



The multifaceted contributors to narrative identity disruption in psychosis

Gil Grunfeld & Daniel Fulford

To cite this article: Gil Grunfeld & Daniel Fulford (31 May 2025): The multifaceted contributors to narrative identity disruption in psychosis, Journal of Mental Health, DOI: [10.1080/09638237.2025.2512322](https://doi.org/10.1080/09638237.2025.2512322)

To link to this article: <https://doi.org/10.1080/09638237.2025.2512322>



Published online: 31 May 2025.



Submit your article to this journal [↗](#)



View related articles [↗](#)



View Crossmark data [↗](#)

The multifaceted contributors to narrative identity disruption in psychosis

Introduction

“Narrative identity”—an individual’s construction of their personal identity through the stories they tell about their experiences—encompasses the internalized and evolving life story that integrates past experiences, present realities, and anticipation of the future into a coherent sense of self (McAdams, 2018). Narrative identity is comprised of several domains, including structure (e.g., sequencing of and manner in which an individual conceptualizes their life events), memory formation and recall (e.g., integration of past events in one’s life), and, for some individuals, reconciliation of highly affective, traumatic experiences (Cowan et al., 2021; McLean et al., 2020; van Sambeek et al., 2023). Importantly, people with psychosis face unique challenges in forming a cohesive narrative identity, resulting in less self-concept clarity, worsening symptom trajectory, and lower overall wellbeing (Cowan et al., 2021).

In this editorial, building upon previous explorations of narrative identity phenomenology in psychosis (Cowan et al., 2021) and drawing on literature recently published in the *Journal of Mental Health* (Hurtado et al., 2024; Jones et al., 2021; Styła & Świtaj, 2024), we elaborate on factors influencing narrative identity formation in psychosis, with key emphasis on disruptions of narrative identity for individuals at the early stages of illness. We highlight how for those experiencing psychosis, integration of life events with self-concept can be influenced by 1) aberrant experiences of time, 2) cognitive biases and appraisals of life events, and 3) experiences of trauma. By illuminating the potential influence of these factors in disturbances in narrative identity formation, exploring how each factor may interact with narrative identity domains, we aim to pave the way for further conceptualization of psychosis as characterized by feelings of disconnection among self, other, and the external world, with the ultimate goal to inform interventions that promote meaningful recovery across the psychosis spectrum.

Disruptions in identity formation in psychosis

Altered time perception and narrative structure

Among the domains inherent to narrative identity is one’s perception of time, specifically the role of time in creating narrative structure and in influencing narration tendencies. Understanding of sequences of life events is related to

logical coherence (the temporal structure to the narrative), attribution of salience to various life events, and understanding of sense of self (“Who am I today? Who was I yesterday?”) (McAdams, 2018; McAdams & McLean, 2013). Both positive symptoms (i.e., delusions and hallucinations) and dissociative experiences like depersonalization/derealization are thought to disrupt the continuity of an individual’s time perception (Perona-Garcelán et al., 2016; M. Vogel et al., 2013). Through aberrant salience, including misattribution of significance to environmental stimuli (Kapur, 2003) and distortions in perceptions of reality (e.g., feeling “out of one’s body”) (Longden et al., 2020; Nelson et al., 2014), people with psychosis may experience either a speeding up or slowing down of the passage of time (D. H. V. Vogel et al., 2019). While narrative structure disruptions in those with psychosis may result from cognitive impairment and negative symptoms (Cowan et al., 2021), we would like to highlight the potential role of aberrant salience in contributing to further challenges in narration.

For example, paranoid delusions are experienced as a state of hypervigilance and excessive attention to potentially threatening stimuli in the environment, making time feel as though it is ‘passing more slowly’ as attention is narrowly focused on detecting potential danger (Coy & Hutton, 2013; Green & Phillips, 2004). A 2021 study published in the *Journal of Mental Health* qualitatively investigated the content of positive psychosis symptoms (delusions and hallucinations) using a retrospective case study design on 160 patients at an early intervention service for psychosis, which elucidated the phenomenological accounts of paranoid content in first-episode presentation (Jones et al., 2021). Researchers found a high prevalence of beliefs and hallucinatory content rooted in conspiracy, danger of death, suspicion of others, and critical voices, consistent with longitudinal research demonstrating high prevalence of clinically-rated persecutory themes in those with early psychosis (Grunfeld et al., 2024).

Given the centrality of suspiciousness and persecutory content commonly reported by those experiencing psychotic symptoms, heightened attention to salient (often threatening) elements in one’s external and internal environment may contribute to a perception of time distorted by hypervigilance to threat (Coy & Hutton, 2013); the attentional focus characteristic of paranoia-related hypervigilance, which is often experienced as a hyperfocus (experienced as a slowing down of time) (D. H. V. Vogel et al., 2019), illustrates how

the phenomenology of time perception in psychosis may influence narrative identity. Persecutory experiences may shape or distort one's sense of narrative identity, both because of 1) their assigned significance and 2) the extent to which they 'consume' a high proportion of one's life story (i.e., a greater amount of perceived time). Research on depersonalization/derealization—a symptom dimension receiving increasing attention for its role in psychosis phenomenology and recovery (Calciu et al., 2024; Longden et al., 2020)—has also noted the relevance of 'absorption' during acute dissociative states, whereby individuals report a temporary loss in awareness in time that accompanies a feeling of general detachment from self and reality (Renard et al., 2017; Soffer-Dudek et al., 2015). This detachment and/or absorption can also lead to fragmentation of time, creating a disjointed understanding of a day or even several days (Calciu et al., 2024). These phenomena are among those reported by individuals with lived experience of psychosis that we suggest may contribute to challenges in forming logical coherence in narrative structure.

Central to the process of narration is narrative perspective, which is thought to be altered in those experiencing psychosis (Cowan et al., 2021). For example, perceptual disturbances like those associated with paranoia or grandiosity may lead to an exaggerated self-focus in one's narrative identity (e.g., feelings of being uniquely targeted or feelings of specialness) (Berna et al., 2017). This heightened attention to self and self-concept is considered especially salient at the earlier stages of illness (Cowan et al., 2021). On the other hand, dissociative states like depersonalization and derealization can result in a "detached narration," whereby individuals speak about experiences as though they are an outsider to the unfolding events and anchoring narratives in external events (Cowan et al., 2021). Overall, alterations in narrative perspective reflect the complex ways psychosis shapes self-concept and narrative identity. These alterations may be characterized by a dissonance between being the central experiencer of life events and being an outside witness to these events.

Cognitive impairments and memory salience in narrative identity

Cognitive impairments can further distort meaning-making processes that are central to narrative identity formation (Lysaker et al., 2021; Myers et al., 2024). Altered cognition can influence the processes of temporal focus (i.e., emphasis on past, present, or future), memory recall, and integration relevant for forming narrative identity (Cowan et al., 2021). Distortions in memory recall and formation can influence appraisal of past and present and contribute to biases about future anticipated events. For example, paranoia may lead individuals to recall recent autobiographical events through a suspicious lens, fueling rumination about experiences perceived as threatening and maintaining disruptive cognitive patterns (Ludwig et al., 2020).

Styła and Świtaj (2022, *Journal of Mental Health*) suggest there may also be trait-like cognitive biases that interact with

appraisal of life events in individuals experiencing psychosis. These biases may stem from rumination, anxiety, or perceived threat (Coy & Hutton, 2013), or from enduring trait-like factors like neuroticism (Os & Jones, 2001), all of which can distort how individuals interpret the sequence, causality, or significance of events. In their research, Styła & Świtaj (2022) investigated the association between time perspective and internalized stigma among people with schizophrenia. The researchers found that individuals with trait-like time perspectives that were either negative past focused (e.g., ruminative) or negative future focused (e.g., worry) were more likely to experience more severe self-stigma, accounting for sociodemographic and clinical correlates (Styła & Świtaj, 2024). This research highlights the relevance of stable cognitive distortions related to life narrative and self-concept that may underly adoption of internalized stigma in individuals with psychosis spectrum disorders.

Hindered memory recall is another facet of cognitive impairment that may contribute to further challenges in narrative identity formation. The structure of one's 'life story,' and the identity rooted in this story, can be difficult to form as a result of memory challenges and 'chopped up' structuring of events (Cowan et al., 2021; Lysaker et al., 2020). Additionally, content from lived events, particularly traumatic or emotionally-salient experiences, can be echoed in symptom presentation in psychosis (e.g., hallucination content may evoke vivid memories from the past, such as hearing the voice of a deceased loved one or seeing visions tied to prior trauma) (Peach et al., 2021), further blurring boundaries of memory in narrative identity foundation (Hardy, 2017). More broadly, delusions, hallucinations, and dissociative states can all influence autobiographical memory formation and recall (Allé et al., 2023; Huntjens et al., 2014; Kaney et al., 1999), which in turn compromises both the clarity and detail of narrative identity (Cowan et al., 2021).

Reconciliation of trauma and adversity in narrative identity

In addition to positive symptoms and altered cognition, life events impacted by active psychosis also contribute to disturbances in identity formation. Alteration in routine (e.g., hospitalization), experiences of rejection or alienation from loved ones and acquaintances (e.g., ruptured relationships, discrimination), and the fear that can accompany psychosis onset (e.g., heightened emotion, traumatic interactions with healthcare and social services), all play a role in disturbing narrative identity formation.

While difficulties in narrative identity coherence have been studied in individuals across the psychosis spectrum, young people at the earliest stages of illness are thought to face unique disruptions to identity formation, given the social-personal dynamics of this developmental stage (adolescence/young adulthood) as well as the life interference that can accompany early experiences of psychosis and subsequent interaction with services (Cowan et al., 2024). Early psychosis often leads to disruptions of key life milestones, including

interruptions from hospitalizations, leaves of absence from school or work, and especially difficulties maintaining intricate social dynamics that accompany adolescence/young adulthood (Connell et al., 2015; Lal et al., 2014). A recent paper in the *Journal of Mental Health* from Hurtado et al. (2024) highlights specific challenges in forming and maintaining meaningful relationships in the prodromal stages and following a first episode of psychosis (Hurtado et al., 2024). The researchers pose the inextricability of interpersonal functioning and social identity with life narrative: through qualitative analysis of in-depth interviews, research underscored the pervasive loneliness experienced by youth at the earliest stages of psychotic illness, as they navigated social withdrawal and the “breakdown of life project” (Hurtado et al., 2024). Notably, interviewees emphasized the restoration of a sense of life project, intertwined with re-engagement in meaningful interpersonal relationships, as critical to personal recovery and renewed meaning making.

Traumatic life events, especially those experienced in childhood, are highly prevalent in individuals with psychosis and are correlated with increased symptom severity following psychosis onset (Bailey et al., 2018; Kline et al., 2016). Comorbid trauma prior to psychosis episodes can further interfere with narrative identity formation, particularly in early-stage psychosis. Traumatic experiences can fragment the continuity of one’s life narrative, limiting integration of memories into a meaningful, coherent life story (Kowalska et al., 2022; Ng et al., 2021). Furthermore, the affective, cognitive, and physiological components of trauma processing can overwhelm an individual’s ability to make sense of events, creating ‘narrative voids’ or distorting the interpretation of experiences, leading to not only a fractured sense of self, but also shame (Davies et al., 2025). The affective components of trauma are thought to bring particular challenges to narrative identity formation, as adverse life events can negatively bias self-concept and interfere with hope for those in recovering from psychosis (Jordan et al., 2020). Given the high rates of trauma in those at risk for psychosis (Kraan et al., 2015), some research has suggested that psychotic experiences may arise as a response to overwhelming trauma, potentially as part of a cascade of efforts to make sense of particularly disturbing or horrific life experiences (i.e., a distorted attempt to integrate unfathomable traumatic events into one’s sense of self) (Hardy, 2017). For some, efforts to construct narrative identity, particularly at the earliest stages of illness, are inextricable from adverse life experiences leading up to psychosis onset.

Psychosis may also compound the challenges of prior experiences with adversity because the impact of a psychotic episode itself can be profoundly traumatic (Rodrigues & Anderson, 2017). Sudden onset of altered reality, loss of trust in oneself and in others, and the accompanying fear, confusion, and stigma can mirror the psychological and affective impacts of trauma. Individuals have also frequently reported traumatic encounters with healthcare providers and first responders (Buswell et al., 2021; Evans-Lacko et al., 2017; Faber et al., 2023). A first episode of psychosis in particular can bring with it overwhelming identity confusion, impacting current and

potential relationships and a diminished aspiration for future life goals and desires (Dunkley et al., 2015).

In addition to trauma, stigma in psychosis may also interfere in the navigation of lived experience and the construction of a coherent narrative identity. Social stigma and rejection by peers, loved ones, and members of broader society can lead to discrimination and social exclusion, which can have profound effects on identity formation and self-concept, particularly for young people at the earliest stages of illness (Ben-David & Kealy, 2020). For many, the internalization of this stigma, or self-stigma, can contribute feelings of self-blame and low self-worth (Vass et al., 2015), and intensify social isolation and loneliness (Lim et al., 2018). Experiences of external and self-stigma have been shown to negatively impact symptom course (Vass et al., 2015; Yanos et al., 2008) and hinder the process of initial help-seeking that can be critical for recovery (Mueser et al., 2020; Yang et al., 2015).

Conclusion

Several recent articles published over the past five years in the *Journal of Mental Health* have contributed to our understanding of narrative identity in psychosis (Hurtado et al., 2024; Jones et al., 2021; Styła & Świtaj, 2024). The constellation of symptoms, cognitive and affective factors, and social experiences occurring during and surrounding psychotic episodes naturally alters individuals’ understanding of day-to-day life, as well as their broader conceptualization of themselves and their life story. Disruption in time perception and perceptual salience, cognitive impairments and biases, and trauma/adversity are several candidate factors that impede the formation of coherent life narratives during and following psychosis onset. This lack of coherence translates into fragmented narrative identity, which is composed of an individual’s understanding of their autobiographical history in tandem with their sense of self-concept (Cowan et al., 2021). In this editorial we explored only a subset of potential influences on disruptions of narrative identity formation, and highlighted factors that may be unique to early onset psychosis. Disruptions in narrative identity formation and coherence can be attributed to a range of factors, as idiosyncratic as the experiences of those who have lived or currently live with psychosis.

Narrative identity formation incorporates meaning making about oneself, others, and the lived environment. This process is critical for all individuals in navigating difficult life events, maintaining self-esteem, and forming a value system that motivates towards goal attainment and flourishing (Bauer et al., 2008; McAdams & McLean, 2013). Future research could highlight narrative identity disruption as a relevant clinical construct when investigating psychosis-spectrum phenomenology. In addition to inclusion of narrative identity measurement in psychosis research (see McAdams, 2018 for relevant considerations for measurement of this construct), phenomenologically rich methods, such as mixed-method applications of experience sampling, may allow researchers to better understand narrative identity factors from a naturalistic and multi-modal perspective (Grunfeld et al., 2025).

Better understanding disruptions in narrative identity formation in those experiencing and recovering from psychosis can advance extant conceptualizations of psychosis-spectrum disorders and further improve patient-centered approaches to care. Existing recovery-focused interventions are situated to facilitate narrative identity formation and support coherence through an exploration of the phenomenology of psychosis, interpersonal and social goals, and processing of adverse life events (Mazor et al., 2016; Meyer et al., 2015; Mueser & Rosenberg, 2003). To date, findings from randomized clinical trials on interventions targeting eudaimonic well-being, which aim to promote positive psychological outcomes relevant to narrative identity coherence (e.g., life purpose, self-esteem, and autonomy), suggest these interventions yield similar treatment gains to treatment as usual for individuals with early psychosis and across the psychosis spectrum population (Geerling et al., 2020; Gleeson et al., 2021). While evidence does not suggest that eudaimonic well-being interventions are superior to existing treatments, their general efficacy with service users on the psychosis spectrum points to the potential benefits of narrative identity-promoting practices for those in recovery. One study found that a single narrative identity interview, whereby individuals are prompted to reflect on their identity and life story, may increase positive affect well after the interview (Turner et al., 2024). Including semi-structured narrative identity interviews may be a meaningful option not only for increasing sense of well-being during treatment, but also for guiding case formulations as well as facilitating collaborative decision-making in treatment planning in the context of existing psychosis interventions and rehabilitation efforts.

Despite the relevance of narrative identity in psychosis phenomenology, the effects of including narrative identity exploration in psychosis recovery have yet to be explored. Future research and development of narrative identity-based therapies is warranted. Given increased attention to recovery-oriented therapies in psychosis rehabilitation, providers may seek to tailor existing well-being oriented psychosis interventions to promote narrative identity coherence (e.g., Meyer et al., 2015) with a special emphasis on identity exploration and life story telling.

Disclosure statement

D.F. serves as subject matter expert for Click Therapeutics at Boehringer-Ingelheim.

Funding

The author(s) reported there is no funding associated with the work featured in this article.

References

- Allé, M. C., Rubin, D. C., & Berntsen, D. (2023). Autobiographical memory and the self on the psychosis continuum: Investigating their relationship with positive- and negative-like symptoms. *Memory (Hove, England)*, 31(4), 518–529. <https://doi.org/10.1080/09658211.2023.2173236>
- Bailey, T., Alvarez-Jimenez, M., Garcia-Sanchez, A. M., Hulbert, C., Barlow, E., & Bendall, S. (2018). Childhood trauma is associated with severity of hallucinations and delusions in psychotic disorders: A systematic review and meta-analysis. *Schizophrenia Bulletin*, 44(5), 1111–1122. <https://doi.org/10.1093/schbul/sbx161>
- Bauer, J. J., McAdams, D. P., & Pals, J. L. (2008). Narrative identity and eudaimonic well-being. *Journal of Happiness Studies*, 9(1), 81–104. <https://doi.org/10.1007/s10902-006-9021-6>
- Ben-David, S., & Kealy, D. (2020). Identity in the context of early psychosis: A review of recent research. *Psychosis*, 12(1), 68–78. <https://doi.org/10.1080/17522439.2019.1656283>
- Berna, F., Evrard, R., Coutelle, R., Kobayashi, H., Laprévote, V., & Danion, J.-M. (2017). Characteristics of memories of delusion-like experiences within the psychosis continuum: Pilot studies providing new insight on the relationship between self and delusions. *Journal of Behavior Therapy and Experimental Psychiatry*, 56, 33–41. <https://doi.org/10.1016/j.jbtep.2016.07.001>
- Buswell, G., Haime, Z., Lloyd-Evans, B., & Billings, J. (2021). A systematic review of PTSD to the experience of psychosis: Prevalence and associated factors. *BMC Psychiatry*, 21(1), 9. <https://doi.org/10.1186/s12888-020-02999-x>
- Calciu, C., Macpherson, R., Chen, S. Y., Zlate, M., King, R. C., Rees, K. J., Soponaru, C., & Webb, J. (2024). Dissociation and recovery in psychosis—an overview of the literature. *Frontiers in Psychiatry*, 15, 1327783. <https://doi.org/10.3389/fpsy.2024.1327783>
- Connell, M., Schweitzer, R., & King, R. (2015). Recovery from first-episode psychosis and recovering self: A qualitative study. *Psychiatric Rehabilitation Journal*, 38(4), 359–364. <https://doi.org/10.1037/prj0000077>
- Cowan, H. R., McAdams, D. P., Ouellet, L., Jones, C. M., & Mittal, V. A. (2024). Self-concept and narrative identity in youth at clinical high risk for psychosis. *Schizophrenia Bulletin*, 50(4), 848–859. <https://doi.org/10.1093/schbul/sbad142>
- Cowan, H. R., Mittal, V. A., & McAdams, D. P. (2021). Narrative identity in the psychosis spectrum: A systematic review and developmental model. *Clinical Psychology Review*, 88, 102067. <https://doi.org/10.1016/j.cpr.2021.102067>
- Coy, A. L., & Hutton, S. B. (2013). The influence of hallucination proneness and social threat on time perception. *Cognitive Neuropsychiatry*, 18(6), 463–476. <https://doi.org/10.1080/13546805.2012.730994>
- Davies, K., Lappin, J. M., Briggs, N., Isobel, S., & Steel, Z. (2025). Does shame mediate the influence of trauma on psychosis? A systematic review and meta-analytic structural equation modelling approach. *Schizophrenia Research*, 275, 87–97. <https://doi.org/10.1016/j.schres.2024.12.008>
- Dunkley, J. E., Bates, G. W., & Findlay, B. M. (2015). Understanding the trauma of first-episode psychosis. *Early Intervention in Psychiatry*, 9(3), 211–220. <https://doi.org/10.1111/eip.12103>
- Evans-Lacko, S., Gronholm, P. C., Laurens, K. R., & Thornicroft, G. (2017). Mental health-related stigma and pathways to care for people at risk of psychotic disorders or experiencing first-episode psychosis: A systematic review. *Psychological Medicine*, 47(11), 1867–1879. <https://doi.org/10.1017/S0033291717000344>
- Faber, S. C., Khanna Roy, A., Michaels, T. I., & Williams, M. T. (2023). The weaponization of medicine: Early psychosis in the Black community and the need for racially informed mental healthcare. *Frontiers in Psychiatry*, 14, 1098292. <https://doi.org/10.3389/fpsy.2023.1098292>
- Geerling, B., Kraiss, J. T., Kelders, S. M., Stevens, A. W. M. M., Kupka, R. W., & Bohlmeijer, E. T. (2020). The effect of positive psychology interventions on well-being and psychopathology in patients with severe mental illness: A systematic review and meta-analysis. *The Journal of Positive Psychology*, 15(5), 572–587. <https://doi.org/10.1080/17439760.2020.1789695>
- Gleeson, J. F. M., Eleftheriadis, D., Santesteban-Echarri, O., Koval, P., Bastian, B., Penn, D. L., Lim, M. H., Ryan, R. M., & Alvarez-Jimenez, M. (2021). Positive and meaningful lives: Systematic review and meta-analysis of eudaimonic well-being in first-episode psychosis. *Early Intervention in Psychiatry*, 15(5), 1072–1091. <https://doi.org/10.1111/eip.13049>

- Green, M. J., & Phillips, M. L. (2004). Social threat perception and the evolution of paranoia. *Neuroscience and Biobehavioral Reviews*, 28(3), 333–342. <https://doi.org/10.1016/j.neubiorev.2004.03.006>
- Grunfeld, G., Bringmann, L. F., & Fulford, D. (2025). Putting the “experience” back in experience sampling: A phenomenological approach. *Journal of Psychopathology and Clinical Science*, 134(1), 3–5. <https://doi.org/10.1037/abn0000928>
- Grunfeld, G., Lemonde, A.-C., Gold, I., Paquin, V., Iyer, S. N., Lepage, M., Joobor, R., Malla, A., & Shah, J. L. (2024). Consistency of delusion themes across first and subsequent episodes of psychosis. *JAMA Psychiatry*, 81(10), 1039–1046. <https://doi.org/10.1001/jamapsychiatry.2024.2040>
- Hardy, A. (2017). Pathways from trauma to psychotic experiences: A theoretically informed model of posttraumatic stress in psychosis. *Frontiers in Psychology*, 8, 697. <https://doi.org/10.3389/fpsyg.2017.00697>
- Huntjens, R. J. C., Wessel, I., Hermans, D., & van Minnen, A. (2014). Autobiographical memory specificity in dissociative identity disorder. *Journal of Abnormal Psychology*, 123(2), 419–428. <https://doi.org/10.1037/a0036624>
- Hurtado, M. M., Villena, A., Quemada, C., & Morales-Asencio, J. M. (2024). Personal relationships during and after an initial psychotic episode. First-person experiences. *Journal of Mental Health (Abingdon, England)*, 1–7. <https://doi.org/10.1080/09638237.2024.2408245>
- Jones, A., Read, J., & Wood, L. (2021). A retrospective case study of the thematic content of psychotic experiences in a first episode psychosis population. *Journal of Mental Health (Abingdon, England)*, 30(4), 509–517. <https://doi.org/10.1080/09638237.2020.1755024>
- Jordan, G., Iyer, S. N., Malla, A., & Davidson, L. (2020). Posttraumatic growth and recovery following a first episode of psychosis: A narrative review of two concepts. *Psychosis*, 12(3), 285–294. <https://doi.org/10.1080/17522439.2020.1736610>
- Kaney, S., Bowen-Jones, K., & Bentall, R. P. (1999). Persecutory delusions and autobiographical memory. *The British Journal of Clinical Psychology*, 38(1), 97–102. <https://doi.org/10.1348/014466599162692>
- Kapur, S. (2003). Psychosis as a state of aberrant salience: A framework linking biology, phenomenology, and pharmacology in schizophrenia. *The American Journal of Psychiatry*, 160(1), 13–23. <https://doi.org/10.1176/appi.ajp.160.1.13>
- Kline, E., Millman, Z. B., Denenny, D., Wilson, C., Thompson, E., Demro, C., Connors, K., Bussell, K., Reeves, G., & Schiffman, J. (2016). Trauma and psychosis symptoms in a sample of help-seeking youth. *Schizophrenia Research*, 175(1–3), 174–179. <https://doi.org/10.1016/j.schres.2016.04.006>
- Kowalska, M., Zięba, M., & Wiecheć, K. (2022). The narrating self and the experiencing self in the narratives of women who have experienced trauma. *Journal of Constructivist Psychology*, 35(2), 699–718. <https://doi.org/10.1080/10720537.2020.1865221>
- Kraan, T., Velthorst, E., Smit, F., de Haan, L., & van der Gaag, M. (2015). Trauma and recent life events in individuals at ultra high risk for psychosis: Review and meta-analysis. *Schizophrenia Research*, 161(2–3), 143–149. <https://doi.org/10.1016/j.schres.2014.11.026>
- Lal, S., Ungar, M., Malla, A., Frankish, J., & Suto, M. (2014). Meanings of well-being from the perspectives of youth recently diagnosed with psychosis. *Journal of Mental Health (Abingdon, England)*, 23(1), 25–30. <https://doi.org/10.3109/09638237.2013.841866>
- Lim, M. H., Gleeson, J. F., Alvarez-Jimenez, M., & Penn, D. L. (2018). Loneliness in psychosis: A systematic review. *Social Psychiatry and Psychiatric Epidemiology*, 53(3), 221–238. <https://doi.org/10.1007/s00127-018-1482-5>
- Longden, E., Branitsky, A., Moskowitz, A., Berry, K., Bucci, S., & Varese, F. (2020). The relationship between dissociation and symptoms of psychosis: A meta-analysis. *Schizophrenia Bulletin*, 46(5), 1104–1113. <https://doi.org/10.1093/schbul/sbaa037>
- Ludwig, L., Mehl, S., Schlier, B., Krkovic, K., & Lincoln, T. M. (2020). Awareness and rumination moderate the affective pathway to paranoia in daily life. *Schizophrenia Research*, 216, 161–167. <https://doi.org/10.1016/j.schres.2019.12.007>
- Lysaker, P. H., Chernov, N., Moiseeva, T., Sozinova, M., Dmitryeva, N., Alyoshin, V., Luther, L., Karpenko, O., & Kostyuk, G. (2021). Clinical insight, cognitive insight and metacognition in psychosis: Evidence of mediation. *Journal of Psychiatric Research*, 140, 1–6. <https://doi.org/10.1016/j.jpsychires.2021.05.030>
- Lysaker, P. H., Minor, K. S., Lysaker, J. T., Hasson-Ohayon, I., Bonfils, K., Hochheiser, J., & Vohs, J. L. (2020). Metacognitive function and fragmentation in schizophrenia: Relationship to cognition, self-experience and developing treatments. *Schizophrenia Research. Cognition*, 19, 100142. <https://doi.org/10.1016/j.scog.2019.100142>
- Mazor, Y., Gelkopf, M., Mueser, K. T., & Roe, D. (2016). Posttraumatic growth in psychosis. *Frontiers in Psychiatry*, 7, 202. <https://doi.org/10.3389/fpsyg.2016.00202>
- McAdams, D. P. (2018). Narrative identity: What is it? What does it do? How do you measure it? *Imagination, Cognition and Personality*, 37(3), 359–372. <https://doi.org/10.1177/0276236618756704>
- McAdams, D. P., & McLean, K. C. (2013). Narrative identity. *Current Directions in Psychological Science*, 22(3), 233–238. <https://doi.org/10.1177/0963721413475622>
- McLean, K. C., Syed, M., Pasupathi, M., Adler, J. M., Dunlop, W. L., Drustup, D., Fivush, R., Graci, M. E., Lilgendahl, J. P., Lodi-Smith, J., McAdams, D. P., & McCoy, T. P. (2020). The empirical structure of narrative identity: The initial Big Three. *Journal of Personality and Social Psychology*, 119(4), 920–944. <https://doi.org/10.1037/pspp0000247>
- Meyer, P. S., Gottlieb, J. D., Penn, D., Mueser, K., & Gingerich, S. (2015). Individual resiliency training: An early intervention approach to enhance well-being in people with first-episode psychosis. *Psychiatric Annals*, 45(11), 554–560. <https://doi.org/10.3928/00485713-20151103-06>
- Mueser, K. T., DeTore, N. R., Kredlow, M. A., Bourgeois, M. L., Penn, D. L., & Hintz, K. (2020). Clinical and demographic correlates of stigma in first-episode psychosis: The impact of duration of untreated psychosis. *Acta Psychiatrica Scandinavica*, 141(2), 157–166. <https://doi.org/10.1111/acps.13102>
- Mueser, K. T., & Rosenberg, S. D. (2003). Treating the trauma of first episode psychosis: A PTSD perspective. *Journal of Mental Health (Abingdon, England)*, 12(2), 103–108. <https://doi.org/10.1080/096382300210000583371>
- Myers, E. J., Abel, D. B., Mickens, J. L., Russell, M. T., Rand, K. L., Salyers, M. P., Lysaker, P. H., & Minor, K. S. (2024). Meta-analysis of the relationship between metacognition and disorganized symptoms in psychosis. *Schizophrenia Research*, 264, 178–187. <https://doi.org/10.1016/j.schres.2023.12.009>
- Nelson, B., Whitford, T. J., Lavoie, S., & Sass, L. A. (2014). What are the neurocognitive correlates of basic self-disturbance in schizophrenia?: Integrating phenomenology and neurocognition: Part 2 (Aberrant salience). *Schizophrenia Research*, 152(1), 20–27. <https://doi.org/10.1016/j.schres.2013.06.033>
- Ng, F., Ibrahim, N., Franklin, D., Jordan, G., Lewandowski, F., Fang, F., Roe, D., Rennick-Egglestone, S., Newby, C., Hare-Duke, L., Llewellyn-Beardsley, J., Yeo, C., & Slade, M. (2021). Post-traumatic growth in psychosis: A systematic review and narrative synthesis. *BMC Psychiatry*, 21(1), 607. <https://doi.org/10.1186/s12888-021-03614-3>
- Os, J. V., & Jones, P. B. (2001). Neuroticism as a risk factor for schizophrenia. *Psychological Medicine*, 31(6), 1129–1134. <https://doi.org/10.1017/S0033291701004044>
- Peach, N., Alvarez-Jimenez, M., Cropper, S. J., Sun, P., Halpin, E., O'Connell, J., & Bendall, S. (2021). Trauma and the content of hallucinations and post-traumatic intrusions in first-episode psychosis. *Psychology and Psychotherapy: Theory, Research and Practice*, 94(S2), 223–241. <https://doi.org/10.1111/papt.12273>
- Perona-Garcelán, S., Bellido-Zanin, G., Rodríguez-Testal, J. F., López-Jiménez, A. M., García-Montes, J. M., & Ruiz-Veguilla, M. (2016). The relationship of depersonalization and absorption to hallucinations in psychotic and non-clinical participants. *Psychiatry Research*, 244, 357–362. <https://doi.org/10.1016/j.psychres.2016.08.015>
- Renard, S. B., Huntjens, R. J. C., Lysaker, P. H., Moskowitz, A., Aleman, A., & Pijnenborg, G. H. M. (2017). Unique and overlapping symptoms in schizophrenia spectrum and dissociative disorders in relation to models of psychopathology: A systematic review. *Schizophrenia Bulletin*, 43(1), 108–121. <https://doi.org/10.1093/schbul/sbw063>
- Rodrigues, R., & Anderson, K. K. (2017). The traumatic experience of first-episode psychosis: A systematic review and meta-analysis.

- Schizophrenia Research, 189, 27–36. <https://doi.org/10.1016/j.schres.2017.01.045>
- Soffer-Dudek, N., Lassri, D., Soffer-Dudek, N., & Shahar, G. (2015). Dissociative absorption: An empirically unique, clinically relevant, dissociative factor. *Consciousness and Cognition*, 36, 338–351. <https://doi.org/10.1016/j.concog.2015.07.013>
- Styla, R., & Świtaj, P. (2024). Time perspective and self-stigma in schizophrenia. *Journal of Mental Health (Abingdon, England)*, 33(1), 48–56. <https://doi.org/10.1080/09638237.2023.2182413>
- Turner, A. F., Cowan, H. R., Otto-Meyer, R., & McAdams, D. P. (2024). The power of narrative: The emotional impact of the life story interview. *Narrative Inquiry*, 34(1), 1–29. <https://doi.org/10.1075/ni.19109.tur>
- van Sambeek, N., Franssen, G., van Geelen, S., & Scheepers, F. (2023). Making meaning of trauma in psychosis. *Frontiers in Psychiatry*, 14, 1272683. <https://doi.org/10.3389/fpsy.2023.1272683>
- Vass, V., Morrison, A. P., Law, H., Dudley, J., Taylor, P., Bennett, K. M., & Bentall, R. P. (2015). How stigma impacts on people with psychosis: The mediating effect of self-esteem and hopelessness on subjective recovery and psychotic experiences. *Psychiatry Research*, 230(2), 487–495. <https://doi.org/10.1016/j.psychres.2015.09.042>
- Vogel, D. H. V., Beeker, T., Haidl, T., Kupke, C., Heinze, M., & Vogeley, K. (2019). Disturbed time experience during and after psychosis. *Schizophrenia Research. Cognition*, 17, 100136. <https://doi.org/10.1016/j.scog.2019.100136>
- Vogel, M., Braungardt, T., Grabe, H. J., Schneider, W., & Klauer, T. (2013). Detachment, compartmentalization, and schizophrenia: Linking dissociation and psychosis by subtype. *Journal of Trauma & Dissociation: The Official Journal of the International Society for the Study of Dissociation (ISSD)*, 14(3), 273–287. <https://doi.org/10.1080/15299732.2012.724760>
- Yang, L. H., Link, B. G., Ben-David, S., Gill, K. E., Girgis, R. R., Brucato, G., Wonpat-Borja, A. J., & Corcoran, C. M. (2015). Stigma related to labels and symptoms in individuals at clinical high-risk for psychosis. *Schizophrenia Research*, 168(1–2), 9–15. <https://doi.org/10.1016/j.schres.2015.08.004>
- Yanos, P. T., Roe, D., Markus, K., & Lysaker, P. H. (2008). Pathways between internalized stigma and outcomes related to recovery in schizophrenia spectrum disorders. *Psychiatric Services (Washington, D.C.)*, 59(12), 1437–1442. <https://doi.org/10.1176/ps.2008.59.12.1437>

Gil Grunfeld, and Daniel Fulford

Department of Psychological and Brain Sciences, Boston
University, Boston, Massachusetts, USA

✉ grunfeld@bu.edu

Daniel Fulford

Sargent College of Health and Rehabilitation Sciences, Boston
University, Boston, Massachusetts, USA

Received: 27 January 2025; Revised: 31 March 2025;

Accepted: 3 April 2025

© 2025 Informa UK Limited, trading as Taylor & Francis Group