienced is harder to see, for instance one participant saying;

> . . . the empowering nature of being able to talk about it, whatever it is, is so important, it felt important so it allowed me to change the direction of my work . . . actually owning my own story has changed me internally and I am a lot more confident in my perceptions and perspective needs to be voiced.

There was a great range of experiences across participants, for instance with respect to how much they felt they had changed or with reference to others noticing change that they would attribute to the workshops, and the coding does not pick up on this spectrum of experience. However, it does show us the commonality of the experience of change. There were statements such as "other people are seeing lots of changes" and "My eldest daughter, she doesn't say much, she's not as vocal, but she said, 'You're like a different person these days'". There was strong agreement across participants with respect to the quality of the experience, for instance in relation to the question about what was deemed to have contributed to change. The key themes were the story circle and the overall process, which were said to have fostered particular affordances as noted, but the shared sense of the power of these cannot come across, ". . . it started with a story circle, I think the story circle felt like a very important space and almost like a sacred space, really, the story circle . . . the experience of that was very profound actually".

These challenges are met head on by hermeneutical phenomenology, whose "knowledge is empirical, based on experience, but it is not *inductively* empirically derived" (Van Manen, 1990, p. 22) and hence goes beyond these experiences, for these participants, in the attempt to mediate, in Merleau-Ponty's sense, the particularity of the empirical instance and the universality of the generalizable. So in this sense these codes are themselves a particular categorization of descriptions participants offered, picking up on the many years of evaluations of Patient Voices workshops that we feel are important to bring to light. Our next stage of analysis then focused more squarely on the specific linguistic choices employed by participants, in a more narratively informed analysis of key metaphors and images that were chosen.

Linguistic choices

We see multiplicity and depth invoked by the imagery of "layers" in a number of the transcripts of participants. Utterances and lexemes that construe the positivity of the process in terms of being a catalyst for change and a means of growth, were apparent across all interviews. Key metaphors that reveal this are as follows:

- Layers: the process is "like an onion, layer upon layer", "taking off a layer", "adds layers to me", "taking off layers – and the workshop structure allows you to put layers back on."

- Gestation: "embryos of stories are everywhere", "each story has a gestation period, and delivery", "stories develop in your mind like bread in a proving drawer."
- Journey in time and space: "final product is like watching the end of a good journey", "going on a journey", 'revisit the memory box/attic'.
- Artform: "like Kinsuge", "like a performance/concert", "like learning how to play a musical instrument."

Notable is the wide range of emotive adjectives used to convey experience, with these being taken from the transcripts; 'huge', 'powerful', 'impactful', 'empowering', 'profound', 'phenomenal', 'liberating', 'freeing', 'healing', 'therapeutic', 'emotional', 'pivotal', 'scary', 'difficult', 'challenging', 'emotional', 'exhausting'. This language calls to mind catharsis and this is certainly a theme that has come up in the literature, discussed further below. We do not offer further interpretation of these rich metaphors given the intention of staying close to the participants' own interpretations of their experiences.

Lifeworld existentials

The final stage of analysis utilised van Manen's lifeworld existentials as a means to attend to the linkages across conceptual boundaries in how participants describe their experiences and move our analysis as far as possible to a holistic understanding of lived experiences in digital storytelling workshops through retrospective accounts. The lifeworld existentials framework was found to structure participant excerpts well, with excerpts chosen here from the many categorised into each existential for both their representativeness across the sample, but also in terms of depth and detail.

Lived space

'I think it's just the most powerful session/there's a structure in there that keeps you safe/I always call it an oasis. It's almost like you leave the real world behind and you've got this protected space and it is definitely a safe space where people are incredibly vulnerable and feel that they are safe to be.'

'This space that you get given, huge space to stop, that I've never in my entire life had anywhere else.'

'It's a change for yourself, a deeper look, a deeper understanding/to question things more, which I think I have picked up, is huge'.

'The fact that it started with a story circle, I think the story circle felt like a very important space and almost like a sacred space, really, the story circle'.

Lived body

'You do start to see the stories, see embryo stories everywhere'.

'It added more layers to me/gave me more confidence, and I was excited'.

'Because it really clarifies your head'.

'I hadn't found my voice, it was trapped inside of me and I think it was the start of it being a voice'.

'It's transformed me. You seem to understand people better, you become more aware if people aren't well'.

Lived time

'Emotional longevity that I hadn't expected the workshop to have'.

'You are walking past dragons and it's that it was a way of dealing with something and then being able to see it in a different light and move forward from that'.

'It had felt like years" worth of therapy in three days'.

'Part of the joy and the transformation and the, the whole process is the time that we spent together as a group you know, having dinner, making lunch, having coffee, talking in the evening. So that kind of whole . . .'

'I go back to the fact that it was time out. I always felt it was time out from every day. So a time to really stop and hear your head and be with others who are stopping with you.'

Lived other

'It wasn't an individual process, but a group process.'

'Power of the story circle was the listening, actually listening to other people's stories'.

'You know, we are making ourselves vulnerable to other people, and letting them in. And when you let people in to a certain level, they're there forever'.

'And I'm sure doing those digital stories to help me understand how important the reflection and summarizing and listening really, really listening'.

'I've got this whole family now, another family where they understand'.

Discussion

Taken together, these 20 participant interviews point to phenomenological experiences that can be said to be both therapeutic and transformative in specific understandings of these terms. We discuss these findings through a process of theoretical generalisation with and to wider forms of storytelling and group-based practices, but suggest caution regarding generalisability in any other sense given the small, purposive sample. In so doing, we see how any understanding of the therapeutic has to hold to a pluralist conception of wellbeing, drawing on "multiple competing concepts of well-being which are appropriately invoked in different contexts" (Mitchell & Alexandrova, 2021) and which relate back to some of our themes above. Through our themes and the lifeworld existential framing, we see a clear counter for this sample of digital storytellers, to critiques of storytelling as overly individualistic (Furedi, 2006) and introspective, "The storytelling industry thrives on sympathy but fails to create empathy of understanding" (Freund, 2019, p. 97). The intersubjective nature of key themes and lifeworld existentials comes through centrally in this study and orients us to a concept of "thick relationality" (Venn, 2010) that pervades living and here we could say learning, in its widest sense, for instance in the excerpts above, which refer to the "group process" and letting other people in. We see this in the themes around connectedness, empathy, listening,

understanding. An orientation to the intersubjective is a necessary aspect of understanding these experiences, which a foregrounding of the individual can occlude. The digital storytelling process, for many participants, brought them therapeutic and transformative experiences that re-centre and re-frame personal meaning *through* inter-personal connections.

Shea (2018) highlights Pennebaker's research into the benefits of writing about trauma and notes the support of the group as being an important factor in what he describes as an "often cathartic" process with users of the UK mental health system. Walters describes her own experience of catharsis in a digital storytelling workshop as the inspiration for her to fund a workshop for mental health service users; she notes the importance of active listening, careful facilitation and the transformative and cathartic role of digital media "through the distillation and amplification of service users' experiences' (2018, p. 149). We introduce here existential therapist Yalom's formula for change in the group therapy context as being helpful. Yalom (2005) argued that the necessary ingredients for change in this group dynamic context are both catharsis and reflection/insight, where catharsis alone cannot lead to change and nor can reflection/insight alone. From our interviews, we can see this strong trend for both catharsis and reflection running through the different analytic concepts and framing of excerpts we have drawn upon, picking up Yalom's view about group therapy that "Those who had a growth experience characteristically coupled catharsis with some form of cognitive learning" (1998, 22). Growth is an explicit theme in the first stage of our analysis, and we see it in the excerpts above which foreground "change" and "deeper understanding" and "transformation."

Foulkes, a leading figure in the field of group analysis, spoke about how group therapy "intensifies and amplifies the social, interactional aspects of group psychodynamics" (1948, p. 22). Whilst a digital storytelling group cannot be said to be a therapeutic group in its set-up and aims, rather being more of an activity group if it is to slot into any extant therapeutic group model, it nonetheless shares many characteristics that would account for its therapeutic benefits. We see this in the excerpts above which refer to the story circle as "almost like a sacred space", the group as a "kind of whole" and being vulnerable to others as "letting them in." This speaks to Foulkes' view of group analysis as horizontal in its relational operations, where each member of the group both experiences and observes the dynamic processes of the group and this active engagement underpins therapeutic change. In the crucible of this dynamic social context, the group itself takes on the therapeutic function in a largely democratic manner. This picks up Walters, who notes that the flat power dynamic of the storytelling group links to "the kind of therapy we do for ourselves" (2018, p. 147), again picked up in the excerpts above and the theme of "process" with its subthemes of facilitation, learning, processing and containing. Returning to Yalom (2005), we can see that his distillation of eleven "therapeutic factors" in the context of group therapy reflects some of the experiences we are exploring here as framed by the lifeworld existentials, these being: instillation of hope, universality, imparting information, altruism, the corrective recapitulation of the primary family group, development of socializing techniques, imitative behaviour, catharsis, existential factors, group cohesiveness, interpersonal learning.

For instance, we see the themes of instillation of hope and universality in the way that participants relay the importance of not only sharing but of being heard and having those experiences validated and also mirrored at times. A participant stating that "... I was more

able to share that and come back and say, again, that's not something I'm going to hide away and I'm not ashamed of that" encapsulates many of the themes around how connectedness becomes meaningful for the individual. Yalom's focus on universality, that shared experience and feelings are made tangible, is revealed in comments such as: "And it was a big thing also being in touch with people that experienced the same feelings as well", and "What I could tell a story about, I could relate to others about". We see that it is through this relational exchange and visibility that the individual describes the experience of a salient internal shift. The lifeworld existential framework highlights the interwoven aspects of how space and time support the relational, a significant aspect of group therapy too, where what is termed dynamic administration, for instance, the set-up, structure and ongoing maintenance of the group, become far more prominent than we usually encounter in group activities. The lifeworld existential framework highlights why this matters, in terms of how participants then describe the uniqueness of the space that they experience – magical, an oasis – interacting with embodied aspects of self, such as voice. This, in turn, is linked to the cohesiveness of the group in Yalom's term, described by participants as significant, with words such as "family" used to underline this.

The group dynamics of digital storytelling, to continue with Yalom, appear to provide what in group analysis is a seminal issue, the group itself functioning in a therapeutic role. Yalom foregrounds the imparting of information as important, from both therapist and group members, through an implicit process of education. Here, our participants clearly refer to the process as a learning tool and link this to Yalom's notion of altruism, for instance in how "patients receive through giving" (1998, p. 17). Listening is a particularly resonant theme in terms of the quality and depth of listening, both given and learned, in a reciprocal act. In relation to the development of social skills participants also refer to listening as a skill learned. Yalom states that;

> Social learning – the development of basic social skills – is a therapeutic factor that operates in all therapy groups, although the nature of the skills taught and the explicitness of the process vary greatly depending on the type of group therapy. (1998, p.20)

To return to Yalom's work on catharsis in conjunction with learning, he states, from his clinical experience, that "*Effective* catharsis was linked to other factors" (1998, p. 22). However, Yalom suggests that "Group cohesiveness and interpersonal learning are of greater power and complexity than any of the other therapeutic factors" (1998, p. 24) and if we look back at the themes and lifeworld existentials we see these strongly borne out in our data. We could suggest that the process of digital storytelling as revealed through these participants' reflections on their experiences, is fundamentally a learning process, with learning positioned largely as social, and also implicit and tacit (Polanyi & Sen, 2009). Indeed, we might call this a social learning methodology, which foregrounds this distinctive set of characteristics about the process, although ones which are found – as we demonstrate – in other therapeutic explorations of group process. Here, we find that the digital storytelling workshop has tacit learning as a vital and sustained process, through which the benefits described here are actualized. As one participant stated, "learning happens whether you want it to or not". We have also noted how this process is itself not unlike such a phenomenological construction for the participants, outlined in Van Manen's (1990) six methodological themes for hermeneutical phenomenological research: turning to the nature of lived experience; investigating experience as we live

it; reflecting on essential themes; the art of writing and rewriting; maintaining a strong and oriented relation; balancing the context by considering parts and wholes.

Conclusion

This study has sought to explore in retrospect the experience of the process of digital storytelling for Patient Voices workshop participants for whom there have been benefits. Through analysis of findings from this sample and theoretical generalisation, we consider in depth how these experiences are transformative and therapeutic in particular. We find in our themes and lifeworld existentials analysis a close relationship to the therapeutic factors that Yalom sets forth as underpinning therapeutic growth in groups and whilst we do not suggest that group therapy and digital storytelling in healthcare are analogous, we do suggest that there is merit in drawing on the group analytic literature further to better understand the nature of the therapeutic and transformative benefits of this social learning methodology. We suggest that an in-depth analysis of the digital storytelling process, drawing on literature of other group processes, is important in strengthening our understanding of how therapeutic benefits may come about. This can contribute to further understanding the quality of facilitation that underpins the digital storytelling process, as well as to further research about the evidential base for the benefits to participants of this digital storytelling methodology in healthcare.

We have, through our thematic analysis and in our concluding ideas about the centrality of interpersonal relations and social learning, brought some clarity to the complexity of lived experience, which we suggest is important in growing an evidence-based about the benefits of story and arts-based processes that retain a sensitivity to the lifeworld. However, we also note the limitations of this study, focused as it is on one methodology for digital storytelling in healthcare and based on a purposive sample of participants whose experiences were positive. We also note that in seeking to conduct research in collaboration with practitioners, the great care that must be taken to ensure transparency and rigour in order to mitigate conflicts of interest that ensue, which we have striven for through the composition of the research team and detail provided in this paper. We suggest that these findings and our theoretical generalisation should be seen primarily as a foundation for further research. The three-step analysis could be replicated in other studies of arts-based approaches, with a focus on the lived experience, and theoretical generalization about social learning and transformative and therapeutic benefits could be further explored in other studies on the efficacy and impacts of digital storytelling in healthcare. We end this paper by returning to van Manen, who states that "a good phenomenological description is collected by lived experience and recollects lived experience – is validated by lived experience and it validates lived experience" (1990, p. 27). What we hope to have achieved in using van Manen's lifeworld existentials is to offer an interpretation of participant constructions in interview of the experience of Patient Voices digital storytelling, such that we collectively share a richer and deeper understanding of the effects of this in their own terms.

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