‘Snitches get stitches’: A qualitative exploration of childhood bullying amongst individuals with early psychosis experiences

Abstract

Background: There has been a developing interest in understanding childhood bullying and how it may relate to experiences of psychosis, although to date, there is limited research in this area. The aim of this research was to explore the subjective experiences of childhood bullying for individuals experiencing psychosis. A secondary aim was to explore whether individuals perceive bullying to be relevant to their experiences of psychosis.

Method: Semi-structured interviews were conducted with eight individuals under the care of Early Intervention in Psychosis services. Interviews were analysed using Interpretative Phenomenological Analysis.

Results: Four superordinate and accompanying subordinate themes were developed. The superordinate themes were 'facing daily threat', 'overcoming systemic mistrust', 'negotiating power imbalance' and 'a process of evolving identity'. These themes identified that bullying was a prevalent and traumatic experience that was not considered enough in services or schools.

Discussion: Professionals need to enquire about childhood bullying when working with people experiencing psychosis, allowing time to build trusting and empowering therapeutic relationships. Services should also pay more attention to the impact of experiences of bullying when working clinically with service users experiencing psychosis and integrate this into formulations and therapeutic interventions.

Introduction

Psychosis is characterised by experiences such as hearing, seeing or feeling things that other people do not, or holding beliefs that are not usually shared by others (Morrison, 2017). Traumatic life experiences have been postulated to play a role in the development of psychosis (Morrison & Peterson, 2003; Read & Dillon, 2013) and many symptoms of psychosis have content which can be meaningfully linked to previous trauma experiences (Read & Dillon, 2013; Hardy, 2017). Experiencing psychosis can also be traumatic in its own right, with approximately one in two people experiencing Post Traumatic Stress Disorder (PTSD) symptoms following a first episode of psychosis (Rodrigues & Anderson, 2017).

Systematic reviews and meta-analyses have consistently found increased childhood adversity rates in psychosis populations (Varese et al, 2012). The risk of developing psychosis was significantly higher if a person had experienced sexual abuse (odds ratio [OR] = 2.38), physical abuse (OR = 2.95), emotional abuse (OR = 3.40), neglect (OR = 2.90) or bullying (OR = 2.39). There were methodological limitations of the primary studies in these reviews, with large differences in classification, measuring and reporting tools for both childhood experiences and psychosis. However, it was argued that even considering these concerns, the main effect could not be obscured. Studies were heavily focussed on sexual or physical abuse, with limited exploration of other adversities, such as bulling. For example, only 6 of the 41 studies in the Varese et al., (2012) review reported specific bullying outcomes.

Bullying has been defined as "when he or she is exposed, repeatedly and over time, to negative actions on the part of one or more other students" and has been conceptualised as a traumatic experience (Olweus, 1993). Around 1 in 5 children report bullying in the UK (Department for Education, 2018) and its exposure contributes to children's mental health over and above any biological, family factors or pre-existing mental health difficulties (Arsenault et al., 2010). Longitudinal cohort studies have found that children who were bullied are at risk of poor social, health and economic outcomes, even four decades later (Takizawa Maughan & Arseneault, 2014). Childhood bullying is therefore highly prevalent with significant impact. Considering how the onset of psychosis often occurs during adolescence and early adulthood, bullying has arguably been neglected from childhood adversity-psychosis literature and warrants further attention

A systematic review explored whether childhood bullying was related to the development of psychotic symptoms in clinical and non-clinical populations (Van Dam et al, 2012). In the non-clinical population, they identified a 'dose-response' relationship whereby the risk of developing psychotic symptoms and the persistence of symptoms, increased with the frequency of bullying. The results were less conclusive for clinical populations, where only four studies were identified (Bebbington et al., 2004; Sourander et al., 2007; 2009; Luukonen et al., 2010). Overall, they failed to offer consistent support for an association between bullying and psychosis. Van dam et al. (2012) concluded the clinical sample evidence was 'inconclusive' and warranted further research. Addressing these limitations, a more recent systematic review of longitudinal studies found a dose response relationship between bullying and the development of psychosis (Cunningham, Hoy and Shannon, 2016). Thus, an association in the longer term does seem to be present.

To the authors knowledge, the examination of bullying and its role in psychosis has been quantitative and there is no qualitative literature available. One mixed methods study was found (Catone et al., 2016) which supported persecutory content in delusions being precipitated by humiliating experiences, predominantly bullying. Whilst quantitative literature may identify possible relationships between bullying and psychosis, outcome measure data tells us little about the context, the more phenomenological areas of bullying, the role bullying might play, or how we might work clinically with such experiences. Therefore, the aim of this research was to explore the subjective experiences of childhood bullying for individuals experiencing psychosis. A secondary aim is to explore whether individuals feel their bullying is relevant to their current mental health, or more specifically, their experience of psychosis.

Methodology

This study undertook qualitative semi-structured interviews using Interpretative Phenomenological Analysis (IPA), a detailed analytical approach aiming to explore how people make sense of their lived experiences (Smith et al., 2009). The study received full Health Research Authority (BLIND) approval (BLIND) and was sponsored by the BLIND. All participants gave written informed consent prior to taking part in the research.

Participants and service context

Participants were recruited from three Early Intervention in Psychosis (EIP) services in BLIND and one Specialist Psychosis Service in BLIND (which included a care pathway for individuals experiencing a first episode of psychosis). The services covered diverse urban and rural localities.

Whilst there are no rules for sample size in qualitative enquiry, a consensus for small sample sizes in IPA has emerged and three to six interviews are considered sufficient for IPA analysis (Smith et al., 2009). Purposive sampling of individuals who had directly experienced both bullying and psychosis was employed to generate in-depth understanding, rather than aiming to generalise.

Inclusion criteria were (a) individuals accessing an EIP service, (b) aged between the ages of 14-35 and (c) self-identify as experienced bullying in childhood. Participants were excluded if they (a) were non-English speakers, (b) unable to give informed consent (c) experienced drug-induced psychosis, (d) had taken part in another research study in the last six months due to ethical concerns of being over researched.

Materials

Bullying Questionnaire: This questionnaire was included to facilitate engagement and collect bullying characteristic data and was not for analytical purposes. Key questions from the 'Retrospective Bullying Questionnaire (RBQ)' (Schäfer et al., 2004) were utilised (types of bullying, frequency, duration, context, perceived severity, and the developmental age when it occurred).

Interview Schedule: A semi-structured interview schedule was designed in consultation with patients, clinical staff, research supervisors and an Interpretative Phenomenological Analysis (IPA) expert to examine bullying experiences and psychosis. The researcher prioritised following the lead of the participant, rather than pre-determined questions. This allowed flexibility to enable conversation to flow to new areas of discovery. The interview schedule can be found in the supplementary material.

Procedure and Data Analysis

The study was presented at staff team meetings, then cascaded to patients who met inclusion criteria. Potential participants were invited to an information meeting with the researcher to discuss the study, and if interested, written informed consent was taken. Interviews were conducted by AUTHOR in the service building and lasted between 45-60 minutes.

Interviews were recorded, transcribed verbatim, and analysed using IPA (Smith et al., 2009). This study adopted a critical realist position, which assumes that there is a reality to be discovered around the phenomenon of bullying, but the underlying structures may need development by researcher knowledge. We approached analysis in a number of stages including reading and re-reading transcripts, initial noting of observations of language use and semantic content and developing potential themes. Connections were mapped out on a large piece of paper, depending on whether they reflected similarity or difference. This process was repeated in turn for each transcript. Patterns across cases were then identified by looking for connections, potent themes, and thinking about how one case might illuminate another. Draft themes were discussed with the other authors and revised until they adequately reflected participant experiences. A first draft of themes was then produced and checked back against each transcript. This was further reviewed and developed with all authors until the final table of super-ordinate and subordinate themes was reached. The research team engaged in reflexivity throughout this process. AUTHOR kept a reflective diary and at regular intervals would identify and address biases in the research process. AUTHOR, the primary researcher, is a White British female with no personal experience of bullying or psychosis. She was supervised by AUTHOR, AUTHOR and AUTHOR who are all clinical psychologists.

Results

A sample of eight participants, four males and four females, with a mean age of 22.1 (SD=4.35; 18-32) were recruited for the study. Further demographic and bullying information can be found in Table 1.

[INSERT TABLE 1]

A total of four super-ordinate themes and 15 subordinate-themes were developed from participant accounts. A summary of the theme structure is displayed in Table 2.

[INSERT TABLE 2]

Facing daily threat

This theme reflects the various threatening situations faced, creating narratives of living in fear. For most, fear remains present in current life, in the form of psychosis experiences.

Just kids being kids: Is it trauma or just school?

All participants described how their bullying experience started as name calling but quickly escalated to threatened or actual harm. The frequency, severity, and longevity of bullying were named as contributors to the intensity of their fear.

"He would literally threaten to kill me. Like he was really aggressive" (Hira)

Although incidents were severe and conceptualised as traumatic by participants, they were disregarded by teachers and peers, due to a social perception of bullying being a normal part of school life. Participants felt invalidated and that their experience was minimised.

"They said it was just kids being kids" (Farrah).

Three out of the four female participants reported sexual abuse from the bullies, one reported rape after school. They all then experienced rumours being spread and being 'slut shamed'. Societal gender roles left them feeling to blame. Gemma described her school environment the day after her sexual assault.

"The whole [sexual] rumour went around the whole entire school the day after… I had people come up to me in lesson saying 'he only did it as a joke'… like that was not a joke. I'm sorry that was not a joke" (Gemma)

Snitches get stitches: Fearful consequences of telling

All participants stated the reason they felt unable to tell anyone about their bullying was due to the consequences they believed they would face. Most had been warned by bullies not to tell. Participants such as Alec, described how telling only gave bullies more licence to harm them.

"That's the worst thing, worst ever basically. In school there are prison rules…. 'snitches get stitches'" (Alec)

His reference to ‘prison rules’ suggests being silenced in such a way is akin to feelings of being trapped and powerless, like a prisoner. In the few attempts to tell either parents or school, bullying situations worsened, quickly dispelling any previous hope. All participants described suffering in silence, internalising negative emotions, with several reporting self-harm as a coping mechanism. Farrah described how being bullied and silenced became unbearable over time and, like three other participants, considered ending her life.

“I just thought, ‘Okay, I've always felt this emptiness, loneliness as long as I can remember. It's never going to be finished. It's never going to go. The only way to cope with it is if I go’ (Farrah)

I used to skip out on school so often. I used to fake being ill so often: **Developing ways to keep safe**

Six participants described struggling to find a place of safety. They described needing to develop avoidance strategies, from classrooms, playground, or routes to and from school. Hira described how even her attempts to find safety were interrupted:

“I just remember playtime being the worst thing I used to hate. I just used to skip out on lunches because I used to hate sitting alone. I used to go to the bathrooms and just sit there and wait. But then someone would always come inside and be like ‘oh miss is looking for you, so you have to go back in” (Hira)

“I would wait 20 minutes before I walked home or go a different way” (Ricky)

Participants recalled how planning their safety took priority over work or impacted their ability to focus due to being in constant state of fear. This was detrimental to their studies.

“you are more thinking about ways to avoid things like that, than doing normal schoolwork.” (Ricky)

***Always on the lookout*: From vigilance to paranoia**

All participants stated they became more vigilant in school to help prepare for bullies and gradually felt more ‘paranoid’ of their surroundings. All participants experienced wider paranoia as part of their current psychosis experiences, with seven participants directly

relating their paranoia to their bullying history.

"It's a constant battle to me every day. Like a bus is waiting, I'm thinking maybe it is waiting for me….This [bullying] is where I got my paranoia from because I used to walk back home from school…I used to always look over my shoulder like every 10-15 minutes to check no one was following me (Alec)

"When I was at school being bullied, I developed these constant negative experiences of paranoia which then become part of real life outside of school, being paranoid in big groups" (Ricky)

Over time, and persisting for years after bullying ended, Ricky's paranoia became totally debilitating, preventing him from leaving the house at all.

A bunch of negative experiences that all had negative outcomes: **An escalation of external threats**

Five participants described other negative experiences (bereavement, divorce, and academic stress). Bullying was named as the earliest stressor, with later events seen to add to growing worries. Ricky stated, 'it just snowballed'. Gemma gave various examples

"My dad being ill, three people passing away, my parents splitting up… (Gemma)

All participants described how psychosis experiences were 'terrifying', echoing fear experienced during bullying. Farrah described what psychosis is like for her, highlighting striking similarities between 'living in fear' of psychosis and her bullying narrative.

"…if I could reach in and rip my brain out, that's how I used to feel...It's scary and it feels like, again, you feel like you're being outnumbered and being hurt and nothing you can do about it or no one in this world can do about it"… "You're having a war with yourself every single day you wake up. Every waking day" (Farrah)

Overcoming systemic mistrust

All participants talked about unhelpful interactions with professionals which left them feeling mistrustful of others. This started in school for most, where teachers failed to help, then impacted future help-seeking. Participants also described how bullying experiences can often be missed in health services.

Dealing with the teachers was probably worse than dealing with the actual girls: **The struggle for help**

Five participants expressed poor responses from teachers in addressing bullying despite the existence of policies. Others didn't actively seek help for bullying, although mentioned 'teachers knew'. They viewed help-seeking as 'pointless' or feared being seen as weak. For those who sought help, no action was taken, the bullying worsened, or they were left feeling blamed. Farrah distinctly recalled her attempts at asking for help but being dismissed and blamed.

"Dealing with the teachers was probably worse than dealing with the actual girls. You are told, "Come and tell us if you're being bullied," but when you do, you're not taken seriously, or you're not being believed"…"I remember specifically thinking I can't trust anyone" (Farrah).

Professional mistrust continued throughout all their accounts and all later struggled to ask for mental health support.

"Even now to this day I just feel like there is always a trust issue. If I have an issue, I will probably take the longest time if I do even come around to telling anyone that there's a problem…I still have that same panic that I had when I was younger. I think that stays with you" (Farrah)

They aren't interested in what's happened to me: **Feeling unheard by services**

Seven participants described how bullying felt relevant to their current psychosis experiences, but this was not well considered, especially early in treatment. For some this improved in time within EIP services. Medication was dominant in participant narratives of initial treatment. Samuel recalled his first contacts with community services

"…just bare drugs that just fucked my head up…I felt like people were giving me medication and just telling me to wait until I'm better, I was like 'when am I going to get better?', I am just suffering. Then one day someone was more interested, more about my life. It took one hour." (Samuel)

Samuel's account echoes many bullying narratives of 'just waiting until it got better', with no offers of help. All participants expressed wanting to discuss their bullying history in more detail with professionals. Farrah explained why this might be neglected.

"People are scared to talk about it…..it's a big thing to talk about because I can say now that bullying has played a big role in my mental health and I still haven't really spoken about it within the service or to anyone really…It's always been a, like in a questionnaire 'have you ever been bullied? Yes, but it's never then been touched upon really. That's probably the only time I've been asked. (Farrah)

Negotiating power imbalance

This theme reflects various power relationships at play, leaving participants positioning themselves as lesser than others. From early interactions with powerful bullies or groups, participants went to extensive efforts to find a way to belong in a social hierarchy.

***He wanted to be alpha male*: Positioning of bully as powerful, self as weak**

All participants positioned their bullies as powerful alpha figures, and referred to themselves as 'weak', 'small', or 'disliked'. Some participants talked about ways they tried to regain power over time, by starting to defend themselves, becoming physically stronger, or developing resilience. Theo explained how power difference led him to move from being bullied to becoming the bully.

"You bully, or you are bullied so I had to choose the stronger way" (Theo)

Alec started the gym whilst being bullied, but still believed that many people were out to harm him, so it helped to continue to feel prepared.

"I'm going to the gym for my protection …It's my coping mechanism in some sense as well….It's easier to have better scars and bleed than just sit and wallow in my pain every day" (Alec).

Power of the group

All participants talked about contagion of bullying, spreading from individual to group power. Several participants also recalled bystanders who ignored or joined in bullying.

"no one would actually directly go up to him and be like 'stop doing that'"(Hira)

Power imbalance between subcultures was also highlighted as an issue in schools. Ricky joined the 'alternative' social group which helped him connect and feel empowered, but with consequences.

"We'd get dressed up quite strongly, have chokers and things like that. We were quite an easy target for some people. It did cause quite a lot of paranoia and fear."… "I don't know what they called themselves, but they were like 'Greebobashers' (Ricky)"

There were hierarchies: **Social Power**

All participants recalled the context of their childhood being based around a network of social hierarchies. Those with greater social power were usually referred to as the "popular", "trendy" or "cool" group. Superiority was often defined by material items, social media 'likes', or physical attractiveness, presenting an 'ideal self'. Families with a lower socio-economic status and therefore less access to resources, were already placed in a position of disadvantage.

"*The class division from a young age was important."(Alec)*

Participants were predominantly targeted for their appearance, race, intelligence, religion, or social group. They described feeling 'alienated', 'rejected', and 'isolated'. Three participants experienced racism. Maria expressed struggling to integrate parts of her identity, she explained that being black and well-spoken left her rejected by all.

"They also called me Oreo, because I looked black on the outside, but I acted white. So, I couldn't win either way. Black people didn't like me for being too white and white people didn't like me for being too black "(Maria)

***I felt like I needed to fit in*:** **Exhausting efforts to belong in the hierarchy**

After feeling rejected by a more powerful other, seven participants described ways they tried to re-connect and find a place in one of the groups in school. For example, trying to change their personality, interests or behaviour to try and gain some acceptance from others.

"I became class clown so then everyone liked me" (Theo).

It seemed that whilst already feeling isolated and alienated by their bullying history, psychosis experiences exacerbated these issues and acted to further reinforce feelings of difference and social judgement. This view was expressed by seven participants. Farrah spoke of stigma and fearing further judgement:

"I think there are some parts of mental health that are acceptable to talk about, and some things that we brush under the carpet…How do I approach my friends and say 'guys, I'm hearing voices'." (Farrah)

A process of evolving identity

This theme relates to a journey of identity shifts, usually in response to verbal bullying. Having their identity attacked by bullies first led participants to question themselves. They then internalised these messages, bullying themselves through self-critical attacks. For six participants, this process later led to an experience of hearing critical voices.

***What is so bad about me?* Questioning own worth**

All participants described a process of excessive self-critical thinking; beginning to question themselves for the names they were being called.

"I'd be like, "Why you like this? Why you so different?" Not different but, "Why you act like that? Why you not as good as them?" Or, "Why aren't you able to do stuff the same as other people?" and stuff like that."(Samuel)

Farrah recalled holding on to an abusive note given to her by bullies and stated, *"That piece of paper, it felt like it solidified all the beliefs that I had. It was me reading it over, just me absorbing it and me thinking, 'Okay, that's me on a piece of paper now' and that was it"*

This 'absorbing' and 'solidifying' seemed to lead to a long-lasting negative self-view, common to other participant accounts.

***I was looking in the mirror hating myself:* Developing an inner bully**

After questioning their worth, participants recalled a process of denigrating themselves, expelling their true self in favour of a false depiction from others. Seven participants described feelings of self-hate, an inner bully that eventually became debilitating for them.

I hated myself so much; I was looking in the mirror hating myself because of the things people called me" (Alec)

Some participants also expressed how receiving a diagnosis added to an already depleted negative self-view. Theo recalled his response to hearing the word 'psychosis'.

"I just felt like my life was over…I felt like I was inadequate….I felt like everything was defaulted in my life. I was like just a waste" (Theo)

They are telling me to be quiet, that I'm worthless, to stop talking to you, to kill myself: **Hearing Critical Voices**

All six participants who heard voices described them as commanding, menacing, critical and attacking. The content was phenomenologically linked directly to bullying history in all accounts. However, only three participants specifically connected voice-hearing and bullying experiences, others described it as 'brain-chemistry'. Maria was uncertain but curious.

"I do think bullying might have something to do with it, but I am not sure" (Maria)

All voices continued to attack their identity and thus reinforced negative beliefs about themselves.

"it would sound to me like they were going 'oh no you're a wanker'...it literally felt like people were calling me names quite a lot" (Ricky)

Maria's voices were very active during the research interview

"They have been telling me that I'm exaggerating and to stop exaggerating. That I'm being stupid for telling you things. That I'll never make anything of myself" (Maria)

These expressions reflected her earlier descriptions of feeling unheard by school and services.

When I took away the label of a mental health issue then I felt I could progress in my life**: Understanding and moving forward**

Although many described early challenges with professionals, for most this improved. Seven participants described better relationships with professionals and appreciated their current support. When describing her early contacts with mental health services, Farrah explained how fear and mistrust got in the way of accepting support.

"I was really scared to talk to people. I didn't really want to deal with anyone I spoke to…I wasn't in the mindset to help myself" (Farrah)

Three participants had specifically explored their bullying experiences with clinicians, all reported this as helpful

"I never understood it, when I see [name] he helped me try and understand it…he told me that maybe the voices kind of like saying what they [bullies] used to say to me when I was younger, like call me stupid and things like that" (Hira)

Some described a wish to focus on future, attempting to re-engage with society and feel empowered. Whilst it was important that they were asked about bullying, participants also wanted help moving forward

"My mental health is not going to knock me down now. I'm gonna do it, I'm going to become the paramedic that I wanted to become" (Gemma)

Discussion

The overall aim of this research was to explore the subjective experiences of childhood bullying for individuals experiencing psychosis. Four superordinate themes were developed. The first theme "facing daily threat" reflected the serious experiences of traumatic bullying and supports previous literature highlighting that people experiencing psychosis may experience significant trauma (Varese et al., 2012). This theme also highlighted how participants kept themselves safe using physical or emotional avoidance. These strategies are highlighted in previous bullying research (Adams & Lawrence, 2011) and also echo strategies often used by those experiencing psychosis (Morrison, 2017). Furthermore, participant accounts highlighted how vigilance and paranoia potentially developed because of their bullying. This may support the view that psychosis is on a continuum and can develop as a result of traumatic experiences (Verdoux & Van Os, 2002). Moreover, this theme reflected the accumulation of threat that participants described following, and in addition to bullying. The majority of participants experienced additional adversities such as loss, family dispute, or educational concerns. This may tentatively support the argument of a dose-response effect in psychosis (Varese et al., 2012).

The second theme "overcoming systemic mistrust" reflected the unhelpful responses from the systems around participants, firstly in school and later from mental-health services. The general expressions of mistrust included expectations of dishonesty, unreliability and even additional threat from professionals. Participants reported negative experiences of accessing help and often felt blamed for their experiences, which impacted future help-seeking. Research suggests individuals experiencing psychosis rarely initiate help-seeking for themselves (Addington, Van Mastrigt, Hutchinson & Addington, 2002). Therefore, previous negative professional responses to bullying, may make help-seeking an even bigger step. Most participants also described not being asked about bullying by clinicians, even when they had therapy, demonstrating a need for clinicians to ask about these experiences.

The third theme "negotiating power imbalance" related to the power differentials that operated throughout both bullying and psychosis experiences. This finding stresses the importance of an individual's social relationships and hierarchies, which was missing from previous literature around bullying and psychosis (Hamburger, Basile, & Vivolo, 2011). Whilst well-documented in voice hearing work (e.g. Birchwood et al., 2014), this research

tentatively suggests that social power might need more integration within treatments for all psychosis symptoms.

The final theme "a process of evolving identity" reflected the process in which participants' identity seemed to shift over time. The adolescent period is considered pertinent in identity development, so it understandable that when persistently criticised, participants questioned if their current self was 'enough'. Even after bullying ended, such criticism continued to present as an inner bully, and was subsequently experienced as voices. Low self-esteem has previously been identified as both an antecedent and consequence of bullying (Olweus, 1993; Wolke, Lee and Guy, 2017) and also implicated in the development of psychosis (Smith et al., 2006). Furthermore, in a systematic review, psychosis symptoms have been found to disrupt personal identity, leading to further emotional and behavioural consequences). Young people were also keen to restore their identity as distinct from psychosis (Ben-David & Kealy, 2020. The current study supports these findings as participants expressed motivation to develop themselves, and no longer let bullies define their self-worth. This demonstrates the importance of supporting self-esteem development in those with experiences of bullying and psychosis.

Whilst research had previously established that childhood bullying was associated with psychosis, this was predominantly using quantitative approaches in non-clinical samples. This is the first study we are aware of which has examined the subjective experiences of bullying and psychosis from a lived experience perspective. Using an IPA approach has broadened this research base by offering a rich, in-depth exploration of bullying for individuals experiencing early psychosis. Current findings support literature where phenomenological links between life events and psychosis experiences have been identified (Catone et al., 2016). It may also offer support for the Power Threat Meaning Framework (PTMF) (Johnstone & Boyle, 2018). The PTMF highlights links between issues such as social power, trauma and threat. It frames how the meaning of these factors and ways people survived are important in creating more hopeful and empowering narratives. Thus, services have an important role in supporting people to integrate their life experiences by connecting with them, rather than neglecting them. Whilst all participants connected paranoia with bullying, only half the participants had connected their experiences of voice-hearing with bullying. When participants had discussed bullying in

the context of psychosis, it was reported to be helpful. This can be understood as supporting integration of previously fragmented trauma memories.

A key limitation is the small sample; however, this is adequate for IPA studies (Smith et al, 2009). It is possible that the mental health difficulties described by participants were independent of their experiences of bullying as they may have had pre-existing vulnerabilities. Furthermore, considering the complexity of childhood adversities, it remains difficult to isolate bullying as a factor in later symptomology. Another limitation is that the analysis potentially lacked sufficient interpretation of meaning required for IPA analysis and rather provides a more summarising perspective.

The findings point to a number of important clinical implications. Firstly, there should be better consideration of bullying within both clinical and educational settings. This is particularly important in EIP services as the dominant age demographic is closest to the likely bullying period. The NHS published guidelines outlining expectations that all service users are asked "Have you experienced physical, sexual or emotional abuse at any time in your life?" (NHS, 2008). It may be worthwhile having broader guidance so clinicians are skilled in asking about bullying as well as wider social adversities. Mental health services should also continue to work towards improving access and prioritising building relationships with people experiencing psychosis. It is also recommended that clinical services and schools adopt trauma-informed care models (Sweeney, Clement, Filson, & Kennedy, 2016) to emphasise a sense of safety, control, empowerment and trusting relationships. It may also be helpful for psychosis services to adopt an assertive outreach model in order to improve engagement and build therapeutic relationships.

In conclusion, the findings highlighted that bullying can play a role in experiences of psychosis and wider mental health. Participants wanted more effective responses to bullying in schools, not just tokenistic policies. They also stressed bullying should be better considered by clinicians in mental health services. It is therefore argued that more attention is paid to bullying within trauma and abuse paradigms.

Table 1

Participant demographics

Pseudonym	Age	Gender	Ethnicity	Talking therapy (weeks)	Bullying context [1]	Frequency [2]
Hira	18	F	British Asian	52	**Primary** Secondary Cyber	Several times a week
Gemma	20	F	White British	0	**Primary Secondary**	Everyday
Ricky	32	M	White British	4	Primary **Secondary Community**	Everyday
Alec	24	M	European	6	**Primary** Secondary Cyber	Several times a week
Maria	20	F	Black British	12	Primary **Secondary** Community	Everyday
Theo	20	M	Black British	6	**Primary** Secondary Community	Once a week
Samuel	22	M	Black British	52	**Secondary**	Once a week
Farrah	21	F	British Asian	8	**Primary**	Everyday

M=male, F=female [1] Indicates location of bullying (in primary school, secondary school, community (neighbourhood), or via cyberbullying). Bold text indicates where this was deemed most serious by participants (for some, seriousness was considered alike across two contexts) [2] Indicates frequency of the bullying experience considered most serious by participants.

Table 2 – Theme structure

Superordinate Themes	Subordinate Themes
1. Facing daily threat	*Just kids being kids:* Is it trauma or just school? *Snitches get stitches:* Fearful consequences of telling *I used to skip out on school so often. I used to fake being ill so often:* Finding ways to keep safe *Always on the lookout:* From vigilance to paranoia *A bunch of negative experiences that all had negative outcomes:* An escalation of external threat
2. Overcoming systemic mistrust	*Dealing with the teachers was probably worse than dealing with the actual girls:* The struggle for help *They aren't interested in what's happened to me:* Feeling unheard by services
3. Negotiating power imbalance	*He wanted to be alpha male:* Positioning of bully as powerful, self as weak *Everyone was against me:* Power of the group *There were hierarchies:* Social power – being positioned as different *I felt like I needed to fit in:* Exhausting efforts to belong to the hierarchy
4. A process of evolving identity	*What is so bad about me?* Questioning own worth *I was looking in the mirror hating myself:* Developing an inner bully *They are telling me to be quiet, that I'm worthless, to stop talking to you, to kill myself:* Hearing critical voices *When I took away the label of a mental health issue then I felt I could progress in my life:* Understanding and moving forward

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Supplementary material

Interview schedule

1. Firstly, what would you say the word ‘bullying’ means? What does it mean to you?

2. Can you think back to when you were first bullied and tell me more about this?

   Prompts…what was a typical day like? Did your experience change at all over time? Can you tell me more about any other experiences?

3. Can you tell me what it was like to have the experiences?

   Prompts…How did you feel? How did you respond?

4. Did you share your experience of bullying with anyone?
   a. If so can you tell me more about this?
   b. If not, why do you think this was?

5. Do you think anything would be different now if you hadn’t had these experiences?

6. Can you tell me more about the reasons you (or your family) wanted help from this service?

   Prompts…What’s a typical day like for you now?

   (If unusual experiences reported - How do you understand these?)

7. Looking back over your experiences, what would be helpful for others to know?

   Prompts… What do you wish others had known? Is there anything wish you had known earlier?

8. Is there anything we haven’t discussed that you think is relevant?