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

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**Learning Goal:**

To share new research and encourage wider thinking around the childhood experience of bullying when working with individuals who experience early psychosis. To highlight the gaps between social and professional conceptualisation of bullying and the traumatic impact described by the clinical population.

**Abstract Text:**

**Background:** There is a strong argument that childhood trauma and adverse experiences should be considered when working with individuals who experience psychosis. There has been a developing interest in the relationship between childhood bullying and psychosis, although the role of bullying remains unclear. Bullying is a pertinent issue for young people, therefore needing further consideration in early psychosis settings.

**Aims:** The aim of this research is to explore how individuals who access services for early psychosis experiences, recall bullying in childhood. It explores whether individuals consider their bullying, and the responses from the wider system (school, family, peers, services) as relevant to their own understanding of psychosis.

**Methodology:** Semi-structured interviews were conducted with eight young adults who had experienced a first-episode of psychosis. Interviews were analysed using interpretative phenomenological analysis (IPA).

**Results:** Four superordinate and accompanying subordinate themes emerged. The superordinate themes were facing daily threat, overcoming systemic mistrust, negotiating power imbalance and a process of evolving identity. The sample included participants from urban areas and minority groups who described experiences of alienation, racial discrimination and exclusion. The themes convey how participants made sense of current paranoia in relation to past experiences of threat and safety-seeking strategies and critical voice-hearing in relation to verbal attacks on identity. Complex power relationships were described within bully-victim relationships and social hierarchical structures. The minimisation of traumatic bullying within social and professional contexts was expressed as a systemic barrier to overcome. Clinicians in psychosis services rarely asked participants about bullying experiences and participants expressed hope for this to change.

**Clinical Implications:** Study findings highlight the importance of understanding psychosis in the context of personal history. The wish for individuals to discuss these issues was prominent. It is recommended that psychosis services and schools attend more to bullying to help bridge the gap.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**