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AN EXPLORATORY STUDY OF THE SUBJECTIVE TRAUMATIC SCHOOL
BULLYING EXPERIENCES OF ADOLESCENT VICTIMS WHO HAVE LATER
DEVELOPED EARLY PSYCHOSIS

WONG MEI KWAN ROSETTA

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The Hong Kong Polytechnic University

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The Hong Kong Polytechnic University
Department of Applied Social Sciences

An exploratory study of the subjective traumatic school bullying experiences of
adolescent victims who have later developed early psychosis

Wong Mei-kwan Rosetta

A thesis submitted in partial fulfilment of the requirements for the degree of
Doctor of Philosophy

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CERTIFICATE OF ORIGINALITY

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Abstract

This study aims to understand the subjective traumatic school bullying experiences of adolescent victims who have later developed early psychosis. Literature on school bullying, early psychosis and the traumatic impact of bullying is reviewed. It has been reported that a significant proportion of clients with mental problems have suffered from experiences of school bullying, an issue that has been featured in many studies in the international as well as local literature, suggesting the relationship between school bullying and mental problems is closely linked. However, few of these studies pay attention to the subjective experiences of the victims of school bullying who are found to be developing symptoms of psychosis.

A narrative inquiry approach is adopted to explore the stories of 8 adolescents with psychosis who have been bullied before the onset. Interviews were conducted, taped, and transcribed. The thematic and structural analysis suggested by Riessman (1993, 2008) has been used to analyze the stories. Using Sullivan's Interpersonal Theory of Psychiatry (1953) as the conceptual framework, the findings have been separated into 5 main themes and 2 to 4 sub-themes have been developed under each main theme respectively. The first finding is the subjective experience of the being bullied experiences and its traumatic features. The second is the post-bullied complex in which the coping, the unresolved negative feelings and the dynamisms being used are intermingling. The third is the self evaluation and presentation of the participants' self personification which includes the good-me self, the bad-me self, the poor-me self and the ambivalent-me self. The fourth is the manifestations of the psychotic symptoms and their contents. The fifth is the

functions of the psychotic symptoms and their resemblance to the contents of being bullied experiences are found.

The findings are then thoroughly discussed in the light of the existing literature; both related empirical studies and also Sullivan's Interpersonal Theory of Psychiatry. The relationship of the themes is then conceptualized in a vicious circle diagram to show the interwoven linkage among them.

This study is a pioneer project in exploring the subjective experiences of adolescents with being bullied experiences and psychosis. It discloses the rich details of how the victims were bullied, and how they felt about and struggled with the victimization. The possibility of how the psychosis developed is also explored. This study also contributes to informing further social work practice and educational direction, and focuses on helping this type of client and filling theoretical and methodological gaps in this area of study.

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Chapter 1

Introduction

1.1 Rising Trend in Adolescence Mental Health Problems

There is a rising trend in adolescents suffering from mental health problems in Hong Kong. According to the statistical data from the Hospital Authority of Hong Kong, the number of young patients aged 0 to 19 who sought psychiatric outpatient clinic service, rose rapidly from 9,026 cases in the year 2004-2005 (Hong Kong Government, 2007) to 12,320 cases in the year 2008-2009 (Hong Kong Government, 2010). The number of cases rose to 18,900 in 2011-2012 (Chung, 2013) for young persons aged 0 - 17. The number of young psychiatric cases doubled in less than 10 years time.

Among the different psychiatric illnesses, schizophrenia is one of the most devastating psychiatric disorders to affect children and adolescents (Hollis, 2003). Although extremely rare in those under the age of 10, the incidence of schizophrenia rises steadily through adolescence to reach its peak in early adult life, and it was discovered that schizophrenia affects young adults of both sexes with an incidence of approximately 5 in 10,000 people in the general population (Jablensky, 1995). Statistics show that young people who are aged between 15 and 25 are more prone to the symptoms of psychosis. This annual incidence is universal and no substantial difference is found across different regions (Chen, 2001). Based on the annual incidence of early psychosis and the population structure of Hong Kong, it is estimated that each year about 700 young people within the mentioned age range will develop symptoms of early psychosis (Chen, 2001). According to the report of a

local project for early assessment and intervention service for young people with early psychosis which is run by the Hospital Authority of Hong Kong, there are 600 to 700 new young psychosis cases seeking service from their team (Wong, Hui, Wong, Tang, Chang, Chan, Lee, Xu, Lin, Lai, Tam, Kok, Chung, Hung, & Chen, 2012), excluding the number already in child and adolescent psychiatric out-patient clinics. This implies that the headcount should be much higher than the number reported.

Having seen these significant statistics for the phenomenon, it is reasonable to believe that we need to concern about the mental health problems of adolescents. It is undoubtedly believed that adolescence is a critical period in the developmental stages of the life span of a person. Having mental illnesses can have significant or sometimes tragic effects on the holistic development of adolescents. Moreover, young people who have mental illnesses are statistically likely to live for many years with the illness (Hospital Authority, 2011) and it will place a significant burden on the population. In recent years, some non-government organizations (NGOs) in the social service sector have developed some tailor-made special projects to offer services to adolescents with mental problems. Therefore, it is worthwhile for social workers to have a more in-depth understanding of the issue so as to develop an appropriate and effective service. Understanding the experience of the development of mental illnesses will help social workers develop the intervention plan effectively.

While learning through the literature on people at risk of psychosis, I found that numerous studies or articles discuss the relationship between trauma and psychosis (e.g. van Nierop, Lataster, Smeets, Gunther, van Zelst, de Graaf, ten

Hanve, van Dorsselaer, Bak, Myin-Germeys, Viechtbauer, van Os, & van Winkel, 2014; Heins, Simons, Lataster, Pfeifer, Versmissen, Lardinois, Marcelis, Delespaul, Krabbendam, van Os, & Myin-Germeys, 2011; Morrison, Frame, & Larkin, 2003). In addition, childhood traumas are also commonly referred as sexual abuse, physical abuse, and incest (Read, van Os, Morrison, & Ross, 2005). However, Kaltiala-Heino, Rimpelä, Rantenen, and Rimpelä (2000) concluded in their study on the indicators of risk for mental disorders in Finnish adolescents that bullying should be seen as an indicator of risk for various mental disorders in adolescence. Nevertheless, literature concerning mental health correlates of bullying and victimization is relatively scarce compared with literature regarding the trauma of abuse and mental health. Yet, in my previous social work clinical experience, adolescence psychotic cases coupled with experiences of being bullied were not rare.

Following this observation, I have identified three significant concepts in this phenomenon which I am interested in exploring: psychosis, trauma, and bullying. I will try to find three different linkages in the literature: the linkage between trauma and psychosis, the linkage between trauma and bullying, the linkage between bullying and psychosis.

1.2 The Linkage between Trauma and Psychosis

Research indicates that psychosis is strongly related with traumas (Morgan & Fisher, 2007; Shevlin, Dorahy, & Adamson, 2006; Read, Perry, Moskowitz, & Connolly, 2001; Mueser, Trumbetta, Rosenberg, Vivader, Goodman, Osher, Auciello, & Foy, 1998). Kilcommons and Morrison (2005) conducted a study on the

prevalence of trauma exposure in people with psychotic diagnoses in psychiatric services in England and concluded that there was a very high prevalence of exposure to traumatic life events in people with psychosis. Read et al. (2005) also reviewed the relevant studies and previous review papers which addressed the relationship of childhood trauma with psychosis and schizophrenia. They found out that symptoms considered indicative of psychosis and schizophrenia, particularly hallucinations, are strongly related to childhood trauma, in which child abuse is specifically the significant causal factor.

Most of the research focused on the traumas of being the victims of child abuse, which includes both physical and sexual abuse (Janssen, Krabbendam, Bak, Hanssen, Vollebergh, de Graaf, & van Os, 2004; MacMillan, Fleming, Streiner, Lin, Boyle, Jamieson, Duku, Walsh, Wong, & Beardslee, 2001; Read, 1997; Mullen, Martin, Anderson, Romans, & Herbison, 1993). However, some studies suggested that being the victim of school bullying, which may also be seen as a kind of trauma, is significantly related to the mental disorders of children and adolescents (Campbell & Morrison, 2007; Lataster, van Os, Drukker, Henquet, Feron, Gunther, & Myin-Germeys, 2006; Seals, 2003; Salmon & West, 2000; Slee, 1995).

1.3 The Linkage between Bullying and Psychosis

From the statistics shown in the second British National Survey of psychiatric morbidity in 2004, we could get a convincing point of view that in people with psychosis, there is a marked excess of victimising experiences, many of which occurred during childhood (Bebbington, Bhugra, Brugra, Singleton, Farrell, Jenkins,

Lewis, & Meltzer, 2004). In this survey, Bebbington et al. (2004) presented an argument that victimising experiences included sexual abuse, bullying, violence in the home, and being homeless, etc. For every experience, the prevalence of victimising experiences was the highest in the probable psychoses among all the other types of mental disorders. In the group of people with probable psychotic disorder, the prevalence of bullying experiences is 46.4%, while sexual abuse is 34.5%, and violence in the home is 38.1%. The odds ratio for bullying is 4.24 (2.3-7.8) in the probable psychotic group when compared to those without any victimization experiences. The argument that bullying seems to contribute to a vulnerability to psychosis is quite convincing.

The situation in the Hong Kong context seems to coincide with the findings of the second British National Survey. A recent study by a local adolescence mental health service showed that a high percentage of adolescence clients who had been diagnosed as having mental health problems were reported as being the victims of bullying. This was 134 out of 481 cases, which was 27.9% of the adolescent clients (Yip, Wong, Chan, Wong, Tang, Chan, & Cheng, 2009). Moreover, among the 134 reported cases, 108 of them (80.6%) reported that the bullies were the client's classmates or schoolmates. Another significant finding was that half of these adolescent clients reported having delusions. Most of the contents of the delusions related to being persecuted, being spied on, schoolmates reading their minds or hearing their thoughts, schoolmates teasing or plotting against them, etc. which seemed to be quite relevant to the contents of the being bullied experiences. However, research rarely focused on how traumatizing the prolonged bullying

experiences were to the victims and the process of how they developed their psychosis.

1.4 The Linkage between Bullying and Trauma

In fact, the psychological consequences of bullying have been documented by academics and researchers. Rigby (1999) reviewed the related studies and summarized that a variety of different kinds of studies have provided support for the view that being victimized at school has significant negative health consequences. He concluded that it would seem extremely likely that a proportion of students (around 1 in 10) would suffer some impaired mental or physical health, short or long term, as a result of bullying. Referring to these mental health problems, Campbell and Morrison (2007) conducted a study on 373 pupils and found that bullying was significantly associated with a predisposition to psychotic experiences, which included auditory hallucinations, delusions and psychological dissociation.

Among the above mentioned three psychotic experiences and symptoms, psychological dissociation was found to be quite common in the general population (e.g., Ray & Faith, 1995; Ross, Joshi, & Currie, 1990). Such experiences include amnesia, depersonalization, a sense of being more than one person, the ability to block out pain, and auditory hallucinations. Dissociation experiences are not necessarily pathological. Like anxiety or depressive symptoms, they become symptoms of a psychiatric disorder when they cause marked distress and interfere with a person's functioning (Ross, Joshi, & Currie, 1990).

However, dissociative phenomena were found to be closely linked to traumatic experiences (Gershuny & Thayer, 1999; Herman, 1997). Horowitz (1986) described an “acute catastrophic stress reaction” as characterized by panic, cognitive disorganization, disorientation, dissociation, severe insomnia, and agitation. According to Silberg (1998), in order to detach or distance themselves during a traumatic event, children tend to dissociate. Dissociation was also claimed to be one of the significant predictors of combat stress reaction (Shalev, 1996). Dissociation was also found to be related most strongly to psychotic symptomatology, specifically, schizophrenia (Allen & Coyne, 1995).

1.5 Implications for Social Work Research

The diagram (1) below shows the possible linkages between bullying experiences, psychosis and trauma:

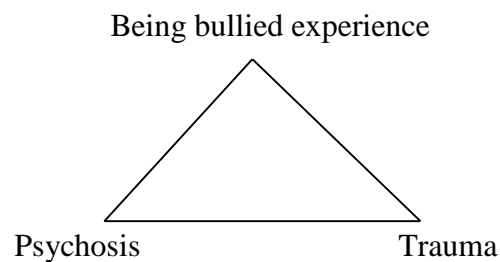


Diagram (1): The relationship between bullying, psychosis and trauma

Regarding the implication of the above on social work practice and research, it is worthwhile to ask the following questions. How traumatic is the bullying experience to the victim? What are the subjective experiences of the school bullying victims? How do they cope with being bullied? How intense does bullying have to be in order to result in psychotic responses such as delusions, hallucinations and dissociation? Instead of other possible reactions, how will they develop psychotic symptoms after prolonged bullying? How do they nurture their delusions after prolonged bullying? It is my belief that the answers to these questions will have clinical importance regarding the development of an intervention focus for the victims of school bullying. These questions acted as the prelude to the initiation of this study.

1.6 Structure of this Thesis

This thesis is the report of the process of exploring the results of the subjective traumatic experiences of school bullying victims who later developed early psychosis. The thesis consists of eight chapters. Chapter 1 briefly describes the recently rising concern about adolescence mental health problems and the delineation of the linkage between bullying-trauma-psychosis. Chapter 2 reviews the literature about school bullying, the definitions of the related terms and the possible consequences of being bullied, the psychosis literature from different perspectives, the transition from DSM-IV-TR to DSM-5 in the diagnosis of schizophrenia and its prevalence, the definition of adolescence, and it discusses what hurts in being the victims of school bullying. Chapter 3 presents different theoretical perspectives on

the traumatic impact of school bullying. Chapter 4 delineates the conceptual framework of the study, which includes the Interpersonal Theory of Psychiatry by Sullivan (1953) and the key concepts that help understand the traumatic hurt of school bullying incidents on the self. Chapter 5 contains the methodology which records clearly the research objectives, the research questions, how the study was conducted, and how the data was collected and analyzed. The research rigor and ethics are also discussed. Chapter 6 reports the key findings of the study in which 5 main themes with 2 to 4 sub-themes in each main theme have been revealed. Chapter 7 gives an account of the major discussions which are related to the key findings in the previous chapter with implications for theory, research, practice and education. The limitations of the study are also reported in this chapter. Chapter 8 contains the conclusion, reflections and recommendations.

Chapter 2

Literature Review

2.1 School Bullying

2.1.1 Definition of School Bullying

Bullying among school children is not a new phenomenon. However, not many people or scholars had taken a very serious attitude toward tackling this issue until a traumatic incident occurred in Norway in the early eighties. In late 1982, a newspaper reported that three 10 to 14-year-old boys from the northern part of Norway had committed suicide after severe bullying by peers (Olweus, 1993). This social issue aroused tension in the mass media and in the general public in Scandinavia, and it triggered a chain of reactions, which included a nationwide campaign against bullying, research, and discussions, etc (Olweus, 1993).

In our daily lives, bullying is neither a brand new nor a rare issue for nearly every one of us. It could happen in many different places, such as the workplace, in prisons, at home, or elsewhere on the street. Smith (1997) asserted that during discussion, bullying that happened in a specific place should be distinguished according to the separate location in which it occurred. For example, when bullying happens at home, it may be separated into child abuse, spouse abuse or elder abuse, according to who the victim is. Bullying which happens in the street or in prisons may be distinguished into the category of deviant or antisocial behaviour. Workplace bullying is a large topic for discussion. Another increasing phenomenon is cyber bullying. When the bullying happens in school, we may classify it as school

bullying. Abundant studies on bullying or school bullying were done in previous decades. However, there are different angles to those studies or the literature. Different perspectives will be introduced in the following part to see how bullying is viewed by different scholars or clinicians.

2.1.2 The Behaviourist Perspective

The earliest and most abundant research on bullying was conducted in northern Europe in the 1970s, especially in Norway and Sweden (e.g. Olweus, 1978). From then on, many similar studies were conducted in different countries, such as Britain, USA, Korea, etc. at an accelerating rate. In the 1980s, scholars in the United Kingdom (e.g. Roland, 1989) and the United States (Hazler, Hoover, & Oliver, 1991) began to address the issues and research bloomed. In Australia, Slee and Rigby began their series of studies in 1989 (Rigby, 1997). In Hong Kong, systematic research on bullying was not started until the twenty-first century by Wong (2002).

However, even though it seems that bullying is a term which has been commonly used in daily life, there are variations in understanding or interpreting it across different age groups, different genders, and different countries. Different definitions of bullying could be found in different pieces of research, and among different researchers, scholars and countries. In England, Roland (1989) defined bullying as “longstanding violence, physical or psychological, conducted by an individual or a group and directed against an individual who is not able to defend himself in the actual situation” (p.21). Smith and Sharp (1994) described bullying as

the systematic abuse of power, repeated and deliberate. In Australia, Rigby (1997) defined bullying as “repeated oppression, psychological or physical, of a less powerful person by a more powerful person or group of persons” (p.15). In Hong Kong, Wong (2004) defined bullying “as repeated oppression, physical or mental, of a less powerful person by a more powerful person or group of persons” (p.537). Wong’s definition is very similar to that of Rigby, but Wong (2004) further distinguished between bullying and delinquent behaviour.

Tracing the development of the concept of bullying, it can be seen that Heinemann was one of the first to write on the phenomenon of bullying in 1973, and he used the Norwegian term “mobbing” to describe group violence against a deviant individual that occurred and subsided suddenly (Smith, Cowie, Olafsson, & Liefoghe, 2002). Heinemann’s description of the action seemed to coincide with the English translation “mobbing”. Dan Olweus, who was one of the first systematic researchers of school bullying in the 1970s (Smith, 1997), and who was claimed to be the founding father of bullying research, used this term subsequently in his 1978 publication “Aggression in the schools: bullies and whipping boys”, and he extended the definition to include systematic one-on-one attacks of a stronger child on a weaker child.

All the above definitions seem to focus on the bullying phenomenon through a behaviourist perspective in which there is repeated oppression, physical or mental, of a less powerful person by a more powerful one.

2.1.3 The Victim's Perspective

Olweus further developed the definition of bullying later on, with a clearer scope. He defined bullying or victimization as follows. A student is being bullied or victimized when he or she is exposed, repeatedly and over time, to negative actions on the part of one or more other students (Olweus, 1993). He further specified that a negative action is defined as someone intentionally inflicting, or attempting to inflict, injury or discomfort upon another (p.9). One significant point which Olweus (1993) stressed was that in order to use the term bullying, there should be an imbalance of strength. The student who is exposed to the negative actions of another has difficulty defending him/herself and is somewhat helpless against the student or students who harass him or her. According to Olweus (1993), the terms bullying, victimization, and bully/victim problems are used with approximately the same meaning. Olweus's definition of bullying or victimization was widely accepted or taken as a reference in different pieces of research.

Olweus has defined two different parties, the bullies and the whipping boys. He defined a bully as "a boy who fairly often oppresses or harasses somebody else; the target may be boys or girls, the harassment physical or mental" (Olweus, 1978, p.35). He also defined whipping boy as "a boy who for a fairly long time has been and still is exposed to aggression from others; that is, boys or possibly girls from his own class or maybe from other classes often pick fights with him, are rough with him, or tease and ridicule him" (Olweus, 1978, p.34). Olweus's definition of bullying seems stressing the perspective of the victim.

The terms bullying, aggression, violence, harassment, and abuse differ a bit by definition. Bullying may be defined as a subset of aggressive behaviour. Loeber and Hay (1997) defined aggression as a category of behaviour that causes or threatens physical harm to others. They further elaborated the term aggression to cover a whole range of acts that vary according to age-typical manifestations, severity, and choice of opponents or victims. They also stated that “aggression is not a unitary term but consists of different manifestations, including verbal aggression, bullying, physical fighting, and different forms of violence, such as robbery, rape, and homicide” (p.374).

Sometimes, the words “aggression” and “violence” are used interchangeably. Van Acker (1996) tried to distinguish between them by asserting that violent behaviour typically includes serious and extreme behaviour intended to cause physical harm to another person or to property; aggression is less extreme behaviour, which can be physical or verbal in nature, and is intended to cause physical, psychological, or emotional harm (p.3).

The term “harassment” appears to be similar to bullying, but tends to be used when referring to adult or relatively mature people, such as in cases of sexual harassment and racial harassment, etc (Smith et al., 2002). Another term “abuse” also appears to be similar, but tends to be restricted to the family context, as in parent-child abuse or spousal abuse, or to adult-child contexts, as in physical abuse or sexual abuse (Smith et al., 2002).

After having a look at the definition of bullying from the perspective of the victim, I found that this view is also infused with the behaviourist perspective, but

the focus is different. The behaviourist perspective talks about the nature and content of the behaviour, the victim's perspective focuses on the persons.

2.1.4 The Aggressor's Perspective

Some researchers may see the school bullying phenomenon from the aggressors' angle and try to understand the bullies' intention and the different types of aggressive behaviour. Hazler and Hoover (1993) defined bullying as aggression in which one student, or a group of students, physically or psychologically harassed a victim over a long period of time, unprovoked and repeatedly. Similar to the claim of Olweus, they asserted that often, the bully is perceived as being stronger than the victim, which means the victims don't feel that they can retaliate. Hazler and Hoover (1993) then drew a conclusion from their 1990 survey on bullying, which included 204 middle and high school students in several rural mid-western communities in the United States, that the reason for a bully to attack is the bully's own lack of self-esteem. What bullies crave is social influence, and they want to compensate for their own inadequacies.

A local study by Lam and Liu (2007) has explored the causes of bullying by conducting in-depth interviews with eight bullies in a secondary school in Hong Kong. They found out that the bullies did the act for various reasons, such as gains in security, power, material benefit, fun and emotional release, etc. They further suggested strategies that school personnel could use to intervene at multiple levels.

Dodge (1991) separated the aggressors into two types, the proactive aggressor and the reactive aggressor. Fung, Wong, and Chak (2007) argued that the proactive

aggressors are the true bullies, whereas the reactive aggressors, who are often identified by teachers and social workers as bullies, are in fact victims. They also suggested intervention strategies for helping the reactive aggressors prevent a further deterioration of the situation.

2.1.5 The Nature Perspective

From the nature perspective, for the Darwinian, survival of the fittest is the slogan used when describing natural selection in the animal world. This statement somehow means stronger organisms will act aggressively towards their inferiors whenever they could. Lorenz (1969, cited in Rigby 2002) concluded that there are three advantages to this type of so called “bullying” behaviour: a much better chance of mating; contributing to the stability and viability of the species; and ensuring each member of the species has enough space and resources (p.19-20). This natural mechanism ensures the evolution of the species. Dawkins (1989, cited in Rigby, 2002) asserted that the gene is selfish. The aggressive behaviour or predation is for the benefit of the whole species. Rigby (2002) pointed out that bullying in nature may seem to be relatively benign. In nowadays human activities, it is arguable whether or not to accept this assertion. Bullying is still somehow believed to be evil. Ortega and Lera (2000) even asserted that bullying is a moral disease that eats away at the conscience of those who are aware but fail to act or to help. At a basic level, school bullying or violence may be seen as a moral issue (Astor, 1998). Ellis and Shute (2007) further suggested two types of moral reasoning towards school bullying, one type lies on a justice orientation while another on a care orientation.

Justice orientation focuses on notions of fairness and rules with an emphasis on fulfilment of duties and reciprocal obligations. Care orientation, in alternative, focuses on understanding relationships and the needs of others. Both types of moral reasoning point out the human nature in which a pure animal perspective would not discuss.

2.1.6 The Psychodynamic Perspective

The psychodynamic perspective seems to be focused on the causes and function of bullying rather than the actions or a definition (White, 2004). It would rather focus on the motives of the bullying participants, the changing nature of the interpersonal relationship concerned, and the destructive impact of bullying on the victim. For example, White (2001) has developed a Life Cycle Theory of Bullying under a psychodynamic perspective to understand workplace bullying. It showed how the bully and victim become locked into a dynamic over which they have little control and how their search for recognition was a futile one (White, 2001). White (2001) has identified four stages in the cycle.

The first stage is the embryonic stage which is the time before any bullying has taken place. The potential role-holders are present and what they are waiting for is the opportunity to bully or please others. White (2001) asserted that both the bully and victim embryos were seeking love and recognition; they both had unfulfilled desires. The second stage is the triggering stage which means a suitable trigger appeared to stimulate the embryos. Changes might bring triggers and arouse some negative emotions. The embryonic bully sought out the embryonic victim to remove

his/her own anxiety and feelings of badness. The bully next targeted the victim to test the strength of the victim's boundaries and find points of vulnerability (White, 2001). The bullying process then started. The third stage is the loyalty stage. In White's research (White, 2001), the victim became loyal and tried even harder to please the bully in order to compensate for the lack of love and recognition. The victim was trying to recreate the feeling of acceptance and therefore denied reality and idealized the bullying. That was why the victim tolerated the bullying behaviour and did so little to defend himself/herself against it. The fourth stage is the stage of a dance of death. In this final stage, the boundaries of both parties have been obliterated and their identities were confused. The victim became the container of the bully's badness. The bully and victim intertwined as if in a frenetic and parasitic psychic dance (White, 2001). The bully outwardly presented high self esteem but inside the repression of guilt and shame brought about feelings of deadness. The victim would become exhausted and unwell. There seemed to be no way out for them and the cycle was repeated (White, 2001).

The psychodynamic perspective helps explain the bullying process. It does not give a clear account of how to define a bullying scenario. However, it has tried to explain the dynamic process between the bully and victim and the interdependence of them.

2.1.7 Types of School Bullying

Having made the definition of bullying clear, it is necessary to distinguish between different forms of school bullying behaviour. The most basic distinction is

that between physical and psychological forms (Rigby, 1997). Berger (2007) further elaborated these forms in three ways which he called physical, verbal, and relational.

According to Berger (2007), physical bullying includes hitting, kicking, beating and so on which are obvious. A related form of attack is behavioural bullying, for example, stealing a lunch, holding one's nose, scribbling on another's homework papers, etc. However, it is necessary to differentiate friendly quarrels from self-defense. Verbal bullying includes repeated derogatory remarks or name calling, and such things as mocking, insulting and humiliating the victim. Relational bullying refers to the type which disrupts the social relationships between victims and their peers. Relational bullying occurs when children deliberately ignore a classmate's attempts to make conversation, or join a game, or when they move away when the target comes near, or when they repeat humiliating gossip.

In Hong Kong, a systematic research study on school bullying was conducted by Wong (2005) from 2000 to 2002. He categorized bullying behaviour into 4 types, which were physical bullying, verbal bullying, exclusive bullying and extortion bullying. According to Wong (2005), physical bullying included pushing, hitting, purposefully hurting someone violently; verbal bullying included calling names, making fun of others' names, background or physical appearance, embarrassing or shaming others; exclusive bullying included ignoring someone's presence or threatening others not to play with somebody; and extortion bullying included robbing or hiding others' property, threatening somebody to serve oneself. This categorization is similar to what Berger had done except that Berger had included

robbing others' property and threatening somebody to serve oneself into the category of physical bullying.

2.1.8 Prevalence of School Bullying

In Hong Kong, there was no systematic study on the prevalence of school bullying before 1999 (Wong, 2004). According to a piece of local research done in 2000 on bullying in Hong Kong Primary schools (Wong, 2005; Wong, Lok, Lo, & Ma, 2008), in which 1,018 teachers' and 7,025 students' questionnaires from 47 primary schools were collected, the results indicated that 88% of the teachers had dealt with bullying complaints from witnesses and victims, whereas 62% of the pupils had experienced verbal bullying, 32% were physically bullied, 28% had experienced exclusive bullying and 13% had experienced extortion bullying. Another similar local research study was conducted in 2001 (Wong & Lo, 2002) in 29 secondary schools. This study collected 905 questionnaires from teachers and social workers, and 3,297 questionnaires from students. The results found that 94.6% of the teachers had witnessed bullying events, whereas 46.9% of the students had been verbally bullied, 18.3% physically bullied, 17.6% had experienced exclusive bullying and 8% had experienced extortion bullying. These data showed that school bullying was not a rare phenomenon in Hong Kong and verbal bullying seems to be the most common among the different types.

The figures for bullying from Australian studies suggested that bullying is also relatively high there. Based upon extensive surveys of more than 38,000 Australian school children it appears that at least 50% of Australia's children have experienced

being bullied at school (Rigby, 1999). Among the US youth who had completed the World Health Organization's Health Behaviour in school-aged children survey in 1998, 10.6% of the sample (N=15,686) reported being bullied (Nansel, Overpeck, Pilla, Ruan, Simons-Morton, & Scheidt, 2001). In a study of Korean middle school students in 2004 (Young, Yun-Joo, & Bennett, 2004), figures indicated that 14% were victims and 9% were victim-perpetrators (both the victims and the bullies).

These prevalence figures from different countries or cultures may not be directly comparable, due to differences in the definition of bullying and other cultural differences. However, according to the different definitions, it is not difficult to have a consensus that, when one is talking about bullying, it would refer to something related to an interpersonal issue, to an unhappy experience, or to some unbalanced power issue, etc. Therefore, even though the definitions of bullying differ in different research studies and countries, the perceptions of the issue might not be totally strange to each other. Therefore, one might be led to believe that different pieces of research have shown that school bullying is a common phenomenon.

2.1.9 Consequences of School Bullying

Rigby (2003) reviewed the research on the consequences of school bullying and tried to categorize the consequences of bullying victimization into four types:

- (i) low psychological well-being, in which Rigby (2003) meant to include states of mind that were generally considered unpleasant but not acutely

- distressing, such as general unhappiness, low self-esteem, and feelings of anger and sadness;
- (ii) poor social adjustment, which included feelings of aversion toward one's social environment, and the victim manifesting loneliness, isolation and absenteeism;
- (iii) psychological distress, which was considered to be more serious than categories (i) and (ii), and included high levels of anxiety, depression and suicidal thinking; and
- (iv) physical unwellness, which included clear signs of physical disorders, medically diagnosed illness and psychosomatic symptoms (p.584).

Although Rigby had documented his assertions well with evidence, some research which was focused on the correlation with mental problems or specifically named psychiatric diagnoses, which were more serious than categories (i) to (iii), had been neglected in his summarization.

Kumpulainen, Räsänen, and Puura (2001) had conducted research in Finland on the topic of “psychiatric disorders and the use of mental health services among children involved in bullying” and found that among the victims, 50% had been diagnosed as having a kind of psychiatric disorder.

Hardy, Fowler, Freeman, Smith, Steel, Evans, Garety, Kuipers, Bebbington, and Dunn (2005) conducted research on “trauma and hallucinatory experience in psychosis” with 75 patients with psychosis. They found that 30.6% of the total group had at least one type of phenomenological association between their traumas and

hallucinations. Another influential finding was that, among the different traumatic event types, bullying occupied 30%, while other events were sexual abuse (20%) and serious accidents (5%), etc. They concluded that life events might influence the experience of psychosis and they suggested that clinically, it was important to understand hallucinations in the context of the individual's history.

These studies provided an awareness of, and gave us insights on, the serious impact of bullying on the mental health of the victims. These figures served as the evidence to support the further exploration of the relationship between bullying and the onset of mental illness, specifically, psychosis.

2.1.10 Summary of School Bullying Literature

In the above different descriptions, the focus and understanding of bullying from different perspectives has been articulated. It is not difficult to see that most of the definitions in different studies were made from the perspectives of the behaviourist, the victim and/or the aggressors. Those definitions included different extents of the behaviour, such as conducting violence, repeated abuse of power, repeated oppression, specific exposure to negative actions, etc. Some people might think that having a desire or intention to hurt is already enough to make you a bully. Besag (1989) seemed to agree with this because she claimed that bullying "is often an attitude rather than an act; it can be identified as bullying only by measuring the effect the acts have on a vulnerable child"(p.x). However, adopting this definition would create problems in conducting research because one would find it extremely difficult to explore for the intention. Therefore, most probably, a perspective based

on those of the behaviourist and victims/bullies has been adopted in conducting related research. It is used as the definition of bullying in this study too, and precisely speaking, it will have the following characteristics:

- i) it occurs when a person is exposed, repeatedly and over time (Olweus, 1993; Rigby, 1997; Roland, 1989; Smith & Sharp, 1994; Wong, 2004), to negative actions on the part of one or more other students (Olweus, 1993; Roland, 1989);
- ii) there should be an imbalance of strength (Olweus, 1993; Wong, 2004), so that the victim has difficulty defending him/herself (Roland, 1989; Olweus, 1993).

The research done by Smith et al. (2002) justified this adaptation for usage in studies for young subjects. Smith et al. (2002) developed a series of 25 stick-figure cartoon pictures that illustrated different situations that might or might not be bullying, based on elements used in existing definitions of bullying (Smith, 1999). Most of the cartoons portrayed negative acts. 8 year-old children and 14 year-old adolescents from 14 countries were invited to distinguish the actions in the cartoons and give their interpretations of bullying behaviour. Stick figures were used in the mentioned research to avoid issues of clothing and gender, which might vary by culture, skin colour and ethnic group. The results showed that the adolescents group could have a greater capacity to differentiate the meaning portrayed in the cartoons and different types of bullying behaviour. So, using the behaviourist perspective to

define the bullying phenomenon seemed to be an appropriate choice because it was easier to be understood and communicated to adolescents.

The types of bullying developed by Berger (2007) will also be used in this study to distinguish the behaviour, which include physical, verbal and relational types. Moreover, the prevalence of bullying in the Hong Kong context and the consequences of school bullying also justify the idea that school bullying is a phenomenon worth studying, especially in qualitative studies, of which there is very little published work.

2.2 Early Psychosis

2.2.1 The Definition and Symptoms of Early Psychosis

The term “early psychosis” as used in this thesis actually means “si-jue shi-diao” (思覺失調) in Chinese. This term is a commonly seen psychiatric diagnosis for adolescents with psychotic symptoms in Hong Kong. This is a very special term which is closely linked to schizophrenia in the Hong Kong context.

Even though there has been more than 100 years of research and studies done on psychosis and schizophrenia, there is still a difficulty in defining the term psychosis universally (Gleeson, 2014). The Diagnostic and Statistical Manual of Mental Disorders (DSM) which is published by the American Psychiatric Association, is a helpful guide to clinical psychiatric practice or research. It provides details of clinical information on mental disorders in a wide diversity of contexts. According to the description of the “schizophrenia spectrum and other psychotic disorders”, which in the most updated version, named the DSM, fifth edition, (DSM-

5), includes schizophrenia, other psychotic disorders, and schizotypal (personality) disorder, they are defined by the presence of one or more of the following five domains. These include delusions, hallucinations, disorganized thinking (speech), grossly disorganized or abnormal motor behaviour (including being catatonic) and negative symptoms (American Psychiatric Association, 2013a, p.87). These five domains of symptoms are shared among the schizophrenia spectrum and other psychotic disorders.

Practically speaking, psychosis is a difficult term to define and is frequently misused, not only by the general public, but also among mental health professionals. Stahl (2008) described psychosis as a syndrome, a mixture of symptoms which can be associated with many different psychiatric disorders instead of a specific disorder for diagnosis. Psychosis can be considered to be a set of symptoms which have been mentioned in the DSM (American Psychiatric Association, 2013a) or other diagnostic schemes such as the International Statistical Classification of Diseases and related Health Problems (ICD) (World Health Organization, 2009).

Among the different disorders included in psychosis, schizophrenia is the commonest and best known psychotic illness (Stahl, 2008). In Hong Kong, schizophrenia is translated into Chinese as the “Mind Split Disease” which means a “split brain” or “broken brain” with both meanings implying it has the nature of severity and irreversibility (Chiu, Lam, Chan, Chung, Hung, Tang, Wong, Hui, & Chen, 2010). Moreover, in the Chinese language, the conceptualization of psychotic disorders had been conventionally restricted to schizophrenia. However, both the terms “psychosis” and “schizophrenia” are commonly replaced with “crazy”,

“insane”, or “mad” by the general public in the Chinese context (Chen, 2003). All these terms are heavily stigmatizing. In view of this, a translated Chinese term “si-jue shi-diao” (思覺失調) has been adopted for the English term “psychosis” in Hong Kong (Wong, Hui, Chiu, Lam, Chung, Tso, Chan, Yip, Hung, & Chen, 2008). The Chinese term “si-jue shi-diao” means dys-regulation of thought and perception and is used as a diagnostic label for symptoms of schizophrenia (Chung & Chan, 2004). The adoption of the use of the Chinese term occurred in 2001 with the commencement of a new intervention programme run by the Hospital Authority of Hong Kong, called the Early Assessment Service for Young People with Early Psychosis (E.A.S.Y.) case management project, for young people with early psychosis (Chiu et al., 2010). The targets of this service are the young people whose age range falls within 15 to 25 years, who have developed symptoms of psychosis (the target group of this service was later extended to 64 years of age during 2011-12). The term “si-jue shi-diao” has been proposed for use in diagnosis and early treatment and is supposed to reduce stigma. However, following the use of the new less pejorative diagnostic label, Chung and Chan (2004) could not detect any change of attitude towards people with schizophrenia among 313 secondary school students surveyed in Hong Kong. Nevertheless, the duration of untreated psychosis (DUP) is very long, averaging 513 days in Hong Kong, while patients who were diagnosed with schizophrenia had an even lengthier untreated period of 667 days (Chen, Dunn, Miao, Yeung, Wong, Chan, Chen, Chung, & Tang, 2005). Following the implementation of the E.A.S.Y. programme, it was reported that the DUP has been reduced from 513 days to 320 days (Hospital Authority, 2005). According to DSM-5

(American Psychiatric Association, 2013a), schizophrenia by definition is a disturbance with continuous signs persisting for at least 6 months including at least 1 month of symptoms. When compared to the duration of symptoms of disturbance for a diagnosis of schizophrenia, 320 days is far longer than 6 months. The concept of early psychosis is a bit misleading. In the first document with an English translation for “si-jue shi-diao” published in 2001, it is translated “early psychosis” (Chen, 2001). However, later on, the name “si-jue shi-diao” has generally been used directly for a diagnosis of psychosis (Chiu et al., 2010) or schizophrenia. The Chinese translated version of the desk reference to diagnostic criteria from the DSM-5 directly translated the term schizophrenia as “si-jue shi-diao” (American Psychiatric Association, 2013b) in 2013. Sometimes the terms are used interchangeably by some of the psychiatrists in Hong Kong.

2.2.2 Early Conceptualizations

Emil Kraepelin and Eugen Bleuler are two significant figures in modern psychiatry who were jointly responsible for the invention of the term “schizophrenia” (Read, 2013). Bentall (2003) also counted Kurt Schneider as the third prominent figure, parallel to Kraepelin and Bleuler. Kraepelin, a professor of psychiatry in Munich, Germany in the late 1800s, believed that psychiatric diseases were caused by biological or genetic malfunction. He used the term “dementia praecox” to describe an illness in which he found deterioration starting during adolescence and continually progressing into a final permanent dementia (Peters, 1991). Kraepelin’s formulation for dementia praecox is a deteriorating condition

involving a disintegration of the whole psychic personality, with characteristic disturbances in the intellectual, emotional, and volitional dimensions of mental life (Sedler, 1991). Kraepelin has made a long list of 36 groups of psychic symptoms and 19 types of bodily symptoms (Read, 2013). This made “dementia praecox” difficult to observe because one patient might have symptoms that are totally different from another, or even opposite to them.

Similar to what Kraepelin had observed, Eugene Bleuler, a professor of psychiatry in Zurich, Switzerland in the early 1900s, noted a wide and varying constellation of signs and symptoms among “dementia praecox” patients. He used the word “schizophrenia” to replace “dementia praecox” in 1911 (Peters, 1991). This term was derived from the words *schizein* (meaning ‘to split’) and *phren* (meaning ‘mind’), using which Bleuler intended to capture the splitting of the mind as the hallmark feature of the disorder (Gleeson, 2014). In Bleuler’s idea, an incapability of the associative psychic acts and the loss of unity in mental life were the origin of this psychosis (Roccatagliata, 1991). The concept of dementia praecox or schizophrenia was well known to physicians in the early twentieth century.

Schneider, another professor of psychiatry in German practicing from the 1930s to the 1950s, asserted that symptoms specific to schizophrenia are “first rank symptoms” (Bentall, 2003) and these symptoms maintained a privileged place up until the DSM-IV-TR. The first rank symptoms include auditory hallucinations experienced as voices speaking one’s thoughts, voices arguing, and voices commenting on one’s actions, as well as bizarre delusions such as somatic passivity, thought withdrawal, thought broadcasting, thought insertion, a belief that one’s

emotions are not one's own and a belief that one's impulses and/or actions are controlled by an outside force (Rosen, Grossman, Harrow, Bonner-Jackson, & Faull, 2011).

2.2.3 The Genetics and Neurobiological Perspective

Although Bleuler's concept of schizophrenia diverged from pure neurobiological or physical origins, the mainstream treatment of schizophrenia at that era was still pharmaceutical. This is because much research has been focused on the abnormalities in certain neurotransmitters, such as dopamine, noradrenaline and serotonin contributing to psychosis (Gleeson, 2014). This hypothesis states that psychotic symptoms are associated with the inappropriate functioning of the neurotransmitters in the central nervous system. In this case, controlling the functioning of the neurotransmitters by drugs is believed to release the psychotic symptoms. This hypothesis is still widely adopted in psychiatry nowadays.

A group of researchers would believe that genes are responsible for making some individuals vulnerable to schizophrenia (Barlow & Durand, 2015). However, no one gene has yet been found to be responsible for schizophrenia, but multiple gene variances combine to result in vulnerability (Murray & Castle, 2012).

Although no concrete genetic origin can be claimed, many practitioners still believe that schizophrenia involves a malfunctioning brain, and numerous studies focusing on studying the brain have bloomed. One of the most long-lasting but still controversial theories of the origin of schizophrenia claims the importance of the

neurotransmitter dopamine (Howes & Kapur, 2009). Another claim for abnormalities of the brain's structure being the cause has also been investigated. This assertion comes from a study of the changes in the different parts of the brain in people with schizophrenia which include the ventricles, the prefrontal cortex, etc., in which the researchers have argued that abnormalities in the hippocampus appear to predate the onset of psychosis (Gleeson, 2014). However, the existence of these brain abnormalities could only conclude the possibility of having a higher risk of onset of psychosis but not the causal relationship.

Although research supporting the treatment of the level of dopamine by psychotic drugs seems to have an effect on the symptoms, the side effects caused by the drugs have been widely debated (Breggin, 1994). Moreover, the genetic and neurobiological perspective cannot give a clear explanation of how the dopamine level and the genes affect a certain person to cause the manifestation of the symptoms of psychosis. The existence of the brain structure abnormalities also does not reversely support the existence of the symptoms of psychosis.

2.2.4 The Cognitive Perspective

Beck is a key representative of the cognitive model and his work has been commonly applied to the understanding and treatment of psychosis in past decades. The cognitive model suggests that the interpretation of events will result in consequences for the feelings and behaviour of a person, while the interpretations are usually maintained by unhelpful thinking biases and behavioural responses

(Morrison, 2013). Interpretations are influenced by a person's core beliefs which are basically formed as a result of life experiences. Wells and Matthews (1994) asserted that life events in childhood would contribute to the development of core beliefs and dysfunctional rules or assumptions which guide behaviour and the choice of information-processing strategies.

Kuipers, Garety, Fowler, Freeman, Dunn, and Bebbington (2006) proposed a cognitive model to explain psychosis. They asserted that cognitive appraisals rather than unusual experiences alone have played a central role in leading to psychotic symptoms. They also emphasized the significant influence of emotional changes and low self-esteem, together with the effect of adverse social environments such as trauma and stress, in contributing to the development of psychosis. They proposed the importance of cognitive dysfunction such as reasoning biases and deficits in information processing, which can also lead to unusual experiences (Kuipers et al., 2006). Once we hold a strong belief or cognition, we would normally seldom consider alternatives, and this mechanism is called "confirmatory bias" (Kuipers et al., 2006). It has been found that in addition to these confirmatory biases, people with psychosis rarely tend to consider evidence before making a decision and this is termed the "jumping to conclusions" reasoning bias (Garety & Hemsley, 1994) which has particular significance and relevance regarding delusional thinking. Jumping to conclusions reasoning is related to inflexibility of belief and an incapability of generating alternative explanations for experiences (Freeman, Garety, Fowler, Kuipers, Bebbington, & Dunn, 2004). One more supporting argument for psychosis is the "disruption to a sense of self" (Hemsley, 1998) in which

inappropriate or poor use of contextual information would lead to the disruption of the ability to process ongoing experiences properly.

The cognitive perspective focuses on the negative appraisals of the aversive experiences which form negative schemas. These schemas will affect both the emotions and the information processing mechanism and it will then affect the views about the self, others and the world, which will then lead to the development of psychotic symptoms. This approach delineates its arguments by providing abundant evidence based studies, and a clinical approach has also been developed for psychotherapy usage. Moreover, this approach also looks into psychological processes such as memory, perception, and information processing which other approaches would seldom do. However, one limitation of the cognitive approach is that it reduces human cognition and behaviour down to some cognitive processes. It cannot provide a rich personal account of the meaning of psychosis to a particular individual, which is of paramount importance for enabling a person and his/her clinician to understand the struggles and meaning of life for that person.

2.2.5 The Psychodynamic Perspective

Although the definitions of the psychoanalysis and psychodynamics schools of thought have several overlapping ideas, there are at least three distinctive categories of frame of reference being identified. The first one is based on Freud's tripartite structural theory of id, ego, and superego (Fonagy & Target, 2003). The second is the object-relations theory which focuses on the relationship between self and others.

The third is the self psychology theory. Although different theories have different foci, the psychodynamic view on the development of psychosis basically compromises the study of precipitating events and their related meaning (Stone, 1991). Among the precipitating events or the developmental events of a person, conflicts will be aroused inside the individual. Schizophrenia is explained as an abnormal psychological state which is reflecting conflicts of a particular form and severity (Stone, 1991). Symptoms of schizophrenia seem to be the manifestations of different kinds of defense mechanisms against internal conflicts. As Stone (1991) has quoted from Freud, projection is the determining element in paranoia, while the repressed affect will invariably return in hallucinations of voices (p.128).

Martindale and Summers (2013) pointed out that symptoms of psychosis can often be understood as protecting or defending against unbearable aversive experiences. These experiences include prolonged horror and anxiety about annihilation or unrelatedness, in which the defense of psychosis will protect the person by changing their experience of reality (Will, 1987).

Martindale (2007) further elaborated this expulsion of reality in the mind of the person with psychosis. Basically, a normal mind, or normal mental functions, has the capacity to integrate reality. In psychodynamic terms, Martindale (2007) introduced the concept of the internal and external components of reality in which external reality refers to both the animate and inanimate reality such as other people's minds, culturally accepted rules, etc., while internal reality refers to the inner world of personal emotions and internal communications from the superego which is also claimed to be the conscience. In psychosis, the mental functions cannot

integrate some or most of the aspects of internal and external reality. The unconscious mind will expel from itself the aspects of internal or external reality which are unbearable, unacceptable or overwhelming to the person by means of defenses such as projection, denial, or other ways of splitting off reality, in order to protect the individual as if the extremely stressful aspects of the reality do not exist (Martindale, 2007).

It is not strange to believe that the stress, which is subjectively felt by the person, will lead into a psychosis in which the severity of the stress is crucial, and it is determined by the meanings of experience. Koebler, Silver, and Karon (2013) further elaborated that meanings are a product of a person's inner world, both conscious and unconscious, which has itself been shaped by life experiences, particularly those that happened during the early developmental stage when a sense of self and identity were not yet maturely formed. The personal meaning of such life experiences determine the ways people perceive their own selves and others, how they experience anxieties and emotions, and how they develop habitual defenses against these life experiences, as well as their capacities to cope with stress (Koebler et al., 2013). Therefore, understanding the people with psychosis from a psychodynamic perspective is crucial to the therapeutic helping process.

The psychodynamic approach focuses on how childhood experiences affect personality development and it also takes into account both the nature and nurture aspects. However, the psychodynamic perspective did not address the significance of the subjective experience and meaning of the sufferers sufficiently, and the

interpersonal paradigm is also not discussed enough to make the whole picture complete. Using the interpersonal approach can enrich this aspect.

2.2.6 The Phenomenological-Existential Perspective

Karl Jaspers first published his work “General Psychopathology” in 1913, and it actually started off the phenomenological movement in psychiatry as Jaspers differentiates mental disorders that are “understandable” from those which are closed to psychological comprehension or understanding (Sass, 2001). Although the work by Jaspers (1997) has a significant influence on the psychiatric field, he did not actually propose a definite concept of schizophrenia; instead, his main concern is methodology. He defined the scope, the objectives, and created a clear and concise methodology, all of which are prerequisites for the establishment of a discipline of general psychopathology (Hoenig, 1991). Jaspers (1997) discussed the boundaries of general psychopathology and provided a systematic description of malignant mental phenomena with a phenomenological elaboration of the subjective experiences.

A phenomenological account of psychosis will provide the form and structure of the subjective life of the sufferer (Sass & Parnas, 2007). Jaspers acknowledged that regarding “psychological phenomena” or “psychic events”, not only must the brain activities be studied, but also the events in relation to a possible causation or correlation with what occurs at the conscious level (Parnas, Sass, & Zahavi, 2013). In Jaspers’s view, it is necessary to obtain a correct and detailed understanding of the experiential life of a person with mental illness by paying close attention to the

person's self description and expressive behaviour, etc (Parnas et al., 2013). Hoenig (1991) further elaborated Jaspers's explanation that empathically understandable entities are all embedded in an underlying series of causally connected developments and it is necessary for the clinician to trace every possible detail of the meaningful connections which make up the entities.

Jaspers (1997) proposed that a schizophrenic psychic life is actually a particular phenomenon of experience and a disturbance of the thought-process, while he also asserted that people with schizophrenia are not surrounded by a single schizophrenic world but a number of such worlds (p.282). Pathological experiences have frequently resulted from alterations to the conscious state, which include clouded consciousness (lowering of mental activity), complete isolation from the real environment, being actively engaged with alternating painful and delightful entities tossing the mind to and fro, complete isolation or fragmented situation with false perceptions or awareness, fantastic contents with vivid and complex sensations, and a double orientation in which the person lives in two worlds simultaneously, one real and one psychotic (Jaspers, 1997). In the case of double orientation, the person can basically move among real realities more or less correctly, but the psychotic reality is also the real world for him/her. These realities make up the whole world of a person with schizophrenia.

The large number of names and terms within the families of existentialism and phenomenology are often confusing, accented with both divergences and overlaps (Moss, 1989). Some people may also categorize Jaspers as being in the existential school (Jablensky, 2013). Another influential figure in psychiatry, R. D. Laing

(1990) situated himself in the existential-phenomenological group of thinkers. His famous book “The Divided Self” was first published in 1960. The book became very popular with different reprinted versions. To him, the experience of psychosis is understandable and the existential view can facilitate the clinicians entering the world of the sufferer (Laing, 1990). This view is identical to that proposed by Jaspers.

Laing (1990) asserted that “primary ontological insecurity”, which included 3 forms, namely engulfment, implosion and petrification or depersonalization, will be experienced by a person with schizophrenia in which anxieties and dangers have to be dealt with and one’s being is threatened. He also contended that the self of the person with schizophrenia tends to distance itself from reality to avoid further harm and uses an “un-embodied self”, which is detached and disembodied, to connect with others (Laing, 1990). This unembodied self is divorced from the body. It will deprive the body of direct participation in any aspect of the life of the world, and it will observe what the body is experiencing and doing with others (Laing, 1990). Working as a mental operation, the unembodied self becomes hyper-conscious and it will develop a relationship with itself and with the body which will later become very complex. To make it simple, Laing regards schizophrenia as a defense against the real world for preserving the self. This perspective is similar to the assertion of the Interpersonal Theory of Psychiatry by Sullivan (1953) and is widely accepted by practitioners for understanding people with schizophrenia (Strauss, 1991, 1992, 1994; Yip, 2007).

2.2.7 The Interpersonal Theory Perspective

Laing (1990) stated that his anxiety formulation is very similar to what has been proposed by H. S. Sullivan, who is the key representative of the Interpersonal Theory of Psychiatry. Both of them have been influenced by psychoanalysis. Sullivan (1953) was the first to develop a theory of psychiatry which is based on the interpersonal relationships. Similar to how phenomenologists and existentialists understand a person's subjective experience, interpersonalists replace notions of objective truth with subjectivity, the intrapsychic is supplemented with intersubjectivity, and fantasy is replaced with pragmatic descriptions of experience (Fonagy & Target, 2003).

Humans cannot live with being separated from their environment. As Sullivan (1953) has pointed out, "all organisms live in continuous, communal existence with their necessary environment" (p.31). Moreover, the developmental perspective which Sullivan posits also emphasizes the evolution of the nature and capacity of relationships at different developmental stages. In Sullivan's interpersonal approach, anxiety is basically conceived to be the main agent that brings different mental problems to a person. Sullivan (1953) also noted the child's tendency to personify its relationship with its caregiver as good or bad, in a process which will bring different levels of anxiety. Security operations will be used to ward off things such as the "not me" or "dissociative" dynamisms. These security operations come to make up the development of the personality and are thought to determine the kind of pathological patterns which are likely to emerge in the course of later development (Fonagy & Target, 2003).

Psychotic experiences are seen as the representation of a failure of one's self-system and the dissociation dynamisms in Sullivan's ideas, whereas hallucinations and delusions are experienced in a lost control of self-awareness (Yip, 2002). This failure of the self-system and dynamisms and state of loss of control are mainly caused by intense anxiety. While a person is facing disadvantaged interpersonal interactions, he might respond as autistic and various dynamisms will be used for self-adjustment and self-protection from extreme interpersonal threats (Yip, 2002). Sullivan listed the dynamisms which might be used including sublimation, obsessionalism, selective inattention, hypochondria, agoraphobia, paranoia, dissociation and schizophrenia (Sullivan, 1956). Prolonged usages of these self-adjustment dynamisms will imply a certain degree of self-distortion which will lead to mental disorders (Yip, 2002).

Sullivan's interpersonal approach reminds us that people with psychosis should be seen and treated as normal human beings and their psychotic subjective experiences should be understood as the reflection of traumatic childhood experiences or conflicts in interpersonal interactions (Yip, 2002). This approach is recommended for application in the social work profession because of its developmental perspective, which is without labeling but has strengths (Yip, 2002) as well as the ability to address the interpersonal domain. Social workers believe in the relationship and interaction between the person and the environment. Adopting the interpersonal approach to understand the people with mental problems will facilitate both theoretical and practical understanding.

2.2.8 The Significance of Understanding Subjective Experiences

The phenomenologic-existentialist and the interpersonal views on understanding the psychotic experiences commonly address the importance of subjective experiences. However, Strauss (1996) asserted that subjectivity is a major part of the psychiatric field but we know very little about it because understanding what is happening in the mind of another person is one of the most difficult tasks. He also pointed out that descriptive psychiatry has contributed great efforts to identify and assess key symptoms, social functioning and diagnostic concepts on the basis of the persons' reports which are actually defining static categories, but not addressing the process of change (Strauss, 1989). Nevertheless, a human being and a human mind are not such static objects. As Laing (1990) also pointed out, "a man may have a sense of his presence in the world as a real, alive, whole and in a temporal sense, a continuous person" (p.39) such that the person can go out into the world and meet others.

Estroff (1989) asserted that self is an enduring entity which exists over time, which precedes, transcends, outlasts and is more than the mental illness or its diagnosis. Estroff (1989) also addressed the significance of meaning and knowing in a person. This refers to how the person attached meanings to events, and how the person learned and remembered, hoped or regretted. According to Estroff (1989), these enduring cognitive beliefs and symbol systems will create a meaning-making, world-knowing and experience-having self which makes up the core of the person. In this sense, understanding the relationship between the self and the illness becomes significant because how the person lived before and after the illness, and who and

what existed, will provide important information for clinicians' understanding of the person holistically as a person.

Strauss (2010) further elaborated that the course of disorders and the lives of people are in fact strongly influenced by their subjective feelings of what they need and what they can deal with. Strauss (1996) has already stressed the importance of the subjective feelings, the cognitive mix, and a general experiencing of things which provide significant data for practitioners to attend to. These things actually shape a person's motivation, thoughts, actions and feelings which make sense to that person. Strauss (1996) has suggested 6 possible areas of content for subjectivity: (1) mental integration and dissolution which affect life; (2) specificity and details of the person; (3) translation of the specificity into human universality which can together build a meaningful picture or construct; (4) the subjectivity of change, improvement and deterioration in mental illness; (5) competence and dysfunction in mental illness, understanding what is from outside and inside; and (6) understanding the basic phenomena of mental illness by common sense because different things work for different people and the logic is basic. Strauss (2010) further evolved his ideas on subjectivity by introducing the concept of the experiential knowledge of looking at subjectivity. One way to capture the experiential aspect of subjective experiences requires borrowing the clinician's own experiences, the arts, the theatre and literature, without reducing the experiences to numbers and categories. Many people with mental illness talked about their ups and downs while they sought service from the clinicians. Trying to understand their subjective experiences is to grasp their sense of self with the psychiatric problem, and the predictability and sense of

understanding of that self in the world (Strauss, 2010). These can only be understood through the unfiltered reports of the things experienced by the people with mental illness.

In view of this, people with mental illness do not only need drugs for treatment; they also need their subjective experiences to be listened to and understood. In this study, the detailed stories of the adolescents have been listened so as to understand how their experiences have affected their formation of different feelings, thoughts, actions and motivation.

2.2.9 The Transition from DSM-IV-TR to DSM-5

The DSM is a publication of the American Psychiatric Association having the medical model of mental disorders as its underlying assumption. It provides a common system of classification and diagnosis of mental disorders for facilitating communication among mental health practitioners (Szabo, 2014). The most up to date version is the DSM-5, which was published in the year of 2013 and contains some changes to the diagnostic criteria of some mental disorders.

In the DSM-5, the essence of the broad definition of schizophrenia is retained. Three changes have been made to the diagnostic criterion A for schizophrenia, with no change made to the criteria B-E (American Psychiatric Association, 2000, 2013a). The first change is the elimination of the special attributes of bizarre delusions and Schneiderian “first-rank” auditory hallucinations leading to the requirement of at least two criterion A symptoms for any diagnosis of schizophrenia.

The second one is the addition of the requirement that at least one of the minimum two criterion A symptoms must be delusions, hallucinations, or disorganized speech; and the third is the change in the clarification of the definition of negative symptoms, changing to “diminished emotional expression or avolition” from “affective flattening, alogia, or avolition” (American Psychiatric Association, 2013a). Moreover, the subtypes of schizophrenia were also eliminated due to their limited diagnostic stability, low reliability and poor validity, according to the working group of the manual (American Psychiatric Association, 2013a).

The rationales for the changes for the diagnostic criteria for schizophrenia are discussed by different scholars in the Schizophrenia Research journal volume 150 issue 1, which was published in 2013. It was found that the description of a bizarre delusion or a Schneiderian first-rank hallucination has no diagnostic specificity and they can be treated simply as “positive symptoms” because two criterion A symptoms would need to be present for a diagnosis of schizophrenia (Tandon, Gaebel, Barch, Bustillo, Gur, Heckers, Malaspina, Owen, Schultz, Tsuang, Van Os, & Carpenter, 2013). Tandon et al. (2013) supported this argument by pointing out that this change should have a very limited impact on caseness because less than 2% of persons diagnosed with DSM-IV schizophrenia receive a diagnosis based on a single bizarre delusion or hallucination. They applied the same reasoning for changing the negative symptoms clarification to “diminished emotional expression or avolition” and they argued that diminished emotional expression can describe the nature of affective abnormality better than flattening (Tandon et al., 2013). Tandon et al. (2013) also explained that delusions, hallucinations and disorganized speech

are core diagnostic positive symptoms with high reliability, and this psychotic pathology should be required in the diagnosis. Therefore, at least one of these positive symptoms should be counted.

The above assertions on the changes in the DSM-5 for the diagnosis of schizophrenia are based on the needs and logic for medical diagnosis convenience. However, since all the recruited participants in this study were diagnosed with early psychosis, schizophrenia, or “si-jue shi-diao” before the date the DSM-5 was published, the reference for the diagnosis is logically believed to be based on the DSM-IV-TR. Moreover, the deletion of the Schneiderian first rank symptom is only for diagnosis usage in the DSM-5. It does not affect the richness of understanding of the disorder in addition to this aspect. It is not mutually exclusive in understanding the person with the reference by either version of DSM. Therefore, in this study, this area will also be discussed in order to enrich the understanding of the psychotic symptoms which will not affect the diagnosis.

2.2.10 Prevalence of Psychosis

According to the World Health Organization, schizophrenia affects more than 21 million people worldwide although it is not as common as many other mental disorders such as depression (World Health Organization, 2015). However, the incidence of psychosis differs greatly among different communities and countries (Kirkbride, Errazuriz, Croudace, Morgan, Jackson, McCrone, Murray, & Jones, 2012). The DSM-5 reported that the lifetime prevalence of schizophrenia appears to

be approximately 0.3% - 0.7% (American Psychiatric Association, 2013a). The life time prevalence of schizophrenia estimated by Gleeson (2014) is approximately 1-2% , while Perala, Suvisaari, Saarni, Kuoppasalmi, Isometsa, Pirkola, Partonen, Tuulio-Henriksson, Hintikka, Kieseppa, Harkanen, Koskinen, and Lonnqvist (2007) estimated 0.87%. A meta-analysis done by Kirkbride et al. (2012) in England suggested that the annual prevalence of schizophrenia is from 0.21% to 0.7%. Kirkbride et al. (2012) pointed out that there are variations in the different studies regarding such things as methodology, population coverage, ethnicity, etc., which caused the differences in results. They also concluded that the incidence of schizophrenia was relatively stable over time but attention should be paid to young adults because psychotic conditions arise more commonly in young people than in older people (Kirkbride et al., 2012).

Brown and Bagley (2014) supported addressing the occurrence of adolescent onset by pointing out that the onset of psychosis prior to age 13 is typically 1 per 40,000 while prior to age 18 it is typically 1 per 10,000, with the peak age of onset ranging from 15-30 years of age. In Hong Kong, Chen (2001) estimated that 700 young people aged between 15 and 25 will develop early psychosis each year. This phenomenon needs attention because psychosis in adolescence has widespread vulnerability effects on the functioning of adolescents and is often associated with behavioural problems, learning difficulties, substance abuse, social exclusion, etc (Boeing, Murray, Pelosi, McCabe, Blackwood, & Wrate, 2007).

2.2.11 Summary of Psychosis Literature

Although psychosis is not as common as other mental disorders such as depression or anxiety, it will affect the lifelong functioning of the persons who develop it if it is not treated properly because of its widespread vulnerability effects. Its peak onset age also falls within the adolescence to young adult age range where the person's biological (Gogtay, Vyas, Testa, Wood, & Pantelis, 2011), psychological and social aspects (Boeing et al., 2007) are undergoing changes and development.

In this part, the definition of the terms, schizophrenia, early psychosis, psychosis, and “si-jue shi-diao” have been discussed. Different perspectives in viewing psychosis have also been reviewed, including the genetics and neurobiological perspective, the cognitive perspective, the psychodynamic perspective, the phenomenological-existential perspective, and the interpersonal perspective. These perspectives do not seem to be totally contradictory, but supplementary in seeing psychosis. The main point in delineating these perspectives is to address the importance of understanding the complexity of schizophrenia holistically with the necessity of understanding the subjective experiences of the people with psychosis or schizophrenia. The prevalence of psychosis is also reported.

2.3 Definition of Adolescence

According to the ideas of developmental psychology, adolescence is the period of transition between childhood and adulthood (Upton, 2011; Sudbery, 2010).

During adolescence, intensive hormonal and physical changes, which are commonly referred to as puberty, indicate the start of this transitional stage. More than obvious physical maturation, it is also a period of significant social and emotional development, characterized by increasing independence from family, a clearer sense of self and greater emphasis on peer group relationships (Upton, 2011).

Different theories have tried to address the significance of the adolescence stage in the life span of a person. In his psychosexual theory, Freud mentioned the genital stage, which begins at 12 years of age and older, and which awakens sexual instincts as youths seek to establish mature sexual relationships and pursue the biological goal of reproduction (Sigelman & Rider, 2012).

In Erikson's psychosocial theory, adolescents from 12 to 20 years of age would ask who they are and must establish social and vocational identities, otherwise, they will remain confused about the roles they should play as adults (Sigelman & Rider, 2012).

Marcia further developed Erikson's concept of identity formation in adolescents. He has proposed that 4 types of identity status develop, namely, the identity achiever, moratorium, foreclosure and diffusion (Kroger, 2004). A number of longitudinal investigations during the years of adolescence have indicated clear patterns of progressive movement from foreclosure and diffusion positions to moratorium and achievement stances for those who change identity status positions

(e.g. Kroger, 1995; Wires, Barocas, & Hollenbeck, 1994; Marcia, 1976). The moratorium status has been found to be the least stable of the identity groups and it is a discomfort status, occurring when an individual is experiencing an identity crisis and his or her commitments have not yet been strongly defined. From these investigations, it appears that perceived conflict and/or stressful life events are some key elements in the identity exploration process.

These theories provide a fundamental understanding of the significance of the adolescence stage, in which there are critical developments in the physical body, a sense of self and identity, self esteem, peer relationships, cognitive skills, and moral development, etc. Therefore, it is meaningful for clinicians or researchers to look into the significance of adolescents' experiences which will influence the development of the adolescents.

Summarizing the definition of the adolescence stage, although there are discrepancies between different approaches, especially among the differences between boys and girls, the range can be estimated. On average, for girls, the growth spurt begins at the age of nine years, while for boys it is closer to 11 years of age; but for girls the peak occurs approximately at 11.5 years of age, while boys peak at approximately 13.5 years (Santrock, 2009). Girls end their growth spurt earlier at around 18 years of age while boys need another 2 years (Upton, 2011). Therefore, it will be safer to conclude that the adolescence stage for both girls and boys is from the age of 13 to 18 years of age and it will be quite inclusive for this study.

2.4 What Hurts in Being the Victim of School Bullying

After clarifying the relevant concepts such as school bullying, adolescents and early psychosis, it is now necessary to ask: “what is the relationship between these concepts”? Numerous studies have been done on exploring the association between school bullying and physical, psychological and/or mental disturbances. The results of those studies suggested that victimization experiences such as being rejected may precede heightened levels of social anxiety among adolescents (Vernberg, Abwender, Ewell, & Beery, 1992). Many victims might hide their feelings of sadness, helplessness, loneliness, and anger, etc. and endure their difficult situations for years, suffering from different levels of stress, etc. The adverse effects of hiding these negative feelings and stress may be pervasive and long term.

Many studies supported the idea that exposure to bullying in childhood and adolescence is harmful to the health, well-being and social competence of the victims (Fekkes, Pijpers, Fredriks, Vogels, & Verloove-Vanhorick, 2006; Kumpulainen & Räsänen, 2000; Olweus, 1993; etc.). Fekkes et al. (2006) conducted a prospective study and found out that many psychosomatic and psychosocial health problems followed an episode of bullying victimization. The research done by Kumpulainen and Räsänen (2000) even concluded that bullying experiences were connected not only to concurrent psychiatric symptoms but also to future psychiatric symptoms.

Due, Damsgaard, Lund, and Holstein (2009) have conducted a longitudinal study of young people from age 15 to 27 to investigate the association between exposure to bullying and symptoms of depression. They suggested that the effects of

bullying might have long-term implications for health, especially for children from less affluent backgrounds.

The findings of the research by Due et al. (2009) coincided with the prospective study by Bond, Carlin, Thomas, Rubin, and Patton (2001). Bond et al. (2001) suggested that a history of bullying victimization and poor social relationships predicted the onset of emotional problems in adolescents.

After reviewing the undesirable consequences of being the victims of school bullying, it will then be meaningful for us to understand in what way the victims of school bullying have been really hurt. Tehrani (2004) tried to propose three explanations of why victims of school bullying might associate re-experience and arousal symptoms more often than victims of other traumatic experiences. The first explanation suggests that bullying is a very personal attack, which is quite different from that of situational and impersonal ones, such as fires and accidents. The bullying trauma is personally motivated with a subjective distress. The second explanation is that bullying is a private event, so that the victims might try to hide their feelings and distress, especially in the presence of the perpetrators. The hidden negative emotions would easily become associated with the feelings of powerlessness, distress and helplessness. The third explanation concerns the persistency of the bullying event. It might continue for prolonged periods, so that the victims might develop a state of learnt hopelessness. Tehrani (2004) concluded that long term exposure to being bullied without any means of escape could lead to strong conditioned associations, and these would trigger the re-experiences of the traumatic events in the form of dreams and flashbacks.

Little research has been undertaken on the impact of prolonged bullying on the development of psychosis. More exploratory work needs to be done to identify the mechanisms that are involved, and especially on the severity of the bullying trauma on the victims.

2.5 Summary of the Literature Review

The key terms used in this thesis are properly reviewed and defined in this chapter. After the term school bullying had been defined and different perspectives had been articulated, a perspective based on the behaviourist and victims was adopted for use in the study. Different types of school bullying, the prevalence of school bullying in different countries as well as Hong Kong, and the consequences of school bullying are also presented.

In the second part, the definition of early psychosis and different areas of the literature relating to it have been delineated. The transition from DSM-IV-TR to DSM-5 has also been discussed. The prevalence of psychosis is also reported.

Chapter 3

Theoretical Perspectives on the Traumatic Impact of School Bullying

3.1 Traumatic Impact of Bullying

One may consider school bullying a developmental experience. However, subjectively speaking, some adolescents may experience it in a traumatic way, which causes physical, emotional and mental distress. Different research has shown that school bullying experiences are associated with poor health status and higher levels of different kinds of mental problems, such as depression, anxiety, and psychotic-like experiences, etc (Bond, Carlin, Thomas, Rubin, & Patton, 2001; Abada, Hou, & Ram, 2008; Campbell & Morrison, 2007). The literature has also suggested that traumatic responses may be aroused when an individual faced the experience of being bullied (Campbell & Morrison, 2007; Weaver, 2000).

As mentioned in the Diagnostic and Statistical Manual of Mental Disorders fifth edition (DSM-5), traumatic events include being a combatant or a civilian in war, threatened or actual physical assault (e.g. physical attack, robbery, mugging, childhood physical abuse), threatened or actual sexual violence (e.g. forced sexual penetration, alcohol/ drug-facilitated sexual penetration, abusive sexual contact, non contact sexual abuse, sexual trafficking), being kidnapped, being taken hostage, a terrorist attack, torture, incarceration as a prisoner of war, natural or human-made disasters, and severe motor vehicle accidents (American Psychiatric Association, 2013a, p.274). As recorded in the DSM-5, exposure to these events can be through direct experience, through witnessing them, through learning that the events occurred to a close family member or a close friend, and/ or experienced through

repeated or extreme exposure to aversive details of the events. In addition to the richer description of the traumatic events in the DSM-IV-TR, the person's response to the events should involve intense fear, helplessness, or horror (American Psychiatric Association, 2000).

As we see from the DSM description, a traumatic stressor seems to be mostly related to the sense of safety of oneself. However, how an individual perceives the event as traumatic and how the sense of safety is threatened are actually subjectively interpreted and needed further elaboration. Sar and Ozturk (2008) suggested that an adequate definition of trauma would require the inclusion of both the objective and subjective components of a traumatic experience. They asserted that trauma is not limited solely to the so-called traumatic situation. They proposed that what turns an experience traumatic is not only the interruption of information processing, but the activation of a maladaptive process. That is: trauma is a threatening experience which turns an adaptive process to a maladaptive one (Sar & Ozturk, 2008). They also asserted that the available responses to a traumatic situation might be rather limited. The first response is that a person may escape from the traumatic situation. The second one is that the subject may process the situation until it is resolved. The third possible response is that the person denies some aspects of the experience. Sar and Ozturk (2008) asserted that the last one results in the inadequate processing of the traumatic experience. Fischer and Riedesser (1999, cited in Sar & Ozturk, 2008) also suggested that trauma is the experience of a vital discrepancy between the threatening factors in a situation and individual coping abilities. They defined that a

traumatic situation is a condition where an adequate response is not possible despite the existential threat.

It is difficult to find literature which clearly asserts that bullying is a traumatic experience. However, due to the significant undesirable consequences of the event, it is reasonable and valuable to open a discussion on how traumatic bullying experiences are on adolescent victims, as some of them would develop some maladaptive coping mechanisms, which would lead to further different kinds of mental disorders.

Weaver (2000) has reported a case in England involving a 14-year-old girl, called J, who has developed a psychological disorder after repeatedly being bullied at school, without serious physical assault ever being involved. The main behaviour of the schoolmates involved was teasing and name calling. They repeatedly mocked her southern accent and her voice. The case was discussed in relation to current views on traumatic events and subsequent disorders. Weaver (2000) suggested that the diagnostic criteria for post-traumatic stress disorder might need to be modified to include cases where the precipitating event was less than catastrophic. In a summary of the report by Weaver (2000), J had the following symptoms:

Firstly, J reported low mood, anhedonia, and had some vague ideas of guilt, as well as periodic panic, initial insomnia and depersonalization. However, there were no ideas of hopelessness, worthlessness or sufficient biological symptoms to fulfil the criteria for a depressive disorder.

Secondly, J had auditory and visual hallucinations and she was acting as if she was being actively assaulted or persecuted. However, she had good insight into her experience and there were no other features to suggest a psychotic disorder.

Thirdly, the presenting problem of J was school refusal, and she was terrified of the school, but a diagnosis of “school phobia” could not explain the associated symptoms of J, such as flashbacks, nightmares, vivid daydreaming and the marked generalization of her fears.

Weaver (2000) argued that the symptoms of J have fulfilled the diagnostic criteria for a Post-Traumatic Stress Disorder (PTSD), except that J did not experience a catastrophic event because the bullying experience of J, teasing and name calling, would probably not be defined as being of sufficient magnitude to be ‘life-threatening’. However, Weaver (2000) reminded us that when considering the effects of traumatic events on children, a number of related issues are important, such as the developmental stage, their sociocultural context and the role of the parents or significant others as protective factors against stress. Although only one example from Weaver’s case report will not answer all the questions about bullying experiences as traumatic events, it is still necessary to further explore how the being bullied experiences traumatize adolescent victims.

As stated in the DSM-5, the following symptoms can be found in the persons who suffer from a post traumatic stress disorder (PTSD): quick temper, engages in aggressive behaviour with little or no provocation, engages in reckless or self destructive behaviour, heightened sensitivity to potential threats, very reactive to unexpected stimuli, displays a heightened startle response, or jumpiness, to loud noises or unexpected movements, concentration difficulties, and problems with sleep onset and maintenance associated with nightmares and safety concerns or with generalized elevated arousal that interferes with adequate sleep (American

Psychiatric Association, 2013a). Some individuals may experience persistent dissociative symptoms of detachment from their bodies or the world around them (American Psychiatric Association, 2013a, p. 275-276). Interestingly, these symptoms are found in the victims of school bullying, which is evidenced in several studies.

In a questionnaire survey of 723 secondary school aged students on the impact of being bullied, Sharp (1995) found that the most common negative reactions to bullying were irritability, an ongoing sense of panic, repeated memories of bullying incidents and impaired concentration. Sharp (1995) also found that on a cumulative scale which added up individual ratings of stress for each of nine types of bullying behaviour, the number of different types of bullying experienced correlated significantly with students' scores on the stress scale and with the number of negative reactions reported. It seems that the bullying victims suffered a certain amount of stress, which was similar to that of those who are suffering from PTSD, so that they have developed some similar symptoms in order to cope with the situation.

Moreover, the subjective re-experiencing of the trauma, for example in flashbacks, is one feature which is unique compared with other anxiety disorders (Jones & Barlow, 1992, cited in Weaver, 2000). It is meaningful to find that the bullying victims have repeated memories of bullying incidents, which is an experience comparable with having flashbacks. In addition to some of the symptoms found in the above mentioned case of J, which include depersonalization, auditory and visual hallucinations, nightmares, daydreaming, and poor concentration, etc.

(Weaver, 2000), it is found that the symptoms found in bullying victims were somehow similar to the state of psychological dissociation.

It is also interesting to discover from a study by Ross and Keyes (2004) that in a sample of 60 participants with a diagnosis of schizophrenia, those participants with higher levels of dissociative symptoms have more severe trauma histories, more comorbidity and higher scores for both positive and negative symptoms. Furthermore, it has also been demonstrated that, in adults with schizophrenia, emotional abuse during childhood is most strongly correlated with dissociation, followed by physical abuse, sexual abuse and physical neglect (Holowka, King, Saheb, Pukall, & Brunet, 2003). It seems that there is a strong relationship between dissociation and histories of trauma.

The following diagram (2) shows the possible relationship of bullying as a trauma, traumatic stress response, dissociation and early psychosis:

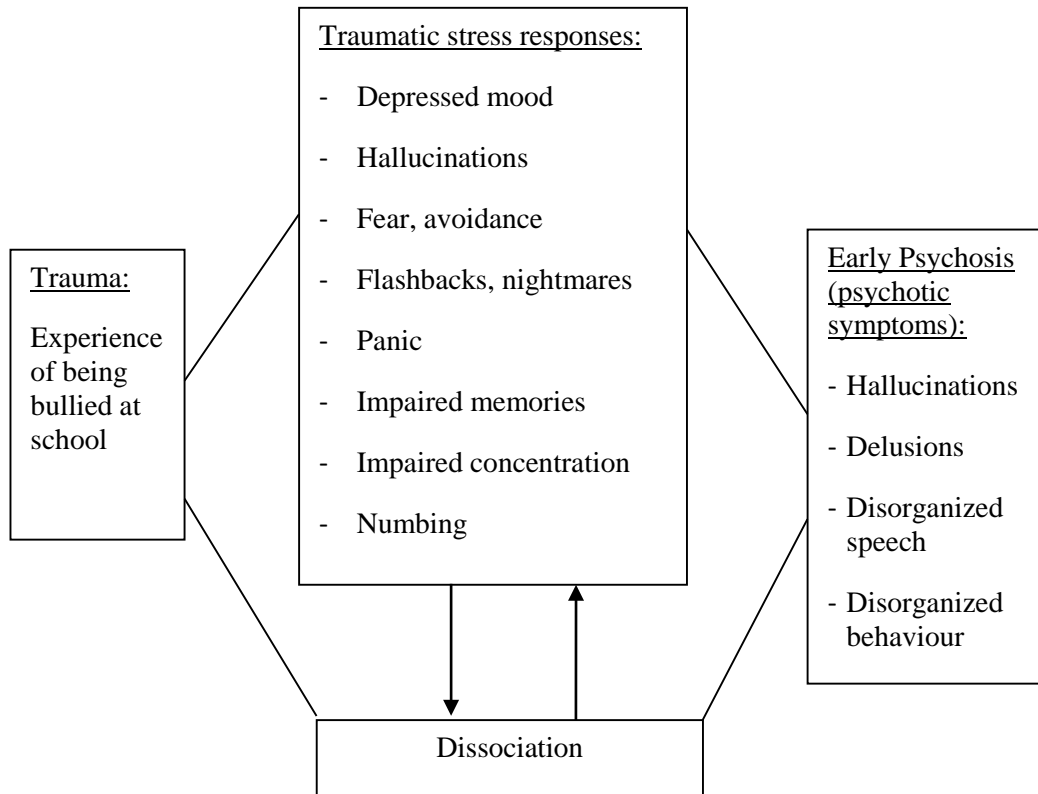


Diagram (2): The relationship between school bullying as a trauma, traumatic stress responses, dissociation and early psychosis.

There are different approaches to helping understand the traumatic impact on a person of an event and how the person is affected, such as the Neuroscience approach, the Cognitive approach, the Psychoanalytic approach, and the Interpersonal Psychiatry approach, etc. These are some of the common approaches which are nowadays used by most of the practitioners in the psychiatric field. Each approach will be discussed briefly in the following part.

3.2 The Neuroscience Approach

3.2.1 The Main Ideas Used to Help Understand Traumatic Impact

The study of any illnesses is naturally linked to its physiological aspect and medication for treating it. Some people may associate bizarre behaviour, thoughts or perceptions with things going on inside the head, or specifically speaking, the brain. Today, advanced technology has been developed that allows practitioners or researchers to have a glance at a vivid picture of a living brain as it is functioning, although people still know very little about it. A lot of scientists believe that some biological functions will affect a human's thoughts and emotions, and the Neuroscience perspective has been developed to understand the organic or physiological determinants of behaviour and cognition, as well as emotions. The study of the Neuroscience perspective is actually the study of the relationship between the physical and psychological aspects of the functioning of a person, the so-called mind-body problem (Alloy, Riskind, & Manos, 2005). It is also the oldest view of abnormal behaviour, and it is also continually being revised as science reveals more about both mind and body. It lays the groundwork by describing the kinds of biological mechanisms involved: the genes, the nervous system, and the endocrine system (Alloy et al., 2005).

The main purpose of the physiological or genetic studies is to discover the different genetic inheritances or the biochemical profiles which are believed to influence the onset of different disorders, rather than looking at the environmental influence. The genetic predispositions are the main interest of the researchers and there are three types of clinical genetic studies: family studies, twin studies and

adoption studies (Alloy et al., 2005). Aspects relating to neurotransmitters or hormone-like compounds are the main interests of the biochemical profile studies (Woolley & Shaw, 1954; Meltzer, 1989).

In addition, the Central Nervous System (CNS) can be claimed as the headquarters of the whole nervous system, consisting of the brain and spinal cord, and it is a vast electrochemical conducting network, which transmits information throughout the body (Alloy et al., 2005). Any damage to the CNS, no matter which of the different parts it is in, such as the neurons or an insufficient amount of neurotransmitters, will result in the malfunctioning of the person.

Another important system, the endocrine system, is responsible for hormone production. Hormones are chemical messengers that are released into the bloodstream by the endocrine glands and affect sexual functioning, appetite, sleep, physical growth and development, the availability of energy, and emotional responses (Alloy et al., 2005). The headquarters of the endocrine system is the hypothalamus, and below it is the pituitary gland which regulates the secretion of hormones by the other glands of the body, and hormones are involved in certain highly specific psychological disorders such as depression (Alloy et al., 2005).

Having a brief understanding of the basic framework of the Neuroscience perspective on the biological mechanisms, it is then necessary to see if this perspective can help explain the responses of a person when facing a trauma.

Genetic studies could only tell us about the likelihood of having mental disorders in certain families, or that there are more chances for having monozygotic rather than dizygotic twins. However, the transgenerational studies or epidemiologic

studies on twins could only suggest a genetic vulnerability involves a higher risk. It is believed that interaction with the environment still plays an important role. Moreover, the complexity of mental problems also makes it difficult to find specific genes or chromosomes that substantially contribute to the disorders (Broekman, Olf, & Boer, 2007).

Apart from genetic or biological influences, Van der Kolk (2006) pointed out that exposure to extreme stress will affect the brain function such that the traumatized individuals are vulnerable to react to sensory information with subcortically initiated responses that are irrelevant and harmful. Traumatic experiences or the traumatic sensory input will automatically stimulate hormonal secretions and influence the activation of the brain regions that support intense emotions, attention, memory, and will decrease activation in the CNS regions involved in (a) the integration of sensory input with motor output, (b) the modulation of physiological arousal, and (c) the capacity to communicate experience in words (Van der Kolk, 2006).

Van der Kolk (2006) pointed out that neuroimaging studies of human beings in highly emotional states reveal that intense emotions of fear, sadness, anger, and happiness cause increased activation of subcortical brain regions and significant reductions of blood flow in various areas in the frontal lobe. This justified the clinical observation that some people usually have difficulties properly organizing a behavioural response when they experience intense emotions, especially intense negative emotions. Moreover, Van der Kolk (2006) also suggested that traumatized people seem to lose their way in the world because they have problems with

sustaining attention and the working of their memory, which causes difficulty performing any task with focused concentration, and with being fully engaged in the present. As Van der Kolk (2006) elaborated, this is most likely the result of the dysfunctioning of the frontal-subcortical circuitry and deficits in corticothalamic integration. He further introduced the phenomenon “alexithymia” which describes the inability to identify the meaning of physical sensations and muscle activation when traumatized people are overwhelmed by intense emotions and losing their capability to use emotions as guides for effective action. They are unable to gauge and modulate their own internal states and collapse in the face of threat.

Trauma can be conceptualized as stemming from a failure of the natural physiological activation and hormonal secretions to organize an effective response to threat (Van der Kolk, 2006). The traumatized person will become immobilized rather than making a decision for fight or flight. All these responses are from the Autonomic Nervous System (ANS) and are controlled by the amygdala of the brain, which is the anatomical structure that is critical to the formation of conditioned fear memories. This neuroscience assertion is supported by a systematic review conducted by Hull (2002). Hull (2002) has reviewed the reports of 30 published neuroimaging studies on PTSD. He concluded that the evidence suggested that areas of the brain may be damaged by psychological trauma.

3.2.2 Critiques

Having some neuroscience background helps us understand the basic mechanism of the physiological aspects of the traumatic responses. It is reasonable

to believe that pharmacotherapy seems to be effective to address some of the neurochemical problems associated with the responses to trauma. For example, cortisone has been administered to patients immediately after experiencing acute trauma, and lower cortisol levels were subsequently found in them (Yehuda & LeDoux, 2007). Also, cortisol treatment demonstrated specificity for the prevention of recurring traumatic memories (Schelling, Roozendaal, Krauseneck, Schmoelz, de Quervain, & Briegel, 2006). The logic of the neuroscience approach seems to be simple and straight forward, and it is the strength of this approach. It is also believed that biochemical treatment is a direct method, and quicker and less expensive than psychotherapy. Moreover, attributing the consequences of a trauma experience to a biological perspective can relieve the associated stigma to a certain extent.

However, Alloy et al. (2005) reminded us that it cannot be assumed that, if a psychological problem or disorder is linked to biochemical abnormalities, and such abnormalities can be claimed to be the causes of the disorder. They challenged the idea that the biochemical abnormalities might be the result of the disorder, and suggested even both the biochemical abnormalities and the disorder might be due to another or even an unknown factor. For example, an intake of aspirin may relieve headaches but that does not mean that headaches are caused by a lack of aspirin so that a person needs to increase their aspirin level. Moreover, Alloy et al. (2005) reminded us that sometimes, sole biological treatments are not successful and may sometimes be dangerous too. It is commonly seen in our daily social work practice that we encounter some drug compliance clients who have mental illnesses; not all their psychiatric symptoms have been removed. Some of them have even

complained about having a lot of aversive side effects from the drugs instead. The psychiatrist Breggin (1994) wrote in his very first sentence that “most psychiatric drugs are far more dangerous to take than people realize” in his book “Toxic Psychiatry”.

Nowadays, it will be inadequate to take a one-cause claim on any psychological or mental problem. It is commonly believed that factors in the environment can alter the brain’s functioning and/or even its structure, such as, for example, nutrition, learning, sleeping, living experiences which include traumas, memories, emotions, etc. Therefore, Alloy et al. (2005) suggests integrating neuroscience with the psychological perspectives.

Moreover, Van der Kolk (2006) also concluded that traumatized individuals are prone to experience the present with physical sensations and emotions associated with the past, and these past experiences in turn inform how they react to events in the present. Knowing the past histories of the individual will definitely be a benefit to understanding the person’s responses.

In addition, Foy, Carroll, and Donahoe (1987) reviewed the empirical literature that deals with etiological factors in combat-related post-traumatic stress disorder. They found that the strongest and most consistent predictor was the severity of the combat-related exposure. They suggested that premorbid factors like a family history of psychopathology may play a contributory role only when the severity of the stressor is relatively low. As school bullying is believed to be a traumatic experience with low severity, it is therefore convincing to have more understanding of the other aspects besides the neuroscience approach.

3.3. The Cognitive Approach

3.3.1 The Main Ideas Used to Help Understand Traumatic Impact

The cognitive approach helps us understand the internal mental processes of individuals. It is the study of how people perceive, remember, think, interpret, and memorize, etc. Basically speaking, it is the study of the functioning of the brain. This approach explores the existence of the internal cognitive elements such as ideas, beliefs, desires, and intentions, etc. Aaron T. Beck, one of the most influential cognitive theorists, has pointed out that psychological disorders are often associated with specific patterns of faulty or distorted cognition (Beck, 1963). The cognitive distortions Beck has identified include magnification, which means seeing minor events as being far more important than they are; overgeneralization, which means drawing a broad conclusion from little evidence; and selective abstraction, which means paying attention to only certain kinds of evidence while ignoring other, equally relevant information (Alloy et al., 2005).

Cognitive distortions are a kind of cognitive response towards some stimuli. Stimulus and response are commonly said to come in a pair in human behaviour. Cognitive theorists suggest that in between the stimuli and responses, there is the processing of cognitive appraisal. During the cognitive appraisal process, the person will evaluate the stimulus in the light of his or her own memories, beliefs, and expectations before reacting (Alloy et al., 2005). Cognitive theorists study a lot about these cognitive appraisals and the processing of them.

To help explain the common responses to traumatic stimuli, Ehlers and Clark (2000) suggested a cognitive model of PTSD. They claimed that traumatic responses

would be activated when the individuals process the trauma in a way that leads to a sense of serious and current threat. The sense of threat arises as a consequence of: 1) excessively negative appraisals of the trauma and/or its sequelae; and 2) a disturbance of autobiographical memory characterized by poor elaboration and contextualization, strong associative memory and strong perceptual priming (Ehlers & Clark, 2000).

Ehlers and Clark (2000) suggested that there are several types of negative appraisals of the traumatic event which will produce a sense of threat. The first one is over-generalization. Some individuals may over-generalize the event and as a result, perceive a range of normal activities as more threatening than they actually are. They may exaggerate the probability of the catastrophic traumatic events which might happen on them. This type of negative appraisal will generate not only situational fear, but also avoidance of some situations which sustain the over-generalized fear. Another type of appraisal is the way a person feels or behaves during an event which can have threatening or extremely uneasy implications. For example, a woman who was raped had sexual arousal in the process, which should be a repulsive desire for her. A negative appraisal, such as her feeling of being dirty or unethical may occur.

Negative appraisals of the traumatic event will produce a sense of threat, which includes the interpretation of other people's reactions in the aftermath of the event. According to the cognitive model of Ehlers and Clark (2000), the negative appraisals will directly produce negative emotions, and particular appraisals will then lead to specific emotions. For example, appraisals concerning perceived danger

will lead to fear; appraisals concerning others violating personal rules and unfairness will lead to anger; appraisals concerning one's responsibility for the traumatic event or its outcome will lead to guilt; appraisals concerning one's violation of important internal standards will lead to shame; and appraisals concerning perceived loss will lead to sadness (Ehlers & Clark, 2000).

Moreover, besides leading to different negative emotions, negative appraisals will sometimes encourage the individuals to engage in dysfunctional coping strategies, including both cognitive and behavioural aspects. Some cognitive strategies include thought and memory suppression, selective information processing, dissociation and numbing, and attentional and memory biases, etc (Ehlers & Steil, 1995). In the behavioural aspect, individuals may further use some types of behaviour to control the traumatic responses, such as, going to bed very late in order to prevent nightmares. Some, however, may call these the symptoms. Ehlers and Steil (1995) also suggested that the behavioural processes could include avoidance of reminders of the traumas, not talking about the trauma, safety behaviour, and alcohol and drug (ab)use, etc. However, this will lead to the consequences of having poor concentration, becoming irritable and alienated (Ehlers & Clark, 2000). Paradoxically, these dysfunctional coping strategies will further enhance the traumatic responses, such as maintaining the intrusive memories, which in the long run, may lead to long term psychiatric disorder (Ehlers & Steil, 1995).

During the traumatic event, according to Ehlers and Clark's cognitive model (2000), the cognitive processing will have an influence on appraisals and memories. Mental defeat, as mentioned by Ehlers and Clark (2000), refers to the perceived loss

of all psychological autonomy, accompanied by the sense of not being human any longer. It will lead the victims to interpret the trauma in an exaggerated way as evidence for a negative view of themselves, and they will appraise themselves to be unable to cope with the situation and to be unworthy people. Moreover, this bad encoding process, which includes both the conceptual and data-driven process, will lead to confusion and overwhelming sensory impressions (Ehlers & Clark, 2000). This is because during the conceptual process, the victim is incapable of processing the meaning of the situation and cannot organize the event properly and put it into the appropriate context. Therefore, the victim can mainly engage in data-driven processing, that is the sensory impressions, in which the relatively strong perceptual priming has blurred the discrimination of different memory traces (Ehlers & Clark, 2000). Ehlers and Clark (2000) suggested this state to be dissociated during trauma, which explains the fragmentation of traumatic memories which resulted from the unorganized memories and the incapability of establishing a self-referential perspective when experiencing the trauma.

3.3.2 Critiques

The cognitive approach has a strong empirical and evidence basis. Each of the major theoretical approaches has been grounded in research from its inception (Halgin & Whitbourne, 2010). It also focuses on specific, measurable and operationalized variables. It also takes intangible processes into account, such as thoughts, emotions, ideas, intentions, and attributions, etc. Cognitive theorists have also developed a lot of protocols, manuals, models, concepts, skills and techniques

that are evidence based to help modify the distorted cognitions of individuals. One of the most famous cognitive theorists, Beck, and his colleagues, has developed a detailed manual for the administration of cognitive therapy for depression (Beck, Rush, Shaw, & Emery, 1979). Developing these kinds of manuals will contribute a lot to practice and education, as well as research work.

However, the cognitive theorists fail to provide an overall explanation of the personality structure and the differences between individuals who are facing similar traumas. The psychodynamic theorists will not deny the existence of cognitions and negative appraisals or schemas, but they would say that these are the products of early troubled family relationships and that it is those relationships, not their cognitive consequences, that are the true root of the problem (Alloy et al., 2005).

Another criticism is that trying to change one's cognitive appraisals sometimes may not offer the solution. For example, in some real life situations, such as an extremely stressful working situation, simply changing one's attribution or view of the situation may not be the intention of one's free will. Changing the policy, the environment or context, or simply the work arrangement may have already resolved the sufferings of the individual. For social work intervention, taking solely the cognitive approach will lead to the "blaming the victim" phenomenon, in which the intervention may itself, in reality, become one of the oppressive forces.

Cultural and contextual aspects are another area to be discussed. Different countries and different people, with different cultures, will have different definitions of "faulty cognitions" or "distorted cognitions". It is arbitrary to the argument over

who should define the view of the beliefs. Who has the power to judge the cognitions of the other beings?

Recent experiential theorists also criticized the idea that changing cognitive appraisals may be too dry to change one's thinking and they proposed that an experiential approach that involves intense feelings and emotions may often be necessary to change entrenched personal beliefs and schemas (Alloy et al., 2005) instead of finding the so-called "faulty cognitions" or "distorted cognitions".

3.4 The Psychoanalytic Approach

3.4.1 The Main Ideas Used to Help Understand Traumatic Impact

Freud is the key figure in psychoanalysis and his grand framework has remarkable explanatory power. Although the basic assumptions and propositions of the psychoanalytic perspective are open to endless debate, revision and refinement, they have offered a distinctive perspective on the understanding of the human nature and the intra-psychic mind. For easy reference, Fonagy and Target (2003) has summarized the core assumptions of the psychoanalytic perspective as follows (p.3-5):

- i) **Psychic determinism**, asserted that psychological rather than just biological causes alone contribute to cognitive, emotional and behavioural aspects of pathology, while psychological causation represents the past experience, the interpretation as well as the meaning of the individual.

- ii) **The pleasure-unpleasure principle**, convicted that human behaviour may be seen as a person's effort to minimize psychic pain and maximize psychic pleasure and to gain a sense of intra-psychic safety. The intra-psychic conflict is ubiquitous and inevitable, but will cause the unpleasure experience. Some adverse environments, situations or events, such as childhood trauma and abuse, would generate conflicts of overwhelming intensity and reduce the individual's capacity to resolve the conflicts mentally.
- iii) **The biological human nature**, drove its psychological adaptation. Instinctual gratification of the unconscious fantasies associated with wishes, such as food, sex and safety, will motivate and determine the person's behaviour, affect regulation and the ability to cope with the social environment, which also guides and organizes mental functions.
- iv) **A dynamic unconscious**, in which mental forces compete for expression and determine the ideas and feelings which could be reached the conscious level. An individual is predisposed to adjust unacceptable unconscious wishes into acceptable conscious thoughts through a series of developmental and hierarchical defense mechanisms, which work to avoid the intense stress or unpleasure. In other words, the hierarchy of defense mechanisms detected may reflect the degree of pathology if an individual has experienced severe disturbances.
- v) **The genetic-developmental proposition**, stated that all human behaviour should be understandable as sequences of actions or

cognitions developing out of earlier events or experiences. The experience of the self with others is internalized and leads to representational structures of interpersonal interactions, which constitute to the individual's internal world. This internalized mechanism implies that there are different personality types and it is linked to specific developmental stages. There is also a tacit assumption of an isomorphism between pathology and development and it also implies that a person's pathology could be understood through knowing the developmental history of the person.

The summary drawn up by Fonagy and Target (2003) helped grasp the general basic assumptions of the approach. Garland (2002a) further elaborated this approach to understanding trauma and she asserted that the impact of traumatic events upon the human mind can only be understood and treated through achieving with the patient a deep knowledge of the particular meaning of those events for that individual. Her assertion meant that one has to pay detailed attention to the childhood and developmental history of a person, even to the earliest relationships, which may crucially shape the person's mental structure and also have continuing and active influence in the internal world (Garland, 2002a). Therefore, the psychoanalytic approach would also investigate the object relations and the corresponding state of the internal world.

When a sufficiently extreme or threatening external event, possibly a traumatic one, impacts the mental organization of a person, the internal world of the self will

activate a defense against anxiety. Garland (2002b) gave an example of the defense against extremely intensive stimuli when she said that “repression is then called into play when the feelings provoked by an experience are felt to be too intense to be accommodated by a mind concerned with keeping the level of excitation or feeling within certain limits” (p.15). Garland (2002b) further elaborated a trauma as an event that “overwhelms existing defences against anxiety in a form which also provides confirmation of those deepest universal anxieties” (p.11). It means that the feelings of unpleasure or intensive anxiety which overwhelmed the mind actually came from an internal source, although the triggering event might be an external one.

Freud relocated anxiety firmly within the ego (Garland, 2002b), which is one part of the structural model of the self. A well functioning ego could distinguish between the anxiety which came from an actual threatening situation and that which came only from a frightening signal. Garland (2002b) pointed out that a traumatized ego could no longer have the capacity to distinguish between these two. Certain signals, such as sights, sounds, smells, situations, or even similar words which might be related to the traumatic event, would easily trigger the anxiety and the mental state. Taylor (2002) described that the sufferer or victim and his/her mental apparatus would be overwhelmed by the impressions derived, and the subjective experience was often a feeling that the mind had been invaded by some kind of stuff. The existence of this kind of unprocessed stuff within the mind may lead to repetitive dreams or flashbacks which are commonly detected in victims of trauma.

Bell (2002) supported the claim that psychoanalysis is particularly well situated to studying the relationship between external adverse or traumatic events and the internal world. He articulated the word ‘trauma’ to indicate a single event, or an accumulation of events, or the subjective experience of this event, or the reaction to it, or the sequelae of the event. Specifically, he further elaborated the term ‘traumatic situations’ to mean the breaking down of unmanageable anxiety or mental pain which leads to the disorganization of the ego. This is felt as annihilation, which is one of the five primary anxieties which Freud listed, and the other four are birth, castration, loss of a loved object, and loss of the object’s love (Garland, 2002b).

Traumatic events will break through the mind barrier or shield which originally served as a defense for the ego. According to Freud, every individual uses defense mechanisms on an ongoing basis to screen out potentially disturbing experiences (Halgin & Whitbourne, 2010). It is when these defense mechanisms are used in a rigid or extreme manner that Freud would consider them to be the source of a psychological disorder. Within the DSM-IV-TR, the Defensive Functioning Scale (DFS) has been developed as reliable and valid measure of the defense structure which serves as an important mediator between external stressors, internal conflicts and the behaviour that manifests in stressful situations (DeFife & Hilsenroth, 2005), and which serves as another axis for further study (American Psychiatric Association, 2000).

3.4.2 Critiques

The psychoanalysis approach deals with the unconscious mental processes which lie deep inside the human mind. It addresses directly what is felt inside the human mind to be the most disturbing and deeply rooted. It discloses how the trauma touches and disrupts the self and the core of one's identity, as well as the level of disturbance (Garland, 2002a). It is quite clear when using this approach to understanding a traumatized individual that the knowledge and memory of the events which they have suffered may need to become part of, and integrated into, the individual's conscious existence in order to help the individual to work through it (Garland, 2002a).

However, unlike the cognitive approach, the evidence basis of the psychoanalytic theory is relatively weak. The testability of the variables is queried. Most of the collected data is private, complex, abstract and difficult to operationalize or test (Fonagy & Target, 2003).

Many people would see the psychoanalytic perspective as having a gender bias. First of all, Freud focused on the masculine development of an individual in his psychosexual stages of development. At the same time, when talking about pathological development in psychoanalytic theories, the mother's role is typically pointed out to be the significant one rather than the father's role. One has to be aware of the gender issue when applying this approach to analyze the situation.

The psychoanalytic approach is also generally criticised for its ignorance of the wider cultural context, as it is rooted in Western culture. It is important to be aware of the difference between the individuated self which is represented mostly by

Western culture and the relational self which is commonly represented by non-Western cultures, such as Chinese culture. Some people will query the over-generalization of, for example, the parent-child relationship styles in different cultures. As commonly noted, Chinese culture places more emphasis on a patriarchal and authoritative parent child relationship than western culture does (Demo & Cox, 2000; Chao, 1994).

Some psychoanalytic models or theories are non-specific in their explanations of different forms of pathology (Fonagy & Target, 2003). For example, from the beginning of the psychodynamic style, Erikson developed his work on the psychosocial nature of identity from a developmental aspect while Blos portrayed adolescence as a secondary individuation process of identity formation (Kroger, 2004). Although these models emphasize the importance of forming the identity of an individual, a specific explanation of the development of mental illness in the case of a failure of identity formation is not clearly articulated.

3.5 The Interpersonal Approach

3.5.1 The Main Ideas Used to Help Understand Traumatic Impact

The interpersonal approach is basically a branch of psychoanalytic theory and it does not amount to a unified and integral theory by itself. It actually consists of several approaches held together by shared underlying assumptions of which all of them emphasize the importance of interpersonal relationships for psychological adjustment. The post-Freudian Interpersonal theorists include Harry Stack Sullivan (1892-1949), Clara Thompson (1893 - 1958) and Karen Horney (1885-1952). Some

descendants of Freud have placed greater stress on infancy, critical developmental influences, and the relationship between the mother (caregiver) and the infant. This stream of thought is that of object relations. Representatives include Melanie Klein (1882-1960), Margaret Mahler (1897-1985), Heinz Kohut (1913-1981) and John Bowlby (1907-1991). In the evolving theoretical orientation, a blending of the interpersonal approach and the object relations approach, some may call it the interpersonal-relational approach (Fonagy & Target, 2003).

In the interpersonal approach, the American psychiatrist, Harry Stack Sullivan, one of the first and key theorists, systematically developed an interpersonal approach to psychiatric disorders (Alloy et al., 2005). Sullivan (1953) believed that a person's psychological development is influenced by the surrounding social context and he considered the parent-child relationship crucial to the development of a child's well-being.

One of Sullivan's significant contributions is his illustration of the development of personality from infancy to late adolescence. On top of his developmental approach, Sullivan focused on people's universal need for social interaction. However, in the interpersonal interaction processes, especially the malignant ones, anxiety will be aroused. The anxiety will then threaten a person's sense of interpersonal security, which may cause a stir and badly affect the person. Moreover, potent social influences could turn a troubled individual into a social outcast (Evans III, 1996). These malevolent, sad and unsuccessful experiences may further precipitate a person turning into having mental illness. Sullivan (1953)

discussed a lot about the patterns of inadequate or inappropriate interpersonal relations which are ordinarily referred to as mental disorders, mild or severe.

In considering the processes of living, Sullivan (1953) posited that there is a human nature which is a force pulling people together, which is named the integrating tendency. An integrating tendency is the nature or natural force which makes in two or more people engage with each other. The goal is to gain human intimacy and fulfill the satisfaction of needs. This is linked to some kinds of survival-related events in which human beings become involved in interactions with other human beings. In other words, the satisfaction of the interpersonal need is the ceasing of an integrating tendency need. This is a natural process in human development.

All human needs throughout the different developmental stages are driven by the integrating tendencies and it can be discovered that interpersonal situations will become more and more complex throughout this process in which anxiety will possibly be stretched out. Complex interpersonal situations and processes both pleasant and unpleasant can happen, and will lead to either success or problems in future personality development. Sullivan (1956) distinguished three different integrating tendencies, unitary tendencies, congruent tendencies and conflicting integrating tendencies. The unitary one means integrating by single tendencies. Congruent tendencies means integrating by several tendencies which are congruent and can work in a unitary situation without peculiar things happening, and these tendencies would facilitate a pleasant, positive and successful learning situation. Sullivan (1956) did not stress a word to define conflicting tendencies but he noted

that “when there are conflicting integrating tendencies, on the other hand, many things happen which in essence make up pretty nearly the sum total of human misery” (Sullivan, 1956, p.7) because extreme anxiety will be aroused.

According to Sullivan (1953), in countering anxiety, various dynamisms will be activated. Dynamisms are the security operations of the self-system, which are set in motion to relieve the tension (Jacobson, 1955), and especially to maintain the felt interpersonal security. Dynamisms are defined by Sullivan (1953) as “*the relatively enduring pattern of energy transformations which recurrently characterize the organism in its duration as a living organism*” (p.103). Sullivan (1953) further elaborated that the dynamisms characterize the interpersonal relations, “*the functional interplay of persons and personifications, personal signs, personal abstractions, and personal attribution, which make up the distinctively human sort of being*” (p.103). In his conception of dynamisms, Sullivan stressed that human behaviour is a process full of dynamic, ever-unfolding flux and change within the interpersonal plot. Dynamisms will become organized into characteristic patterns of interpersonal transactions which are directed towards the satisfaction of needs and the avoidance of distress.

In addition, while facing traumatic events, the victims are commonly immersed in extremely unpleasant emotions. These emotions, using Sullivan’s term, the “uncanny emotions”, include awe, dread, loathing and horror (Sullivan, 1953). These uncanny emotions constitute “the tension of anxiety”. This attack of extreme anxiety has the power to paralyze everything. It makes the victim tend to avoid the painful situation and expect the experience to be a “never-to-be-repeated” one. The

painful experience of anxiety cannot be allowed to come into consciousness. In this situation, there are cognitive changes. The first one is the selective inattention, which is a kind of dynamism. The victim may ignore the traumatic situations by operating the selective inattention dynamism to shift the focal awareness. This is a way of being free from anxiety. However, “this control of focal awareness results in a combination of the fortunate and the unfortunate uses of selective inattention” (Sullivan, 1953, p.233). The fortunate use means that one can really ignore the things that do not matter. However, the unfortunate use of selective inattention means that one ignores the things which should matter. This creates further difficult situations in the living context, which may include inappropriate interpersonal interactions and hence induce anxiety again.

In such a situation with continuous intense anxiety, the not-me experience, which cannot be allowed to come to consciousness in any circumstances, will grow and the motivational system will disintegrate. The “not-me”, the term used by Sullivan (1953), is one of the “reflected appraisals” or personifications by which the individual discerned how he or she should respond in the interpersonal interaction. In the not-me organization of the self, dissociation may then develop to help the victim reduce the tension arising from the anxiety by totally excluding focal awareness. Evans III (1996) further elaborated that dissociation is the underlying process by which a person deals with needs that are met with severe anxiety. It consists of a complete inhibition of motivation toward satisfying certain needs with the total exclusion of any recognition of their existence to prevent the experience of uncanny emotions (Evans III, 1996, p.206).

In dissociation, the trick is that one shall carry on within awareness processes which make it practically impossible, while one is awake, to encounter uncanny emotion...It (Dissociation) works by a continuous alertness or vigilance of awareness, with certain supplementary processes which prevent one's ever discovering the usually quite clear evidences that part of one's living is done without any awareness.

(Sullivan, 1953: 317-318)

Automatisms are gross items of behaviour which Sullivan (1953, p.321) claimed to be the detectable ingredients of awareness in dissociation. Automatisms can range from very minor movements to extreme actions such as tics, or convulsions of certain muscle groups. However, the person in the dissociated state will feel completely blank about the occurrence and even the meanings of the traumatic events.

3.5.2 Critiques

The Interpersonal Approach treats human beings as one genus, with basic humanistic needs, and sees the common elements of humanity such as biological, psychological and social principles of living as being more significant than the differences. This perspective is a normalized, gracious and lenient lens for looking at human beings and it prevents the contention of “blaming the victims”. Sullivan’s perspective on human development also provides a window onto the shifts in traditional psychoanalytic thinking leading to a relational turn (Hirsch, 2004).

Moreover, one of the key innovations of the interpersonalists’ approach is their replacement of the classic model of the psychoanalyst as an objective observer with

intersubjectivity; in this way, fantasy gives way to pragmatics which emphasizes the descriptions of experience or of events (Fonagy & Target, 2003). In Sullivan's view, nobody can be understood apart from his/her relationships with others. In other words, the way one is with others defines who one is. The assertion also guides one to the importance of the quality of the interpersonal relationships which can lead to a different psychological status.

Research has also provided a lot of evidence for the relationship between interpersonal relationships and mental status, especially the adverse effect the unfavourable interpersonal environments can have on psychological well being (e.g. Ranta, Kaltiala-Heino, Pelkonen, & Marttunen, 2009; Deater-Deckard, 2001; Tiller, Sloane, Schmidt, Troop, Power, & Treasure, 1997; Vernberg, Abwender, Ewell, & Beery, 1992; Buhrmester, 1990).

These arguments suggest that the establishment of a warm, supportive and caring social environment will benefit the individual's development. Moreover, the normalizing effects of a supportive environment are intended to help the individual make a smoother and more effective transition to life outside the therapeutic community. The warm, caring and supportive approach that the interpersonal approach suggested for this purpose has served as a model for later therapies that place people with psychosis in a benign environment for treatment and intervention. This approach is very familiar to the social workers' belief and the intervention direction. One of the famous models which provide reference for the social work practice is the Person-in-environment view that the person and environment interact

with each other in relationships that have mutual influence (Kondrat, 2002). Both the practice model and the interpersonal perspective hold the same belief.

However, some people will comment on the approach saying that it failed to integrate with the emerging biological frames of reference. Also, if this is the guiding intervention framework, some medical clinicians will challenge it asking what the likelihood of success or the necessary clinical dosage of therapy will be, while the taxonomy of relationship problems guides the clinical judgment.

3.6 Summary of Understanding Traumatic Impact

Although there are quite a lot of differences between the several above mentioned theoretical approaches, they are not simply competing ways to understand traumatic responses and human behaviour. In some situations, the integration of these approaches provides complementary views. From a social work point of view, the interpersonal approach did provide a guide for both the intrapersonal and interpersonal intervention as the social work perspective recognizes that mental problems have a combination of both internal and external causes. It is a relatively multi-dimensional approach and it can try to integrate some quarreling perspectives. For example, Harry Stack Sullivan, who was strongly influenced by the American pragmatic philosophy of the Chicago school which included John Dewey and George Herbert Mead (Hirsch, 2004), is well known as a post-Freudian, a psychodynamic thinker, and the father of the interpersonal school of psychotherapy (Alloy et al., 2005). The interpersonal-relational approach is not a definitely finished product; rather, it continues to evolve within different theories,

such as the ego psychology, object relations, and attachment theory, etc., and these reciprocally influence each other.

Chapter 4

Conceptual Framework of the Study

4.1 The Use of Interpersonal Theory in Understanding Bullying Victims

Harry Stack Sullivan's concept of interpersonal psychiatry has been recognized as a landmark in the American psychoanalytic movement, and in particular, his influence on the development of object-relations theory (Yip, 2002). One of his significant contributions was his illustration of the development of personality from infancy to late adolescence. On top of his developmental approach, Sullivan focused on people's need for social interaction. However, in the processes of interaction with others, anxiety will be aroused, which will then threaten a person's sense of interpersonal security. Moreover, potent social influences could turn a troubled individual into a social outcast (Evans III, 1996). These sad and unsuccessful experiences may further precipitate the development of mental illness in such a person. Sullivan discussed a lot about the patterns of inadequate or inappropriate interpersonal relations which are ordinarily referred to as mental disorders, mild or severe (Sullivan, 1953).

Sullivan viewed anxiety a pervasive force throughout the development of personality in humans. Along with infancy, however, Sullivan stressed that adolescence is a critical period when anxiety becomes particularly prominent and impactful (Crastnopol, 1995). Sullivan (1953) also introduced the idea that anxiety aroused uncanny emotions which include awe, dread, horror and loathing, which burdened the vulnerability to anxiety in interpersonal relations. He stressed the significance of interpersonal relationships in the development process of a person.

He also wrote that the preadolescent, who can receive a significant beneficial effect from the maturation of the need for intimacy and from socialization, “can at this stage literally be put on the right road to a fairly adequate personality development” (p.251). If a person fails to do so, the person may suffer from a different degree of problems in a later stage of development. Research has also shown that early adolescents who fail to establish a reciprocated best friend relationship are more victimized than those who have a reciprocating best friend (Boulton, Trueman, Chau, Whitehand, & Amatya, 1999; Hodges, Boivin, Vitaro, & Bukowski, 1999; Ladd & Burgess, 1999).

Developing socialization and interpersonal interactions is commonly associated with two significant interpersonal fields that can be found in the preadolescence and adolescence stages. They are the family and school. There are numerous interpersonal interactions in these two fields. Sullivan stressed the importance of these two fields in the developmental process. There is also the reciprocity effect for personality development in these two fields. Sullivan (1953) further wrote that “it is the school society that rectifies or modifies in the juvenile era a great deal of the unfortunate direction of personality evolution conferred upon the young by their parents and others constituting the family group” (p.228). He pointed out that favourable interpersonal interactions in the school context are crucial for personality modifications.

In the school context, besides relations with the teachers, which represents adult authority, there are also relations between the peers. However, benign interactions are not always guaranteed. Even Sullivan (1953) has pointed out that

“there are in almost every school situation malevolent juveniles – bullies” (p.229), which contributes to the destructive exercise of authority. The experience of being bullied or victimized is not tributary to good self-esteem. In addition, when one has been put in a position of inferiority it may even lead to painful sufferings during mental or psychological development.

This argument is supported by different research. Rigby (1999) reviewed the related studies and summarized that a variety of different kinds of studies have provided support for the view that being victimized at school has significant health consequences. He concluded that it would seem very likely that a proportion of students, say around 1 in 10, would suffer some impaired mental or physical health, short or long term, as a result of bullying. Referring to the mental health problems, Campbell and Morrison (2007) had conducted research on 373 adolescents of 14 to 16 years of age, and found that bullying was significantly associated with a predisposition to psychotic experiences which include auditory hallucinations, delusions and psychological dissociation.

If seeing the phenomenon from another angle, one could try to find further evidence of a relationship between school bullying and mental or psychological suffering. Another category of research indicated that psychosis is strongly related to traumas (e.g. Kilcommons & Morrison, 2005; Morgan & Fisher, 2007; Read, Perry, Moskowitz, & Connolly, 2001). This research tried to retrospectively explore the traumatic experiences of the people who are currently suffering from psychosis. Although most of the research focused on the traumas of being the victims of child abuse, which included both physical and sexual abuse (e.g. Janssen, Krabbendam,

Bak, Hanssen, Vollebergh, de Graaf, & van Os, 2004; MacMillan, Fleming, Streiner, Lin, Boyle, Jamieson, Duku, Walsh, Wong, & Beardslee, 2001; Read, 1997), some studies also suggested that being a victim of school bullying, which may also be seen as a kind of trauma, is significantly related to mental disorders of children and adolescents (e.g. Campbell & Morrison, 2007; Lataster, van Os, Drukker, Henquet, Feron, Gunther, & Myin-Germeys, 2006; Seals, 2003).

From the statistics shown in the second British National Survey of Psychiatric Morbidity in 2004, a convincing point of view could be presented that people with psychosis have a marked excess of victimizing experiences, many of which occurred during childhood (Bebbington, Bhugra, Brugha, Singleton, Farrell, Jenkins, Lewis, & Meltzer, 2004). In this survey, Bebbington et al. (2004) presented the idea that victimizing experiences included sexual abuse, bullying, violence in the home, and being homeless, etc. In the group of people with psychotic disorders, the prevalence of having a bullying experience was 46.6%, while sexual abuse was 34.5%, and violence in the home was 38.1%. It showed that bullying seemed to contribute to having a vulnerability to mental disorders.

With the existence of such a lot of significant data, it should be convincing to argue that school bullying is significantly related to the vulnerability to mental disorders, and in Sullivan's interpersonal theory, it should be related to the difficulties in the development of personality and self-system. The mechanism of how it occurs or works will be explored, especially the possibility of the influence of school bullying on the development of the self-system of adolescent victims.

4.2 Some of the Major Concepts of Interpersonal Theory

4.2.1 A Developmental and Interpersonal-Relational Approach

One of the significant postulates of Sullivan's Interpersonal Theory of Psychiatry (1953) is his one-genus hypothesis, in which he stated that "everyone is much more simply human than otherwise" (p.32). From this orientation, Sullivan sees understanding the common elements of humanity, such as biological and psychological elements and social principles of living, as being more significant than the differences. In his 1953 volume, Sullivan emphasized this perspective on human development, and the book also provides a window onto the shifts from traditional psychoanalytic thinking toward a relational based psychoanalytic thinking (Hirsch, 2004).

Sullivan's theory brought a significant concept to the development of personality. He conceived that it is an on-going learning process. Moreover, he also articulated different stages of development in life which he called the developmental epochs, from infancy to late adulthood through childhood, adolescence and youth. In considering the processes of living, Sullivan (1953) posited that there is a human nature which is a force pulling people together, which he named the "integrating tendency". An integrating tendency is the nature or natural force in two or more people which makes them engage with each other. The goal is to gain human intimacy and fulfill the satisfaction of needs. It is related to some kind of survival-relevant events that human beings involve themselves in interactions with other human beings, particularly in the infant-mother interactions. The infant needs to

attach itself to its mother to fulfill some basic needs such as feeding. In other words, the satisfaction of the interpersonal need is the ceasing of an integrating tendency need. This is a natural process in human development.

Moreover, another significant assertion is that the nature of the interpersonal need changes with age (Sullivan, 1953; Fonagy & Target, 2003). The infant (1st year) has inherent biological and emotional needs which can be satisfied by the mother offering her nipple and tenderness. Later on, say approximately between the second to fourth year of age, the early need for bodily contact extends to a need for an audience for the child's actions, or a playmate. Then, around the age of 5 to 8, there is a need to learn to compete and compromise with others. There is also another significant need, that of a good same sex friend from then to puberty. Afterwards, in the adolescence stage, the person will begin to develop intimacy with the opposite sex. Sullivan (1953), claimed that all these needs throughout the different developmental stages, which can be easily found in any developmental psychology literature, are driven by the integrating tendencies, and it can be discovered that the interpersonal situations become more and more complex throughout the developmental process, in which anxiety will possibly be spread.

Complex interpersonal situations and processes can both be pleasant and unpleasant, and will lead to either success or problems in future personality development. Sullivan (1956) distinguished three different integrating tendencies, unitary, congruent and conflicting. Unitary tendencies refer to a single force which pulls people together. The congruent tendencies refer to several tendencies which are congruent and can work in a unitary situation which facilitates a pleasant, positive

and successful learning situation. However, “when there are conflicting integrating tendencies, on the other hand, many things happen which in essence make up pretty nearly the sum total of human misery” (Sullivan, 1956, p.7).

4.2.2 Anxiety

According to Sullivan (1953), conflicting integrating tendencies will always elicit anxiety. The earliest experience of anxiety is aroused when the infant has contact with its caregiver, who is usually referred as the mother, who feels tense herself. Besides being experienced during an infant’s attachment to its mother, anxiety will possibly be experienced throughout the development of the person in different interpersonal contexts.

Anxiety is one of the two tensions which Sullivan distinctly defined for a person that will definitely be experienced. The other tension is the tension of needs. Anxiety is a tension in opposition to the tension of needs and to the action appropriate to its relief (Sullivan, 1953). Sullivan explained that anxiety is not manageable by the individual as it is induced by another person. The promising way for a person to get rid of anxiety is to acquire interpersonal security. However, the individual’s capacity to gain interpersonal security is not guaranteed. Anxiety is a disintegrative tendency or even a destructive force in interpersonal relations. “Anxiety is almost always, but not quite always, an outstanding ingredient in breaking up interpersonal situations which otherwise would be useful in the satisfaction of the needs of the person concerned” (Sullivan, 1953, p.95). Besides the

possibility of failing in the interpersonal field, disintegration will further bring the person to reduce or even avoid interpersonal situations, so that the individual will become disconnected from social situations.

4.2.3 Dynamisms

In lessening the intensity of anxiety, the self-system has played a significant role. Sullivan defined the self-system “an organization of educative experience called into being by the necessity to avoid or to minimize incidents of anxiety” (Sullivan, 1953, p.165). The self-system sets security operations in motion to relieve the tension, and Sullivan named this the dynamism (Jacobson, 1955). In facing anxiety, the self-system, or as Sullivan also called it, the dynamism, is developed to maintain the felt interpersonal security. The dynamism is defined as “the relatively enduring pattern of energy transformations which recurrently characterize the organism in its duration as a living organism” (Sullivan, 1953, p.103). Sullivan then gave a definition of a pattern which he called “the envelope of insignificant particular differences” (p.104). Although Sullivan mentioned the dynamism as an enduring pattern, there is nothing static about it. Instead, there is growth or degeneration in dynamisms. However, Sullivan’s emphasis was not on the individual and the workings of internal psychic mechanisms, but on the individual in his or her interpersonal world and the dynamisms of energy transformation between persons (Evans III, 1996, p.57).

Sullivan believed that everyone tends to see the world through his or her very personal experience. As part of our personal world-view, in his concept of the self-system, Sullivan suggested that we form protective illusions to ward off uncertainty and inconsistency, to simplify the enormous complexity of the world, and especially to avoid social disapproval and disappointment (Evans III, 1996, p.58), which were the main sources of anxiety.

The person develops an instrumentality for detecting, avoiding, and not attending those occasions which might precipitate anxiety (Levenson, 1992). What Sullivan called the “self-system” is not the same as what the self-psychologists call the “self”. It is somehow like a “warning system” (Levenson, 1992), and through this mechanism, anxiety, which is elicited from interpersonal crisis, is avoided.

Besides the self-system, there are different dynamisms in the personality development process. In the early stages of development, the infant or the child will group all experiences with the caregiver and personify the caregiver as either a “good mother” (non-anxious) or a “bad mother” (with anxiety). At the same time, the child differentiates how the caregiver is responding to him or her. Sullivan (1953) termed this the “reflected appraisals”. It is assumed that self-experiences which are inconsistent with significant others’ appraisals are systemically excluded from the emerging sense of self (Fonagy & Target, 2003). Mechanisms used by the child to avoid anxiety in the significant other, and gain his or her approval and increase tenderness will be organized as the “good me” personification. If the actions generate anxiety, as well as the disapproval of the caregiver, these mechanisms of the self-system will be organized as the “bad me” personification.

The third organization in the self-system is called the “not me” personification or “dissociative system”. In this organization the actions produce intense or extreme anxiety in the caregiver and induce the child through attunement. As a result, this intense anxiety is not allowed to come into the consciousness of the child under any circumstances in order for the child to avoid unbearable anxiety. This final type of pattern of attachment and appraisal, in which the child responds with frightening or frightened gestures, will show up later as a psychological disturbance.

Sullivan has introduced two important dynamisms for countering anxiety in his 1953 volume, named selective inattention and dissociation. These two dynamisms have similarities but the distinction is in the degree of awareness of the person. In selective inattention, the person may turn away his/her eyes, but the self-system still knows and operates strategically to avoid anxiety. However, in dissociation, the unawareness is total. The person profoundly does not engage the issue and this state also coincides with the “not me” appraisal.

4.2.4 Dissociation

A century ago, in 1889, Pierre Janet was the first to systematically study dissociation as the crucial psychological process in which a person reacts to overwhelming experiences, and show that traumatic memories may be expressed as sensory perceptions, affect states, and behavioural re-enactments (Van der Kolk & Van der Hart, 1989). He was also the first one to highlight the “unconscious” defensive psychological functions served by dissociation in reducing anxiety and

psychic conflict (Janet, 1901, cited in Putnam, 1997). Janet provided a broad but unified framework to understand the psychological functioning of a person, especially the interrelationships among memory processes, dissociative reactions and posttraumatic psychopathology (Van der Kolk & Van der Hart, 1989).

Sullivan (1953) further elaborated the dissociative state and asserted that all things connected with dissociated systems are risky, and it is certainly the riskiest way of dealing with any of the significant motivations in life. The risky thing which is brought by prolonged dissociation is a very serious disturbance of the consciousness, and Sullivan (1953) stressed that these disastrous failures, commonly labelled as schizophrenia, are most likely to occur in the age group of 14 to 27. Sullivan (1956) determined that dissociation is “part of the equipment of the surviving human animal” and also “a dynamism which does not require disturbance of the contents of consciousness and which does not act as an impediment to the conduct of life in the areas where there is not dissociation” (p.168). It means that a person will be more efficient and nearer to happiness and contentment in the dissociated state than in the insecure traumatic reality.

The term dissociation has been defined on many occasions from many different perspectives. The descriptive DSM approach identifies the essential feature of dissociative disorders as “a disruption in the usually integrated functions of consciousness, memory, identity, or perception” (American Psychiatric Association, 2000, p.519). Using an information processing model, dissociation is defined as a psychophysiological process that alters a person’s thoughts, feelings, or actions, so that for a period of time certain information is not associated or integrated with other

information as it normally or logically would be (West, 1967). For hypnosis researchers, dissociation is defined as “a special form of consciousness such that events that would ordinarily be connected are divided from one another” (Hilgard, 1986, cited in Putnam, 1997).

Putnam (1993) suggested that dissociation is widely thought to be an adaptive coping mechanism that occurs in the face of severe trauma. His detailed description of dissociation can further help enrich the understanding of the dissociated state which is mentioned by Sullivan. Putnam proposed that by interfering with the normal storage, retrieval and integration of thoughts, feelings, sensations and memories, dissociation protects the individual from many aspects of the traumatic experience. He has summarized the protective functions provided by dissociation, which include: (a) automatization of certain behaviour; (b) resolution of irreconcilable conflicts; (c) escape from the constraints of reality; (d) isolation of catastrophic experiences; (e) cathartic discharge of certain feelings; (f) analgesia; and (g) alteration of the sense of self, so that a traumatic event is experienced as if “it is not really happening to me” (Putnam, 1993).

Moreover, Putnam (1997) has further grouped the defensive functions of dissociation into three overriding categories:

(i) automatization of behaviour;

In everyday life, the mind has the capability to divide its attention into two or more streams of consciousness which allows an individual to perform more than one mental task at a time while the attention is shifted and switched,

and this constitutes routine automatization. Automated behaviour may range from minor mental activities to complex behavioural tasks. Automatization may increase the efficiency of some procedural activities, such as repetitive assembling things, typing, doing an athletic activity, or playing a musical instrument, etc. These activities are found to be facilitated by the suspension of consciously directed performance.

Dissociative automatic behaviour can sometimes be life-saving. As Putnam (1997) asserted, this automatization occurs in order to protect the trauma victim from being fully aware of what is happening to him/her.

(ii) compartmentalization of information and affect;

This defensive function means areas of awareness and memory are separated from each other. This function permits the isolation of overwhelming affects and memories. Simply speaking, this compartmentalization provides an individual with a mechanism to store and recall emotionally loaded information separately from other information, in cases where intense psychological conflict might result if the two sets of information should become associated. According to Putnam (1997), compartmentalization may be alternatively conceptualized as a failure of the integration of experience and knowledge.

(iii) alteration of identity and estrangement from self.

As asserted by Putnam (1997), this is the core symptom of pathological dissociation. It includes dissociative amnesia, in which important personal information was to be “forgotten”; dissociative fugue, in which the person becomes confused about personal identity or even assumes a new identity; depersonalization, which is characterized by a persistent or recurrent feeling of being detached from one’s mental processes or body that is accompanied by intact reality testing (American Psychiatric Association, 2000, p.519).

Overall, it is found to be quite clear that a strong relation exists between traumatic events and dissociative phenomena. During times of trauma and stress, dissociation may serve as a means of psychological escape when physical escape is not possible (Steinberg, 1995). However, no published literature can be found that covers the development process of psychological dissociation in victims of prolonged bullying. It is the aim of this project to find out how the dissociative state relates to bullying victims in order to protect the person psychologically.

4.2.5 From the Juvenile to the Adolescence Era

Sullivan believed that the juvenile world introduced a vastly broader scope of socializing influences than those found in the childhood era (Evans III, 1996). In distinguishing the juvenile era, Sullivan says it is “the years between entrance in

school and the time when one actually finds a chum – the last landmark which ends the juvenile era, if it ever does end” (Sullivan, 1953, p.227). Sullivan also pointed out that the juvenile era is the actual time of becoming social and the time the need for compeers is manifested. This is also the first developmental stage in which the learning at home habit begins to be open to change. Sullivan’s statement pointed out that the juvenile begins to open up to the world of peer relationships. In this stage, behaviour or actions which are tolerated and accepted at home, especially by parents or significant caregivers, may now be unacceptable in the new authority of the school world, which includes new authority figures such as teachers and peers. This will then create an inner tension in the young person, and it motivates him/her to modify his/her existing interpersonal patterns, personifications and the self-system dynamisms as well.

Two important cognitive changes which reflect changes in the development of the self-system and personifications happen in the juvenile era. The first one is the development of selective inattention. This selective inattention can help the person ignore patterns which no longer matter and allow him/ her to be aware of the complex social world. However, the negative aspect of selective inattention will make the person ignore patterns which do matter, and because of anxiety, the person will be cut off from an urging to look after important needs. Too many unfulfilled needs will overload the sublimation mechanisms and it will lead to troublesome interpersonal relationships. The second cognitive change is in the supervisory patterns. This is the “illusory two-group patterns” in which the juvenile will anticipate or imagine the disapproval or rejection of peers and others. The juvenile

will then develop an internal dialogue in which he or she can control his or her behaviour in order to avoid the disapproval by “listening” to the criticisms of imagined others. The supervisory patterns are similar to negative self comments and judgments. Prolonged extreme uses of these patterns have implications for the development of psychological or mental problems.

Another relevant concept is ostracism (Sullivan, 1953, p.235). In juvenile peer groups, there are differences in developmental background, abilities, speed of maturation, health and so on. These differences may result in different associations between the juveniles and create different in-groups and out-groups in the juvenile world. Some juveniles are excluded from having very much association with some other juveniles that are in the in-groups. Those unfortunate out-group juveniles are called ostracized by Sullivan (1953). This experience of ostracism, according to Sullivan, is not tributary to good self-esteem and those unfortunate juveniles are put in an inferior position.

After the development of the juvenile era, there follow the epochs of the development of pre-adolescence and early adolescence, before entering the late adolescence era. During each of these stages, there are different significant developmental tasks to be fulfilled. After the development of peer relationships in the juvenile era, a more specific relationship with a particular member of the same sex who becomes a chum or a close friend (Evans III, 1996, p.114) has to be started and continued. This chum relationship is a more intensive one which includes a mutual understanding, acceptance, and a desire to satisfy each other's needs for social connection and security. The integrating tendencies are completely developed

after this stage which Sullivan called love, or the manifestation of the need for interpersonal intimacy (Sullivan, 1953, p.246). Failing to satisfy the need for intimacy, the person will pertain to the experience of loneliness and the actual experience of loneliness will only arise in preadolescence and afterward (Sullivan, 1953). Moreover, Sullivan noted that the experience of loneliness is more powerful than anxiety, in that people would search for companionship even though it caused considerable anxiety. Evans III (1996, p.117) referred to “loneliness as an organizing concern (that) began in the preadolescent period, but became a much more intense driving force in the next epoch of development, early adolescence”. Sullivan (1953) believed that loneliness is one of the most powerful unpleasant experiences in adolescence.

4.3 The Influence of School Bullying on the Development of the Self-System

Different studies have shown that school bullying experiences are associated with poor health status and higher levels of different kinds of mental problems, such as depression, anxiety, and psychotic-like experiences, etc (Abada, Hou, & Ram, 2008; Bond, Carlin, Thomas, Rubin, & Patton, 2001; Campbell & Morrison, 2007; Kapellerova, 2008). In referring to them as the earliest manifestations of mental disorders, mild or severe, if using Sullivan’s Interpersonal theory of Psychiatry (1953), one has to explore the patterns of inadequate and/or inappropriate interpersonal relations and the developmental events tributary to the “not-me” personification, as well as evidence of dissociation. In Sullivan’s theory, these two experiences, the not-me personification and the dissociation, are significant to the

development of mental problems. As a result, one has to know more about the interpersonal situations of the victims in the bullying process as well as the subjective experiences of the victims.

Rigby (2002) pointed out that victims of school bullying tend to be relatively weak, vulnerable to being attacked by others, introverted, physically weaker than non-victims, anxious, isolated and / or the objects of group prejudice. In the process of being bullied, the victims will typically feel upset, threatened, fearful, helpless, etc. There should be different reactions to being bullied for different victims. Some of them may fight back, act assertively or ignore the interactions. However, if the imbalance of power is very obvious and the victim's efforts at resistance are unsuccessful, some victims will call for help from others, which includes the authorities. Data from a large scale Australian study (Rigby, 2002) show that in youngsters over the age range from 8 to 17 years, approximately 86% of girls and 70% of boys reported that they have told somebody about the issue. The people being told included a friend, a parent, a teacher or a counselor. However, not all the reported cases show improvement in the victims' situations. Sometimes, it may even bring serious revenge from the bullies after the issue has been reported. In the same Australian study, generally around 10% of the respondents claimed that telling someone about the issue made matters worse. Some victims might try to escape from or avoid both the situation and the bullies. Rigby (2002) reported that in Australia, some 6% of boys and 9% of girls reported staying home to avoid being bullied. The most painful situation should be that the victims were helpless and the situation was also unavoidable.

In the process of bullying, the young victims tend to experience a strong sense of rejection, social isolation, feelings of loneliness, anxiousness, fear and lower self esteem (Beaty & Alexeyev, 2008; Olweus, 1993; O'Moore & Kirkham, 2001; Rigby, 1999). These can be categorized as the unpleasant emotions, which is similar to those in Sullivan's term "uncanny emotions". From this point of view, it can be found that the victim faces a situation with intense anxiety. According to Sullivan (1953), the tension of anxiety arises because the need for intimacy, which is driven by the integrating tendency, cannot be fulfilled. This unfulfilled need for intimacy is basically caused by the being bullied incident, which indicates a conflicting integrating tendency, and the emotions being aroused in the incident. The conflicting integrating tendency will elicit anxiety and create difficulties in personality development, which may further develop into mental problems.

Sullivan (1953) proposed that, starting from the juvenile era, there is a need for compeers, and then comes the need for intimacy in adolescents. However, by this time the bullying victims are getting frustrated and cannot release these tensions of need for intimacy due to the undesirable or destructive peer relationships. In other words, the tensions of need cannot be reduced. A strong sense of interpersonal insecurity then arises. "The anxiety associated with the frustration of this highly important interpersonal need was the experience of loneliness, which for Sullivan was one of the most powerful and underestimated of all human motivations and the experience of loneliness was responsible for a multitude of intricate security operations" (Evans III, 1996, p.142).

In order to maintain the sense of interpersonal security, the self-system will turn on the security operation. One of the possible security operations was the organization of the “not-me” personification. As Sullivan stated:

“The not-me is literally the organization of experience with significant people that has been subjected to such intense anxiety, and anxiety so suddenly precipitated, that it was impossible for the then relatively rudimentary person to make any sense of, to develop any true grasp on, the particular circumstances which dictated the experience of this intense anxiety.”

(Sullivan, 1953: 314)

In facing the bullying process, the victims are immersed in extremely unpleasant emotions. These emotions, using Sullivan’s term, the uncanny emotions, include awe, dread, loathing and horror. These uncanny emotions constitute the tension of anxiety. According to Sullivan (1953), this attack of extreme anxiety has the power to paralyze everything. It makes the victim tend to avoid the painful situation and expect the experience to be “never-to-be-repeated”.

Since some victims cannot avoid the real bullying situation and the extreme tension of anxiety, the only way to escape is by activating the “not-me” personification. The painful experience of anxiety cannot be allowed to come into consciousness. In this situation, there are cognitive changes in order to cope with the extreme situation. The first one of the cognitive changes is the selective inattention (Sullivan, 1953). The victim can ignore the bullying process, the bullies, and the situations by operating the selective inattention dynamism to shift the focal awareness. This is a relatively simple psychological way of being free from anxiety.

However, “this control of focal awareness results in a combination of the fortunate and the unfortunate uses of selective inattention” (Sullivan, 1953, p.233). The fortunate use means that one can really ignore the things that do not matter.

However, the unfortunate use of selective inattention means that one ignores the things which should matter. This creates further difficult situations within the living context, which may include inappropriate interpersonal interactions or reactions and will induce further anxiety.

In such a situation with continuous intensive anxiety, the not-me experience will grow and the motivational system will be disintegrated. Dissociation may then develop to help the victim reduce the tension of anxiety by total exclusion from focal awareness.

“In dissociation, the trick is that one shall carry on within awareness processes which make it practically impossible, while one is awake, to encounter uncanny emotion... It (Dissociation) works by a continuous alertness or vigilance of awareness, with certain supplementary processes which prevent one’s ever discovering the usually quite clear evidences that part of one’s living is done without any awareness.”

(Sullivan, 1953: 317-318)

Automatisms are the gross item of behaviour which Sullivan (1953, p.321) claimed were the detectable ingredients of awareness in dissociation. Automatisms can vary from very minor movements to extreme actions such as tics, or convulsions of certain muscle groups. However, the person in the dissociated state will feel completely blank about the occurrence and even the meaning of it. The data from

research which was conducted by Sharp (1995) may provide some related information for further consideration about the possibility of the operation of selective inattention and dissociation in bullying victims. In the study, 723 students were included, giving an age range of 13 to 16 years old. 35% of the students who have experienced bullying reported that they continued to feel panicky or nervous in school. 32% experienced recurring memories of the bullying incidents. The concentration of 29% of students was impaired and 22% actually felt physically ill. 31% tried to forget the experience and hoped it would not happen again. 29% were in a confused condition. 31% had memory problems, 20% had sleep difficulties, and 12 % showed social withdrawal symptoms.

From the above data, it can be seen that most of the effects of bullying on the adolescents are related to changes of consciousness, such as flashbacks, concentration and memory impairment, confusion, and sleep difficulties. Physical illnesses may also be considered as some kind of behavioural automatisms. These effects may have a strong relation to dissociation. Moreover, since dissociation is believed to be an important concept for difficulties in living and mental disorders, it is believed that these are the risk factors for the development of psychotic symptoms in victims of bullying.

Another risk factor for some of the victims of bullying is the feeling of ostracism, a feeling which Sullivan (1953) explained happens to the unfortunate out-grouped juvenile. In the process of bullying, being rejected and being put in the out-group are very common for the victims. In Sharp's study (1995), 12% of the victims showed social withdrawal. Social withdrawal leads to poorer peer relationships.

Poorer relationships with classmates increase loneliness (Kochenderfer & Ladd, 1996; Nansel, Overpeck, Pilla, Ruan, Simons-Morton, & Scheidt, 2001). Parkhurst and Asher (1992) pointed out in their research that the rejected students were significantly lonelier than popular students. This seems to be a vicious circle. The experience of loneliness, as noted by Sullivan (1953), was an unpleasant experience and even more powerful than anxiety, which will lead unsuccessful development, and the out-group experience is not tributary to good self-esteem and puts the victims in an inferior position.

Besides the bullies, the peripheral peers also contribute a lot to the process of ostracizing the victims. A study done by Rigby and Slee (1991) on Australian school children between the ages of 6 and 16 years (N=685) reported that there is a tendency to despise the victims of bullying. It means that a trend toward diminishing support for victims of bullying was observed in this study. Rigby and Slee (1991) raised the possibility that some children may find comfort in the belief that the world is just. They quoted Lerner's point that a sense of security may be derived from the belief that "bad things do not happen to good people", as long as "one is good, one is safe" (Rigby & Slee, 1991). However, the reality is that they were being bullied. As a result, the belief that bad things are not for good people is a way of further blaming the victim. This phenomenon makes the victims become withdrawn further and socially isolated. In another study, Rigby (2000) found that the victims (N=845), having low social support appear to be at most risk of having poor mental health and similarly supported arguments are shown in other studies (Bond et al., 2001; Essex, Kraemer, Armstrong, Boyce, Goldsmith, Klein, Woodward, & Kupfer, 2006) too.

As a summary, Sullivan's concepts are actually very useful in the conceptualization of how the self-system is being hurt in the being bullied process, how the initiation of the security operation such as the selective inattention and dissociation becomes the risk factor for early psychosis development in the adolescent bullying victims. Bullying therefore seems to be a triggering event for the development of different mental symptoms in adolescent victims. Other scholars and researchers also provide evidence to support the argument that the development of early psychosis symptoms stems from the pathway of traumatic events (e.g. van Nierop, Lataster, Smeets, Gunther, van Zelst, de Graaf, ten Have, van Dorsselaer, Bak, Myin-Germeys, Viechtbauer, van Os, & van Winkel, 2014; Arseneault, Cannon, Fisher, Polanczyk, Moffitt, & Caspi, 2011).

4.4 From Trauma to Early Psychosis

The above delineation of the significant concepts of Sullivan's Interpersonal Theory of Psychiatry, and the possible influence of school bullying on the development of the self-system, can result in the proposal that Sullivan's idea is able to help provide an understanding of the traumatic impact of the unsuccessful interpersonal interactions on the self-system. The bullying scenarios, which actually arouse the conflicting integrating tendency, will bring a traumatic experience to the individual. Different studies can also provide evidence of the consequences of trauma and its contribution to early psychosis.

Read (1997) suggested that psychosis may emerge as a reaction to trauma. Tracing this through other pieces of literature, Romme and Escher (1989) found that 70% of voice hearers developed their auditory hallucinations after a traumatic (emotional) event, and some of them may find it to be a part of coping, but some of them considered it aggressive, negative, and causing chaos and confusion in their minds.

Honig, Romme, Ensink, Escher, Pennings, and Devries (1998) conducted a study to compare the form and content of chronic auditory hallucinations in three cohorts of patients, namely patients with schizophrenia, patients with dissociative disorder, and non patient voice-hearers. They found out that the form of the hallucinatory experiences is similar in the three groups. However, the differences between groups are predominantly related to the content, emotional quality, and locus of control of the voices. This study also concluded that the onset of auditory hallucinations is preceded by either a traumatic event or an event that activated the memory of an earlier trauma.

Read and Argyle (1999) investigated the relationship between childhood abuse and the three positive symptoms of schizophrenia, namely hallucinations, delusions, and thought disorder. They found that 17 out of the 22 patients with an abuse history, in an acute psychiatric inpatient unit in New Zealand exhibited one or more of the three symptoms, and half of the symptoms for which content was recorded appeared to be related to the abuse. In another study, Read, Agar, Argyle, and Aderhold (2003) found, in a sample of 200 service users in a New Zealand

Community Mental Health Centre, that hallucinations were significantly related to sexual abuse and childhood physical abuse.

In Hong Kong, Yip et al. (2009) found that among 272 adolescents with early psychosis in a local adolescent mental health social service unit, 81 of them have a history being bullied. Among the 81 adolescents, 57% developed hallucinations and all of them have developed delusions. The contents of the hallucinations and delusions are highly related to the bullying experiences.

A lot of evidence from different studies also supported the idea that a history of trauma, for example, sexual and physical abuse, in people with serious mental illness is related to more severe symptoms such as hallucinations and delusions, depression, suicidality, anxiety, hostility, interpersonal sensitivity, somatization, and dissociation (e.g. Bak, Krabbendam, Janssen, de Graaf, Vollebergh, & van Os, 2005; Briere, Woo, Mcrae, Foltz, & Sitzman, 1997; Janssen et al., 2004; MacMillan et al., 2001; Sansonnet-Hayden, Haley, Marriage, & Fine, 1987; Ross, Anderson, & Clark, 1994). Trauma and the presence of PTSD symptoms also appear to be associated with the presence of more severe and chronic psychotic symptoms (specifically hallucinations) and potentially worse outcomes in a variety of domains including depression, negative symptoms, social outcomes, and comorbid drug abuse (Mueser, Rosenberg, Goodman, & Trumbetta, 2002).

Although the related studies cannot determine whether the relationship between traumatic responses and early psychosis is causal, it did indicate a significant linkage. The traumatic stress responses such as flashbacks, avoidance, and numbing strategies such as the suppression of memories and dissociation,

attempt to regulate the affects which are triggered in the process. Nevertheless, these responses are also common in psychotic symptoms. Ellason and Ross (1997) even found out in their study that positive psychotic symptoms are actually very common in dissociative identity disorder, and suggested that trauma-driven psychotic symptoms may occur in conjunction with other symptoms clusters including dissociation, anxiety, and substance abuse symptoms, etc. It implies that the stress responses are actually shared in early psychosis symptoms and sometimes, they may not be very clearly distinguished from each other.

Allen, Coyne, and Console (1997) suggested that trauma-induced dissociative symptoms may place the individual at risk of having a psychotic experience. They proposed that dissociative detachment undermines the individual's grounding in the outer world, thereby hampering reality-testing and rendering post-traumatic symptoms in the individual. They further asserted that severe dissociative detachment will leave the individuals vulnerable to psychosis because internal anchors, that is, the sense of being connected to one's body, a sense of self or identity and one's own actions do not appear to exist (Allen et al., 1997). This may not only impair reality testing but also result in severe confusion, disorganization and disorientation.

In another study by Allen and Coyne (1995), they found that although the individuals initially may have used dissociation to cope with traumatic events, they subsequently dissociate to defend against a broad range of daily stressors, pervasively undermining the continuity of their experience. In such a context, according to Allen and Coyne (1995), they will narrow their consciousness and give

up the flexible consciousness of the outer world, and they may become immersed in a terrifying inner world. This experience is commonly understood to precipitate psychosis development.

The above elaboration of different studies has provided solid support for the argument that bullying may be a traumatic event for the victims and it might further trigger the development of psychotic symptoms. Furthermore, Sullivan's ideas can also facilitate the understanding of the possible impact of this unfortunate event on such developments.

4.5 The Evolution of the Interpersonal Theory and its Significance

Another important point to be addressed is that Sullivan's Interpersonal Theory of Psychiatry has been developed over more than 60 years. It is necessary to understand the evolution of the theory, its significance and why it is still worthy of being read and applied nowadays. Sullivan's theory and ideas were mainly developed over the years from the 1920s to the 1940s, mostly being passed along by oral tradition, with some published work (e.g. Sullivan, 1924, 1928, 1937, 1941). Harry Stack Sullivan (1892 – 1949) has been called the “most original figure in American psychiatry” (Evans III, 1996). His influence should be recognized in every aspect of the behavioural sciences, and his focus on the interpersonal elements in all human behaviour is notably burgeoning with different late coming theories, especially those theories using the essential elements of communication and transaction, such as Gestalt, Rational Cognitive, and communication theories and behaviour modification approaches (Salzman, 1980). In addition, Evans III (1996)

also pointed out the contemporary relevance of Sullivan's contributions to child and adolescent personality development theory, on top of his controversial ideas on the origins of mental disorders and insightful views on interpersonal psychotherapy.

In 1943, Harry Stack Sullivan, Clara Thompson, Erich Fromm, Frieda Fromm-Reichmann, and other scholars founded the William Alanson White Institute in the United States as a revolutionary alternative to mainstream Freudian psychoanalysis, being best known in the profession for the "interpersonal" point of view and its pioneering contributions to the treatment of profoundly disturbed patients (Kwawer, 2015). With the legacy left by Sullivan and his colleagues, the institute actively continues to provide clinical services to patients with mental problems and professional training for clinicians. In addition, the institute makes paramount efforts to advance academic work which is evidenced in its distinguished journal "Contemporary Psychoanalysis". The journal is an international quarterly publication, with its 47th year of uninterrupted print.

In the meantime, Sullivan's contributions are wildly accepted and recognized in different practical or conceptual usages among different institutions and papers, especially in the area of child psychiatry. A typical paradigm is the Redbank House, which is a children's mental health centre in Westmead Hospital in Sydney, New South Wales. Redbank House includes a community outreach programme, and outpatient, day-patient and in-patient services, with the theoretical application of an integration of systemic family therapy theory and Sullivanian interpersonal theory (Siegel, 1987). In 1992, a conference was held by the Washington School of Psychiatry which attempted to establish Sullivan's place in modern psychoanalytic

theory and psychology. In 1996, Evans III published a book “Harry Stack Sullivan: Interpersonal theory and psychotherapy” as a response to the request from Dr. Kvarnes, the Director of the Washington School of Psychiatry at that time, for an introductory book of manageable size summarizing and translating Sullivan’s ideas. At the same time, Dr. Kvarnes was offering an Advanced Psychotherapy training programme there.

Besides these, different scholars have also published different work incorporating Sullivan’s ideas during these past decades (e.g. Mullahy, 1945; Jacobson, 1955; Green, 1962; Artiss, 1971; Rioch, 1985; Fiscalini, 1994; Levenson, 2006; Bromberg, 2014). Therefore, although Sullivan’s theory was developed several decades ago, it is still worthwhile to study it due to its being widely used in the field of psychiatry and its remarkable impact on child and adolescent psychiatry.

4.6 Application of the Interpersonal Theory to Chinese Contexts

Sullivan’s Interpersonal Theory of Psychiatry (1953) emphasizes the one genus postulate which assumes that “*everyone is much more simply human than otherwise, and that anomalous interpersonal situations, insofar as they do not arise from differences in language or custom, are a function of differences in relative maturity of the persons concerned*” (p.32). What Sullivan has pointed out in this statement is his assumption that there are common elements of humanity, which include the biological and psychological, as well as the social aspects of living.

These elements seemed to be universal and could be applied to people in different contexts.

Another significant assertion of Sullivan's theory is the three principles which formed his cardinal values or the philosophy of his theory. These principles are the principle of communal existence, the principle of functional activity, and the principle of organization (Sullivan, 1953, p.31). The principle of communal existence implies that the person's living cannot be separated from the necessary environment. The principle of functional activity, according to Sullivan, is the most general term for the processes which make up living. These processes included the interactions between component parts of an organism and its environments, and constituted what is termed functional or physiological activity, while the principle of organization is the property or the structure of the organism itself with static or variability in the individual and in the race (Sullivan, 1953, p.32).

Based on the above universal elements mentioned by Sullivan, the principle of communal existence might need to be further discussed in order to bring out the uniqueness of different cultures. People with different cultural backgrounds might develop a different pattern of communal existence. Under the principle of communal existence, Sullivan (1953) posited that the integrating tendency, being a natural force, will pull people together in order to gain intimacy and satisfy needs.

The philosophy of Sullivan's theory, to a certain extent, matches traditional Chinese culture in which people value harmony, an idea that originated in traditional Confucianism (Wei & Li, 2013). Harmony is the essence of the Confucian theories

of social interaction (Chen, 2002). In Chinese society, harmony leads to the characteristics that give rise to the complexity of Chinese social interaction (Wei & Li, 2013). Harmony is called “*he*” (和) in Confucianism, and it presupposes the existence of different things and implies a favourable relationship among them (Wei & Li, 2013). Wei & Li (2013) stressed that in order to achieve a major goal in social affairs, one would need all three of the following criteria, which include good timing, being advantageously situated, and having harmonious people. Among the three, the most precious thing is to have people who work in harmony with one another (Wei & Li, 2013). The purpose of human communication is then to develop and keep a harmonious relationship in a continuously transforming process of mutual dependency among the interactants (Chen & Starosta, 1997). These assertions echo the postulations of Sullivan regarding communal existence and the integrating tendency.

Another important assertion of Sullivan is his focus on anxiety, which he claims is elicited by conflicting integrating tendencies. Anxiety will disconnect a person from social situations, which may lead to different mental problems. In the traditional Chinese concept, mental health relates to happiness, harmony, internal sense of security and being relaxed (Yip, 2005). Happiness, for the Chinese, was conceptualized as a harmonious homeostasis within the individual as well as between the individual and his/her surroundings (Lu, 2010). Lu (2010) pointed out that the Chinese concept of homeostasis is firmly rooted in the ancient yin-yang philosophy which stresses a homeostasis in the human mind and body, and in the individual and his/her social, spiritual and natural environment. This assertion

echoes the main philosophy of Sullivan's theory, which also stresses the intra-personal and the interpersonal dimension of a person. In sum, the philosophy of Sullivan's Interpersonal theory matches the harmony and interpersonal value of Chinese culture, and it is believed to be applicable in Chinese contexts.

4.7 Limitations of Existing Studies

While searching through the data base, one can find numerous studies or research on the topics of school bullying and any kind of mental disorders or psychological problems, etc. However, despite the ample number of studies, they were all found to be limited in two aspects; the conceptual limitation and the methodological limitation.

4.7.1 The Conceptual Limitations

i) Lack of a deep understanding of the subjective traumatic experiences of school bullying victims

One can rarely find any research done that attempts a deep understanding of the subjective experience of bullying victims. Although Weaver (2000) has provided a detailed case report on a girl with school bullying experiences, the focus of Weaver's argument was on a discussion of whether or not PTSD can be categorized without having the presence of a catastrophic stressor. A piece of qualitative research conducted by Athanasiades and Deliyanni-Kouimtzis (2010) has investigated the experiences of bullying victims among secondary school students in Greece.

However, they focused on the meanings (definitions) of bullying from the participants' angle, the bullying interactions and the participants' communication with parents and teachers (Athanasiaides & Deliyanni-Kouimtzi, 2010).

The study by Elledge, Cavell, Ogle, Malcolm, Newgent, and Faith (2010) seems to touch on the responses of the child victims, but they focused on the interpersonal strategies, such as fighting back, telling them to stop, etc.

For the other related pieces of research, the foci are on the consequences of being the victims of school bullying (e.g. Cheng, Newman, Qu, Mbulo, Chai, Chen, & Shell, 2010; Esbensen & Carson, 2009; Due, Holstein, Lynch, Diderichsen, Gabhain, Scheidt, Currie, & the Health Behaviour in School-Aged Children Bullying Working Group, 2005). All the studies did not address the subjective experiences of those bullying victims who have later developed early psychosis.

ii) Lack of an indigenous study of the traumatic responses of the victims of school bullying

Although some research can be found that explores the traumatic impacts of the school bullying experiences on the victims (e.g. Vaughn, Fu, Bender, DeLisi, Beaver, Perron, & Howard, 2010; Esbensen & Carson, 2009; Abada, Hou, & Ram, 2008; Flannery, Wester, & Singer, 2004), all of these are studies conducted in western countries. One study by Cheng et al. (2010) was conducted among the middle school students in cities of mainland China

such as Beijing, Hangzhou, Wuhan, and Urumqi, but the focus is on the prevalence of bullying and the psychosocial adjustment consequences. Some school violence studies are focused on Taiwanese students (Chen & Wei, 2013; Chen & Astor, 2012). Local Hong Kong research has focused only on the prevalence of school bullying and its strategies (Wong, 2002, 2004 & 2005; Wong & Lo, 2002), while other research is on the aggression behaviour and intervention strategies (Fung, Gerstein, Chan, & Engebretson, 2015; Fung, 2008; Fung & Tsang, 2007).

iii) Lack of the developmental aspects of the adolescent victims

It is difficult to find any explorative study focusing on the developmental aspects of the adolescent victims of school bullying. Most of the studies focus on the prevalence, the consequences, and the correlations, etc. However, as adolescence is the critical stage for the development of self identity, it is meaningful to look into this issue and address this characteristic.

4.7.2 The Methodological Limitations

i) Lack of qualitative studies

A literature search found that most of the existing studies on bullying and mental or psychological problems are quantitative in nature. Although a small number of studies on school bullying have adopted qualitative methodologies, the foci are on the definitions of bullying, the context and the social interactions among the students (e.g. Athanasiades & Deliyanni-

Kouimtzis, 2010; Mishna, 2004), the quality of life of the child victims and the kind of help they need (Kvarme, Helseth, Sæteren, & Natvig, 2010).

ii) Lack of indigenous studies of the traumatic responses of the adolescent victims

Although a small number of qualitative studies related to bullying and the consequences or the coping strategies can be found, these studies use data from different cultural backgrounds. Moreover, the results cannot be generalized.

4.8 Summary

This part tries to introduce the major ideas of the Interpersonal Theory of Psychiatry by Sullivan and its possible explanation of the influence of school bullying on the self-system. Another part of this chapter also explains the linkages between school bullying experiences, trauma and early psychosis. Sullivan's ideas are applied to understand the possible linkages, and literature and studies can also be found to support the possible linkages. Moreover, the evolution of Sullivan's interpersonal theory is discussed to bring out the worth of using it as conceptual framework for this research.

However, the discussion and the proposed understanding of the traumatic impact gained by using Sullivan's Interpersonal theory is only a theoretical hypothesis. In the real situation, in the inner world of the victims of school bullying,

the question remains: how did they actually cope with the situation? If they experienced it in a traumatic way, how did the bullying event contribute to its traumatic features? How did the dissociative process develop? How did the conscious states of the victims of bullying alter? How did they nurture the psychotic symptoms such as hallucinations and delusions? What were the uses of these psychotic symptoms to the victims? These questions are explored in this study and Sullivan's Interpersonal Theory is the conceptual framework used to facilitate the understanding of the stories collected in this study.

Chapter 5

Research Methodology

5.1 Research Objectives and Research Questions

This study attempts to explore the subjective traumatic experiences of adolescent school bullying victims who have later developed early psychosis. In order to achieve this goal, three objectives have been developed to guide the study:

- (i) To explore the school bullying experiences of the adolescent victims in Hong Kong who have later developed psychotic symptoms;
- (ii) To explore how the adolescent school bullying victims coped with the situation;
- (iii) To investigate how the psychotic symptoms developed.

In order to achieve the above research objectives, adolescent school bullying victims with psychosis have been invited to participate in this study and in-depth interviews have been conducted to listen to their subjective experiences. Their experiences were collected under the guidance of the following research questions:

- (i) What are the subjective experiences of school bullying of the adolescent victims?
- (ii) How did they cope with the situation at that period of time?
- (iii) In what ways did such school bullying experiences become a trauma for the victims?

- (iv) How do these traumatic school bullying experiences contribute to the development of the symptoms of early psychosis?
- (v) How do these traumatic school bullying experiences and symptoms of early psychosis affect the social functioning and daily life of the victims?

5.2 Qualitative Approach

This research project is a study of the traumatic impacts of being the victims of school bullying on the development of psychosis in adolescents in Hong Kong. It aimed to learn about the experiences of the adolescent victims of school bullying who have later developed psychosis. In this case, rich personal experiences were collected in the research process. Therefore, qualitative research is the suggested method for this type of study because it is considered to be an appropriate approach when knowledge is sought concerning complex, little-understood personal, interpersonal and social processes (Ridgway, 2001).

Qualitative research is a form of social inquiry that focuses on the way people make sense of their experiences and the world in which they live, and its basis lies in the interpretive approach to social reality and in the description of the lived experiences of human beings (Holloway & Wheeler, 2010). The research objectives and research questions of this study addressed the complexity of a phenomenon and aimed at exploring the rich contents of the experiences of adolescents with psychosis who had also been bullied at school. As Patton (2002) stated, the qualitative data is expected to yield a detailed and thick description of the experiences of the studied group. It is also expected that the qualitative data could then provide rich

information on the phenomenon in question. It is not difficult to find out that a qualitative research method can deal with the ‘what’ and ‘how’ questions in a study, in which rich data should be required, but would be difficult to obtain from quantitative research.

Within the pretty wide umbrella of qualitative research, a number of different approaches exist. Many of these approaches share the same aim, which is to understand, describe and interpret social phenomena as perceived by individuals, groups and cultures. At a general level, qualitative research is often described as a humanistic and interpretive approach to the study of human group life (Denzin & Lincoln, 2008), while Flick (2009) even addressed it as an exploration of phenomena from the interior. In this study, the method of narrative inquiry is adopted.

5.3 Narrative Inquiry

Narratives should not be strange or unfamiliar to human service practitioners such as social workers, clinical psychologists, nurses, etc. The definition of a narrative is broad and diverse. It may include such things as tales, history, drama, biography, autobiography, diaries, and documents, etc (Riessman, 2008). To make it more practical in the human sciences, Riessman (2008) tried to refer to narratives as *“texts at several levels that overlap: stories told by research participants, interpretive accounts developed by an investigator based on interviews and fieldwork observation, and even the narrative a reader constructs after engaging with the participant’s and investigator’s narratives”* (p.6). The word “story” is commonly used interchangeably with the word “narrative”. It is the essence of the

narratives or stories which has helped the practitioners understand the needs of their clients before any help could be offered. Narratives contain a lot of embedded information, which might include the incidents, events, things, feelings, cognitions, relationships, and memories of the clients, as well as the meanings the clients may have given to them. Being a clinician as well as an academic, Polkinghorne (1988) shared that there was always an unresolved personal conflict between his clinical work and his research work. He always found that a lot of the findings of academic research could not provide him with much help in his practice of psychotherapy. Based on the assumption that the practitioners have developed a practical way of understanding their clients, Polkinghorne (1988) found out that the knowledge they used was basically narrative knowledge. The practitioners were concerned with their clients' stories, worked with case histories, and used narrative explanations to understand why those people behaved the way they did (Polkinghorne, 1988, p.x). While being influenced by a few related scholars such as Donald Spence, Roy Shafer, Jerome Bruner, etc., Polkinghorne developed his research strategies by working with the narratives which people used to understand the human world.

Similar to what Polkinghorne felt, I also believe that it is meaningful for our social work professionals to understand deeply and empathetically what has actually happened to people who are facing adversities in their lives, and the people who came into the interview rooms to talk about their stories. Those stories are composed of numerous events, actors, relationships, interactions, feelings, meanings, and cognitions, etc., each having a unique space and temporal sequence. It is worth having a deeper understanding of these stories that people have told. As Riessman

and Quinney (2005) believed that social work is based on talk and interaction with the client, they expected that many investigators should take up the narrative approach to study interactions with their clients. As mentioned by Pinnegar and Daynes (2007) in the Handbook of Narrative Inquiry, what narrative researchers hold in common is the study of stories or narratives or descriptions of a series of events. Stories enable practitioners, including social workers, to understand their clients and gain access to their experiences and the meaning they give to those experiences.

The narrative method takes stories as its primary source of data and examines the content, structure, performance, or context of such narratives, and considers them as a whole (Wells, 2011). Narrative interviewing does not break a story into pieces or take it out of context. It does not like some traditional research analysis approaches which often fracture the texts in the service of interpretation and generalization by taking only bits and pieces (Riessman, 1993). These elements greatly help a holistic understanding of the meanings of the stories to flourish. Polkinghorne (1995) provides a set of definitions that are especially useful for understanding this point. According to his terms, the narrative refers to a particular type of discourse, the story, and not simply to any prosaic discourse (p.6). He then further elaborated:

“In a story, events and actions are drawn together into an organized whole by means of a plot. A plot is a type of conceptual scheme by which a contextual meaning of individual events can be displayed” (Polkinghorne, 1995, p.7).

Narratives may be found in many different forms. For example, they may be found in written texts, say clinical reports, and diaries, etc., in speech such as interviews, in electronic communication such as text messages, or in visual forms such as photo diaries or films (Wells, 2011). This research focuses on first-person oral narratives of events or of experiences, and the terms, “narrative” and ‘story’ will also be used interchangeably and they are to mean the same thing.

5.3.1 Conceptual Framework of Narrative Inquiry

To understand more about Polkinghorne’s concept of the plot of a story, the three-dimensional space narrative structure proposed by Clandinin and Connelly (2000) is used to elaborate further how a story is situated. Clandinin and Connelly (2000) noted that in narrative inquiries, the stories reported personal experiences as well as social experiences, which means they report interactions with other people. This perspective on experience draws on the philosophical thoughts of John Dewey, who sees that an individual’s experience is a central lens for understanding that person, and experiences are continuous so that one experience will lead to another experience (Clandinin & Connelly, 2000), while the experiences are occurring in a specific place or context.

Based on these characteristics of the said experiences, Clandinin and Connelly (2000) proposed that stories of experiences can be understood through these three dimensions: time, person-social interactions, and situations which include a place. This three-dimensional narrative inquiry space approach points to the notion of personal and social aspects within a temporal dimension, the interaction and the

process being situated in a specific place. Table (1) below, which is adapted from Clandinin and Connelly (1994; 2000), shows the three aspects separately, while they are actually intertwined when used to understand the experience:

Person-social Interaction		Continuity (Time)			Situation
Personal	Social	Past	Present	Future	Place
Looking inward to the internal conditions of the person's feelings, cognitions, aspirations, morals, temperament, and so on	Looking outward to the context with other people and their intentions, purposes, points of view, actions, etc.	Looking backward to memories of experiences, events, feelings, and stories in the past	Looking at current experiences, events, feelings, and stories	Looking forward to implied and possible experiences	Looking at context, time, and place situated in a physical landscape or setting with topological and spatial boundaries

Table (1): The Three-dimensional space narrative structure (adapted from Clandinin & Connelly, 1994; 2000).

The three-dimensional space approach emphasizes understanding and describing the individual's experiences in a holistic way. The researcher may begin with a chronology of events in a specific cultural context, followed by the interaction details in the re-storying process (Clandinin & Connelly, 2000). Clandinin and Connelly (2000) also indicated that the story is renegotiated between the researcher and the participant throughout the development of the re-storying process. This negotiation may include aspects such as the purposes of the study, the relationship between the researcher and the participants, and ways to be useful and acceptable as the researcher "re-stories" or "re-tells" the participants' narratives, etc. This negotiation and retelling process implies that those stories hold some specific

elements or characteristics that the researcher can combine into a specific sequence to form a new story, with a specific contextual detail and often told in collaboration with the participants. This three dimensional space structure will be adopted in this study to collect the stories of the participants in a holistic way.

This framework of the narrative inquiry seems to be well matched to the conceptual framework of Sullivan's Interpersonal Theory for understanding the traumatic responses of a trauma. The two frameworks have the following similarities:

- i) both focus on the continuity of the developmental history of a person;
- ii) both focus on the contextual background; and
- iii) both focus on the interactions between individuals and context.

The three dimensional space narrative structure which was proposed by Clandinin and Connelly (2000) emphasized describing the individual experiences in a holistic way, with a chronology of events in a specific context, followed by the details of the interaction. In the interpersonal approach, the framework developed by Sullivan (1953) believed that a person's psychological development is influenced by the surrounding social context, and he also considered the parent-child relationship crucial to the development of a child's or person's well-being. Therefore, letting the person describe his/her story from the past to the future, in a definite context, articulating the interactional processes, is crucial in both the frameworks. In this study, narrative inquiry is used as the research method and Sullivan's theory is used as a conceptual lens to help interpret the narratives.

5.3.2 Narrative Inquiry as an Interpreting Process

Although the basic theme of narrative inquiry in studying the stories or narratives or descriptions of a series of events is common, a diversity of narrative inquiries was obviously found in the literature (Pinnegar & Daynes, 2007) and it was not easy to suggest a compromise. Riessman and Quinney (2005) have also addressed the idea that “narrative study is cross-disciplinary, drawing on diverse epistemologies, theories, and methods” (p.406).

Pinnegar and Daynes (2007) pointed out there is a process by which a researcher can become a narrative researcher and ultimately a narrative inquirer. In the “Handbook of Narrative Inquiry”, they showed the key moves in their thinking and action toward narrative inquiry through the “four themes in the turn toward narrative inquiry”. The four themes in the turn are (i) a change in the relationship between the researcher and the researched; (ii) a move away from the use of numbers toward the use of words as data; (iii) a change from a focus on the general and universal toward a focus on the local and specific; and (iv) a widening in acceptance of alternative epistemologies or ways of knowing (Pinnegar & Daynes, 2007, p.7). These four turns in narrative inquiry seem to be echoing the arguments by Denzin and Lincoln (2011) that qualitative research is interpretive in nature with inherent diversities in which the researchers make the world visible by transforming it into a series of representations, including field notes, interviews, conversations, photographs, recordings and memos to the self. This means that qualitative researchers, including narrative inquirers, study things in their natural settings,

attempting to make sense of, or interpret phenomena in terms of the meanings people bring to them (Denzin & Lincoln, 2011).

As a narrative inquirer, Riessman (2008) reminds us of the significance of the sociocultural context in the meaning making process and how the researcher interprets the meaning. Riessman (2008) explains the subtle but significant sociocultural influence of the narrative by showing us how the second grade classroom lesson on writing a personal narrative reflects and contributes to contemporary North American individualism, and by showing us a way of constructing a self in a particular historical and cultural context. She applies this learning incident to explain that “*the central place of (the) narrative (occurs) when personal lives and social institutions intersect in the ‘ruling regimes’ of schools, social welfare departments, workplaces, hospitals, and governments*” (Riessman, 2008, p.3). She also illustrates how transforming a lived experience into language and constructing a story about it is not straightforward, but invariably mediated and regulated by the controlling vocabulary (Riessman, 2008, p.3) in which it is co-constructed. Riessman (2008) reminds us to the fact that in order to understand narratives and to make narratives meaningful, the researcher must understand the contexts and the interaction between the contexts and the narrator. This requires close interpretation and narrative analysis. The interpretive practices in narrative inquiry happen during the interview process, the transcription, the translation, the analysis, and the decisions about how to display text, etc.

5.3.3 The Nature of Social Reality in Narrative Inquiry

Narrative inquiry is a study of the nature of social reality and our relationship with it (Spector-Mersel, 2010). Smith and Sparkes (2006) also asserted that the narrative form of inquiry is a distinct kind of inquiry into human life which is storied in nature. Based on the interpretive paradigm, narrative inquiry conceives of the social reality and all narratives as being co-constructed (Salmon & Riessman, 2013). Guba and Lincoln (2008) pointed out that there is a shifting of the paradigm away from the assumption of a single objective real world out there to subjective and intersubjective social knowledge, and the active construction and co-construction of knowledge by human agents that is produced by human consciousness.

Stories or narratives that people tell form the representations of who they are and what they do. These stories or narratives also exhibit the cultural base contributing to people's lives (Smith & Sparkes, 2006). This assertion echoes the contention by Connelly and Clandinin (2006) that people shape their daily lives by narrating who they and others are and how they interpret their past in the light of their stories. Although the focus of narrative inquiry is on the stories of the people, narrative inquiry is widely used in different social science disciplines to show broad phenomena, such as in studies of the community (Huber & Whelan, 2001), education (Sandekian, Weddington, Birnbaum, & Keen, 2015), nursing care (Barton, 2008), and even cross-cultural studies (Andrews, 2007). Spector-Mersel (2010) suggested that narrative research, as an interpretive research, focuses on the particular, seeking to expand the understanding of a phenomenon through the

individual case. Riessman (2008) also claimed that commonalities in the stories will create group belonging and set the stage for collective action.

5.3.4 How People Understand and Interpret Experience

Spector-Mersel (2010) stressed that people understand themselves and their world by way of interpretive processes which are basically subjective and culturally rooted. Narrative inquiry is a way to understand how the people lived and interpreted their experiences and their world. In essence, narrative inquiry involves the retelling or reconstruction of a person's experience in relation to both other people and a social context (Clandinin & Connelly, 2000). In this sense, the researcher and the researched are both important parties involved in the co-construction of the story in the researching process. Pinnegar and Daynes (2007) pointed out that *“one can only become a narrative inquirer when one recognizes and embraces the interactive quality of the researcher-researched relationship, primarily uses stories as data and analysis, and understands the way in which what we know is embedded in a particular context, and finally that narrative knowing is essential to our inquiry”* (p.7).

Adding to this contention, Clandinin and Connelly (2000) also suggest that this inquiry method at all times has experiential starting points which are informed by and intertwined with theoretical literature, as well as the sociocultural context; and all these inform both the methodology or the understanding of the experiences with which the inquirer began.

Moreover, Hänninen (2004) pointed out the complicated relationship between the told story and the lived narration arises by reason of the filtering of the actual events through narration by both the subjective interpretive process and the sociocultural conventions of telling one's life. It is actually not the knowledge of the objective facts alone that can help understand an episode of the lived story, but rather the knowledge of the person's intentions and emotions that contribute to the necessary parts of the interpretation. In addition, no matter how long and detailed the stories told are, no story can contain a person's whole life history. Therefore, every story is actually the selection of episodes from among uncountable living events in the life history (Rosenthal, 2004). In light of this, the story is also the product of the co-creation by both the researcher and the researched.

5.4 Study Design

5.4.1 Participants

Since this study focuses on a particular spectrum of phenomena, the participants are selected by a non-probability sampling method (Minichiello, Aroni, Timewell, & Alexander, 1995). Purposive sampling is an effective way for the researcher to get rich information (Patton, 2002) on the topic concerned and meet the objectives of the study. Therefore, the participants were recruited from social service units which serve adolescents with mental illnesses. There are several social service units run by different agencies in Hong Kong which specifically serve adolescents with mental illnesses. The social workers of the invited social service units helped

screen and recruit clients suitable to participate in this study. These participants have met the following criteria:

- i) Participants are adolescents within the age group of 13-18 years-of-age, either sex;
- ii) The participants have been diagnosed with psychosis, early psychosis, “si-jue shi-diao” or schizophrenia by a psychiatrist;
- iii) The participants had self-reported being the victims of school bullying before the onset of the psychosis.

Narrative inquiry aims to listen to the stories of the participants and understand their experiences. Since the study aims at collecting deep, case-oriented stories, it is not appropriate for studies of large numbers of participants. Although the sample size tends to be small, one has to consider that there should be a variety of experiences (Sandelowski, 1995). However, only 8 adolescent stories are included in this study due to the following reasons: 1) some potential referrers have difficulty in correctly identifying psychosis cases. They basically have an impression of the Chinese term of “mental illness” generally and seldom try to distinguish the different types of mental illnesses. Some referrers have referred depression cases: a referrer has referred a boy with attention deficit hyperactivity disorder, etc.; 2) even when the referrers have identified psychosis cases correctly, they do not know whether the adolescents have had any being bullied experiences because many of them have not traced the life history of their cases; 3) the parents of the adolescents hesitate to give their consent to participation in the study due to not wanting their children to recall

the unhappy experiences. Some parents requested the researcher have an interview with them before giving consent. Two parents escorted their children to the interview, in which case the researcher found it might have distorted the stories told by the adolescents. The first two referred adolescents were used as a pilot for the researcher to modify the interview guide and practice the interview structure. Then the remaining 8 adolescents were formally counted as participants in this study.

5.4.2 Data Collection

The narrative interviews were conducted to learn about the events and experiences of the adolescent victims. This type of interview means there are two active participants who jointly construct a narrative and meaning in order to replace the traditional model of the interviewer asking questions and the respondent giving answers (Riessman, 2008). The aim of the interviews is to generate detailed accounts. The narrative interview frame proposed by Riessman (2008) was applied to the data collection method in this study.

The semi-structured interview method with open-ended questions was used to collect the stories (Riessman, 1993). The forms giving consent were collected from all the respondents, and also from the parents in cases where the adolescents were under 18 years of age, before they participated in the study. The greatest effort has been made to try to arrange repeated interviews with the same participant over a certain time interval rather than having just the typical one-shot interview (Riessman, 2008). This is to ensure beneficial rapport enhancement and to arrive at a

deeper understanding of the adolescent's experiences which are being explored and are the most valued, specifically through trying to retrieve the adolescent's subjective world by understanding their perspective and orientation in language that is natural to them (Minichiello et al., 1995). It is also ideal and significant to have several interviews with the same subject in order to validate the researcher's interpretations of their expressions. However, among the 8 participants, only 3 of them could be interviewed twice. It was not possible to arrange repeated interviews for the other adolescents due to several reasons, such as objections by the parents, the experiences of the adolescents were too traumatic for them to recall again, the client had quit the social service, or the referrer had quit the job, etc. In considering the ethics of being a social worker as well as a narrative inquirer in this study, I decided not to conduct another interview with the participant if the participant had presented their stories in a traumatic way, such as was the case with the two participants Dickson and Frankie. This point will also be discussed further in the research ethics section.

In conducting a narrative interview, Riessman (1993) suggested that the right way to generate narratives was by asking the right kind of interview questions. Riessman further suggested developing an interview guide containing 5 to 7 broad questions relating to the research topic, supplemented by probing questions, to help the participant get started if difficulties are met (McCance, McKenna, & Boore, 2001). Following Riessman's suggestion, an interview guide (appendix I) has been developed for this study to provide directions for the researcher when conducting the interviews so that the stories collected fit the research objectives. The researcher also

conducted the interviews using attentive listening, as Riessman (2008) explained that listening in an emotionally attentive and engaged way will expose the listener to the unknown, entering into new possibilities and frameworks of meaning. This is a process by which we can determine the meaning of the participants' words and what is being said during the process of clarification and exploration. Before the interviews were conducted, the history of the participants had been collected and assembled from the descriptions given by the referring social workers. During the interviews, the rules of conversation, which included turn-taking, relevance, and entrance and exit talk, were applied (Riessman, 2008). Since one story can lead to another, the researcher and the person being researched negotiated openings for possible extended turns and associative shifts in the topic. The semi-structured interview guide only acts as a reminding note during the process because the control of a fixed interview format has been given up to encourage greater equality in the conversation (Riessman, 2008). During the interview process, non-verbal expressions are also observed. Moreover, all the interviews are audio-taped, which is a better way to ensure the accuracy of the transcription of the data. The researcher is the sole interviewer in this study and field notes were taken immediately after each interview to capture additional information, such as body gestures, facial expressions, non-verbal cues, and the environment, etc., to enrich the information collected.

5.4.3 Transcription

Taping and transcribing are definitely essential to narrative analysis (Riessman, 1993; 2008) since all the taped contents contain the stories, rich information and experiences of the participants. Every interview has been transcribed verbatim by either the researcher or an experienced social worker listening to the taped contents, and typing the contents word by word to create a written record for each interview. Since an audio recording is selective in nature, the fluidity and dynamic movement of words and gestures cannot be captured (Riessman, 2008). In order to reduce the loss of information, the researcher has checked all the transcripts twice while simultaneously listening to the audio sound track to adjust the wordings in order to narrow down any discrepancy in interpretation that may have occurred between two different transcribers, even though one of them is the researcher herself. Moreover, the researcher has also noted pauses with different durations, the exclamations or the emotional elements, and the non-verbal expressions along the way. The pauses can also be seen cited in the verbatim transcriptions in Chapter 6 about the findings, with the “full stop” punctuation marks “.”, “...” or “.....” used to show pauses of different length, the more periods, the longer the pause.

5.4.4 Data Analysis

Riessman (1993) described narrative analysis as a method that takes the story as its object of investigation and she determined that no standard set of procedures is found among the different studies using narrative analysis. However, there are still

some basic procedures common to all such as getting the interview process recorded and transcribed (Riessman, 2012). Following these procedures, all the taped interviews in this study have been transcribed verbatim into documents called field texts. The field texts and transcriptions have been read and re-read by the researcher a number of times.

Riessman (2008) has suggested that narratives can be analyzed thematically, structurally, dialogically and visually by keeping the story intact. In this study, the thematic analysis and structural analysis proposed by Riessman (2008) was used to interpret the stories of the participants in order to uncover the subjective being bullied experiences, the inclination of their different kinds of self representation, the development of their psychotic symptoms and the functions of these symptoms.

Thematic analysis, which focuses on “what” is said rather than “how”, “to whom” or “for what purpose”, was used to identify the contents (Riessman, 2008, p.54). It is the most common method used in narrative analysis. Data is interpreted in the light of the themes developed by the investigator and the interpretation is actually influenced by prior and emergent theory, the research objectives, the data itself, the contexts, and also other factors (Riessman, 2008, p.54). Riessman (2008) stressed that prior theory serves as a resource for interpretation of spoken and written narratives (p.73). The brief story of each participant reported in chapter 6 is actually the summarized account of what is contained within different sets of field texts which have been constructed. As mentioned by Clandinin and Connelly (2000), the initial analysis deals with matters such as character, place, scene, plot, tension

end point, narrator, context, and tone, but these matters will become increasingly complex as the researcher pursues the re-reading exercise.

Field texts are then shaped into research texts according to the meanings and social significance. In this process, the researcher narratively codes and categorizes (Riessman, 2008) the field texts into different themes according to the contents of what has been told by the participants. A researcher composing a research text looks for the patterns, narrative threads, tensions, and themes either within or across an individual's experience and in the social setting. In this study, five main themes, which include the subjective experiences of the traumatic bullying itself, the post-bullied complex, the self evaluation, the presentation of the manifestation of psychotic symptoms and the adaptive functions of the symptoms, as well as most of the sub-themes under these main themes, were identified by using thematic analysis.

Structural analysis focuses on how the narratives are organized and the sequence of events being reported (Riessman, 2008). Unlike thematic analysis which is focused on the content and what is told, structural analysis, while also being concerned with the contents, focuses more attention on the form of presentation. Riessman (2008) explained that structure refers to genre, or to an overarching storyline which will lead the researcher to read beyond the surface of the text. In this study, the structural analysis was conducted after the thematic analysis had been done and the majority of the main themes and sub-themes had been identified. The pattern of the appearance of each of the identified sub-themes was first traced through the whole story, and then traced through every story to identify how these themes are narrated by the participants. In each of the sub-themes identified, the

narrative structure is used to analyze the episode. The fully formed narrative structure proposed by Riessman (2008) includes six elements, which she named abstract (summary), orientation (time, place, characters, and situation), complicating action (event sequence or plot), evaluation (narrator's reflection and emotion), resolution (outcome of the plot) and coda (ending and back to present). However, as mentioned by Riessman (2008), not all of the elements are contained in all stories. An attempt was made to identify these elements in the field texts in order to locate the pattern of the sub-themes. After that, 3 more sub-themes were located. The first two are the "Poor-me Self" and "Ambivalent-me Self" sub-themes, which both fit under the main theme of "Self Presentation and Evaluation", and the third sub-theme is "the Resemblance of the Psychotic Symptoms and the Contents of Being Bullied" which fits under the main theme "the Functions of the Psychotic Symptoms". Moreover, the vicious circle of having psychotic symptoms and being the bullying victim is also found in the narratives and this has helped with the conceptualization of the whole phenomenon which is presented in Chapter 7. Therefore, a structural analysis of the narratives has reinforced a thematic analysis and has enriched the findings on top of the results found in the thematic narrative analysis. Riessman (2008) also added to the triangulation of the data by using both the thematic narrative analysis and the structural narrative analysis. For example, it helps check the existence of themes and sub-themes such as self presentation, the close link between bullying experiences and psychotic symptoms content, etc.

In both of these analysis processes, the relevant literature was used to support, extend, or clarify the identified narrative themes. Excerpts from the field

texts are also used to support the themes in the presentation of the findings in Chapter 6.

5.5 Research Rigor

Polkinghorne (1988) argued that in quantitative research, reliability refers to the consistency and stability of the measuring instruments used, whereas in a narrative study, it refers to the dependability of the data and the validity of the strength of the analysis of the data. Therefore, attention has been directed to the trustworthiness of the field notes and transcriptions of interviews (p.176).

May and Pope (2000) suggested some methods for ensuring the trustworthiness of the data. One of them is the use of triangulation, and it was adopted in this study. Denzin (1989) suggested four basic types of triangulation, and two of them are used in this study. They are: (1) data triangulation, in which data is collected through different strategies and times to ensure that the weaknesses in any one strategy will be compensated for by another. The stories of the participants are basically collected from the referring social worker first. After that, interviews are conducted with the participants. After the initial writing of the field texts, another interview is conducted to follow up with further information clarification or enrichment if possible. (2) Investigator triangulation, in which the data is discussed and interpreted by more than one person. After the field texts are formed, the researcher discusses the initial discoveries with the referring social workers, and all the referrers are peers with related social work experience or academic backgrounds.

Another point to be considered is the correspondence of the stories collected. Riessman (2008) pointed out that the reported sequence of events in a personal narrative should match accounts from other sources such as historical truth, with a tolerable degree of variation. This means that the facts presented by the participants are true. However, Riessman (2008) has stressed that going back to verify with precision the truth and accuracy of the events the participants narrated is impossible and is not necessarily important. What she finds important is the meaning-making of the narrators. She further pointed out the interpretations of the researcher who works with the study should be interrogated to ensure the credibility of the project instead (Riessman, 2008). In working toward this point, I have clearly demonstrated how I have developed and used the above methods in dealing with the research questions, the interviews, the interpretive paradigm, the ontology and epistemology of the study, the conceptual framework and the analysis and presentation methods. All these things have been done clearly to try to bring the readers along with the researcher side by side as the researcher uncovers the evidence as similar to what Riessman (2008) has suggested.

The third aspect that enhances the rigor of the study to be discussed is the coherence of the participants' narratives. Riessman (2008) quoted the idea from Agar and Hobbs that three kinds of coherence should be considered: global, local and themal in order to strengthen the interpretation. By citing Linde's work, Riessman (2008) also defined coherence as a relation of the parts to the whole and to other texts. However, Riessman (2008) also points out that sometimes the lives or stories of some participants are fragmented, especially those people who have gone

through traumatic events. Riessman (2008) suggested that what strengthened the validity of the project is the linking up of the pieces of data, and rendering them meaning both coherently and theoretically (p.191). In this study, stories of traumatic experiences have been collected. The researcher has tried to search for the meaning of the experiences from the participants' points of view. In order to make the analysis convincing, a lot of the stories are presented verbatim in this thesis to show as genuinely as possible how the narrators speak and how the interpretations are plausible and reasonable in showing the convergence as well as the divergence in the personal stories. In addition to its associated clear theoretical claims, the persuasiveness of the argument is hopefully strengthened (Riessman, 2008).

5.6 Research Ethics

There are some ethical concerns regarding conducting narrative inquiry research into the experiences of adolescent bullying victims with psychosis. As Clandinin (2006) reminds us, when engaging in narrative inquiry, one needs to imagine ethics as being about negotiation, respect, mutuality and openness to multiple voices. The researcher must have an open, genuine attitude and perform at a higher standard than that required by the ethics board.

Huber and Clandinin (2002) highlighted the principle that the data collection process is guided by relationships and the shared narrative unities of the lives of the participants as though they were co-researchers. This implies that it is important to think in responsive and responsible ways about how narrative inquiry can shift the experiences of those with whom we are engaged (Clandinin, 2006). Accordingly, the

interviews were conducted in an ethical manner. This ethical manner is also echoed in the code of ethics of the Social Workers Registration Board while the researcher is also a currently registered social worker.

As mentioned by Mudaly and Goddard (2009), in research, the welfare of children which included the protection from any possible trauma, harm and exploitation that arises from their vulnerability should be considered seriously and the rights of the children should be respected and recognized. Since the participants of this study are adolescent bullying victims with psychosis in the age range of 13 to 18, there are some ethical issues which the researcher has taken into serious consideration during the research process:

i) Protecting the rights of the participant during identification, recruitment and interviews

“According to the Rights of Children proclaimed in 1959 by the UNICEF and approved in 1989 by the 41st assembly of the United Nations, all human rights and full identity are granted to the child” (Gill, 2004). In a paediatric sense, a “child” means a person in the age range of before birth to 18 years old (Gill, 2004). In this research, all human rights have been granted to the participants. For example, their privacy is respected. Before the interviews were conducted, consent from both the participants and their parents was obtained if the participant was under 18 years old. While collecting and analyzing the data, it was possible that the researcher would get to know about some serious violence issues or criminal activities which were

troubling some adolescents. It created a dilemma for the researcher, who had to struggle between the need to keep to the code of confidentiality and the need to protect the children's rights to release to the legitimated party. The researcher has encouraged affected participants to seek help from their principal social worker from the referral agency. Since the researcher is also an experienced social worker who has worked with adolescents for more than 10 years, it has been handled properly and some counseling work has also been done after each interview session where necessary. Moreover, with the consent of the participants, all the critical issues that were exposed to the researcher during the interviews have been reported to their referring social workers for further follow up. The researcher has performed at a higher ethical standard and has shown concern for the adolescents during the whole process instead of letting it be just a data collecting activity.

ii) Favorable risk-benefit ratio (Emanuel, Wendler, Killen, & Grady, 2004)

The study required offering participants a favorable risk-benefit ratio, which meant balancing the possible risks with the benefits of participating in the interview process. Although it seemed that asking for the stories of the participants might not do much harm, during the interview process some of the participants did recall some traumatic memories, especially those of being bullied, and the experience of the onset of mental illness or something else. The researcher has handled this with great care. It was

arranged that during the interview process, if the researcher, also a social worker, were to find that the risk was larger than the benefit, the interview would be stopped and some counseling would be provided until the participant's emotions were calmed and the person had stabilized. The case would then be transferred back to the referrer for adequate follow up. Fortunately, no such episode occurred in any of the interviews conducted. Although there were episodes in which very sad moments were being recalled, and very difficult situations were being shared, the researcher handled the episodes properly with some counseling elements being built-in during the process. No termination of any interview was needed due to this issue.

iii)Developing adequate informed consent procedures

Individual informed consent is understood to be a crucial ethical procedure in research studies. Since the research was conducted in the social service units which serve adolescents who have mental illnesses, and there might, somehow, be some unbalanced power between the referring social workers and the service users, one must be cautious about the possibility of some participants being under coercion or oppression. In order to ensure that the rights of the minors and the responsibilities of the social service units were protected, parental or guardian consent was also collected and this was followed strictly. Besides distributing a written form to the parents or guardian, a follow-up phone call was made to guarantee that the parents or

guardian had fully understood they had free will to participate or not participate and to prevent any power or trust issue arising with respect to the social service unit. Direct interviews with the parents on request, before their consent was given, were also conducted. Moreover, the researcher has developed a mechanism by which the participants can feel free to refuse to proceed and quit the study. This was fully communicated to the participants, the parents if necessary, and the social service units involved. Moreover, the researcher, being also the sole interviewer, clearly briefed the participants about their rights and held some social talks with them to let them feel less tense before the formal interviews started.

Chapter 6

Research Findings and Analysis of the Narratives

6.1 Brief Stories of the Participants

Altogether the stories of 8 participants were used in this analysis. The following part briefly introduces the stories of each of the participants respectively. To protect the confidentiality of the participants, their names have been changed. All the participants were diagnosed with early psychosis, “si-jue shi-diao” or schizophrenia by psychiatrists, and all of them have signed the consent forms to participate in this research and their official guardians have also countersigned if the participant was less than 18 years of age. The demographic data of the participants at the time they were interviewed is given in table (2):

Names	Sex	Age	Age at which bullying started	Age at time of diagnosis	Time Elapsed since being diagnosed with early psychosis	Referred by
Anna	F	18	6 - 7 (primary 1)	16 (form 4)	1 year 5 months	School social worker 1 (Agency 1)
Bella	F	13	6 - 7 (primary 1)	12 (primary 6)	Nearly 1 year	School social worker 2 (Agency 2)
Cindy	F	18	8 - 9 (primary 3)	10 (primary 5)	Nearly 8 years	Vocational rehabilitation social worker 3 (Agency 3)
Dickson	M	18	11 (primary 5)	14 (form 2)	Nearly 4 years	Adolescent mental health service social worker 4 (Agency 3)
Edmond	M	15	8 – 9 (primary 3)	15 (form 3)	3 months	Adolescent mental health service social worker 5 (Agency 4)
Frankie	M	14	9 - 10 (primary 4)	13 (form 1)	A few months	Adolescent mental health service social worker 6 (Agency 4)
Gina	F	17	6 - 7 (primary 1)	16 (form 5)	8 months	Adolescent mental health service social worker 7 (Agency 5)
Hebe	F	15	6 - 7 (primary 1)	13 (form 1)	2 years	Adolescent mental health service social worker 5 (Agency 4)

Table (2): Demographic data of the participants

The adolescents who participated in this research were referred by 5 different local agencies. Among those five agencies, there were 6 different service units which included two school social work service units, a psychiatric vocational rehabilitation service for young people, and 3 adolescent mental health service units.

There were 5 females and 3 males among the participants with ages ranging from 13 to 18 years. The length of time they have been diagnosed as having early psychosis was from 3 months to 8 years respectively at the time they were interviewed by the researcher. All of them had been bullied starting from primary school age.

In the following section, each participant's story is briefly summarized.

6.1.1 Participant 1: Anna

Anna was an 18-year-old girl who was repeating her form 5 studies in a local secondary school when she was interviewed. She was diagnosed as having early psychosis when she was studying in form 4. At the time of her onset, she had an emotional outburst. It was in the evening of Mother's Day. She went home late that evening because she went to celebrate with her mother, who divorced Anna's father when Anna was 6 years old. When she left her mother that evening, she took the Mass Transit Railway (MTR) to go home. However, she wandered about in the train for a very long period of time. She claimed that she had chatted with a strange girl on the train the whole evening, until very late. When she returned home late that night, her father scolded her. She then had an emotional outburst and she suddenly

knelt down to say sorry to her father dramatically. After that, she began to sing some “Japanese” songs but she claimed that she had never learnt Japanese and neither did she listen to any Japanese songs nor watch Japanese films. Her father felt that Anna seemed to be losing control, so he called an ambulance and sent her to the hospital. She was then diagnosed as having early psychosis during this hospitalization.

Regarding the being bullied experiences, Anna believed that most of her classmates had gossiped about her frequently. When Anna felt that her classmates were gossiping about her, she would begin to play some classical music automatically in her brain. She would also daydream. She said that these two methods could help prevent her hearing her classmates’ teasing words. Moreover, Anna found that she could not control talking to herself, and sometimes she seemed to be delivering a speech to an audience, and sometimes she had two voices in her head which were her own, chatting with each other.

Anna recalled that her experience of being bullied started when she was in primary one. She was being isolated by her classmates and continuously teased by classmates about a bad smell from her body and having dirty hair. She also claimed that she was verbally bullied by her classmates saying that she was stupid, dirty, and ugly, etc. One of her classmates even told her that she was useless in this world. One episode that made a very deep impression on Anna happened when she was studying in secondary form 3. At that time, she had won a championship playing a recorder (musical instrument) in a music contest in school. However, the classmates then teased her saying that she was an obscene person by making an indecent metaphor comparing her recorder to a male sex organ. Anna was so sad about this. Another

bullying episode occurred when a classmate tore Anna's worksheet because he thought that the worksheet was contaminated since Anna had touched it. Her classmates repeatedly showed that they would not touch any things which belonged to Anna.

6.1.2 Participant 2: Bella

Bella was a 13-year-old girl who was studying at form 1 in a local secondary school at the time she was being interviewed. She had been diagnosed as having early psychosis when she was in primary 6, approximately 1 year before the interview. She lived with her maternal grandmother, her parents, a twin elder sister and a cousin. She was mainly brought up by her grandmother because her parents were busy at work, and she had a very good relationship with her grandmother and twin sister.

Bella remembered that she began to have some strange experiences when she was in primary 5. She heard a piece of electronic music and saw some worms flying through the air. She reported these to her grandmother. Her grandmother also found that Bella's thoughts were very negative, so she brought Bella to see a general clinic which was run by the government. The attending physician referred Bella to the psychiatrist at a nearby public hospital and the diagnosis of "si-jue shi-diao" was confirmed.

Bella claimed that she had no friends during her primary school life. She said that her classmates did not make friends with her. She remembered quite clearly that

on the first school day of primary 1, she brought a bag of candies to school as her snack. When she took out the candies during the first recess, a few of her classmates, including males and females, seized the candies from Bella and ate them all. Bella remembered that she could only eat one piece and she was not willing to share the candies with others. She was scared and did not dare to take out any snacks to eat during recess time afterwards. From then on, she believed that her classmates were no good and that they were bad people.

When she was in primary 4, once while she was playing with her twin elder sister and her female cousin in a small park near their living place, 2 to 3 male school mates surrounded them and shot at them using toy guns with BB pellets and made some scrapes on their skin. They were very scared at that time. Afterwards, Bella began to be afraid of getting into any interactions with male classmates. Bella thought that these two incidents critically influenced her interactions with her classmates.

Bella said that during her primary school days, she would join a lot of extra curricula activities to overcome her sadness. She would use a quilt to cover her head and cried bitterly during night times. Another emotional venting method involved using six soft toys that her father had bought her. She put all of them on her bed. She would treat them as companions. She would talk to them every day, and imagine that they had lives, would move and talk with her. She would also think that these toys would get jealous of each other over her love and care. She would also imagine that she was the ruler of the world and the world consisted of these six plush dolls.

6.1.3 Participant 3: Cindy

Cindy was an 18-year-old girl. She had quit school after the completion of her form 3 study because she found that she was being annoyed by a lot of voices commenting on her. She was attending a vocational rehabilitation service when she was interviewed. She was taking a course to get a license to work as a security guard. Her mother had 4 children with her ex-husband who had died from a drug overdose. Then she married Cindy's father and gave birth to Cindy and her elder brother.

Cindy recalled that she had already had a sense of dreaming in her daily life when she was very small. She always felt that all the people in the Chinese restaurant were talking about her when she went there to have a meal with her mother. One day, she acted as if she was a policewoman while she was walking on the street. She used a headphone that she stuck in her ear to serve as a walkie-talkie. She then tried to use it to have conversations with police headquarters. She tried to report to headquarters using her number "YC6694". Moreover, she jumped across a fence on the pavement repeatedly until a real policeman stopped her. She was then sent to the hospital.

Cindy recalled that her being bullied experience started when she was in primary 3. A male classmate always teased her by saying that she was fat and ugly, etc. She had once tried to defend herself by hitting that boy but unfortunately, she was hit back seriously. Moreover, she recalled another traumatic experience which happened when she was in primary 5. At that time, she had to join a private practice

tutorial class every day after school. She was hit by the female tutor for no special reason. Cindy had told her mother but her mother refused to believe her. She cried every day until 10 days later, she stopped going to that class. Cindy concluded that she was sad about her experience and she frequently had thoughts about not wanting to be herself, or play her own role in reality. She always cried secretly in front of a window at home or covered herself up with a quilt and cried bitterly.

6.1.4 Participant 4: Dickson

Dickson was an 18-year-old boy who had just finished his form six studies and completed the Hong Kong Diploma of Secondary Education (HKDSE) Examination at the time he was interviewed. His father was a Hong Kong resident and had married Dickson's mother in Shanwei in Guangdong. Dickson came to Hong Kong with his mother, an elder brother and elder sister when Dickson was 4 years old. He was diagnosed as having early psychosis when he was in form 2. He was referred to a psychiatrist by a social worker.

Dickson attributed his illness to being bullied by his classmates from primary school till the end of secondary school. He remembered impressively that he was once bullied by his classmate when he was studying in form 1. After that, he began to hear two voices conversing with each other. They were female voices but Dickson could not recognize whose voices they were. One voice encouraged him to express his anger and fight back. Another voice advised him not to express his anger and told him there would be consequences if he fought back. He described the first voice

as a devil, the second as an angel. At the very beginning, Dickson was very puzzled by the voices and queried if he had any problems. He then went to seek help from a social worker.

According to Dickson, he started to be bullied when he was in primary school. He was disliked by one of his male classmates. This classmate was a big boy at that time. He would throw Dickson's property, such as his stationery or other things on the floor for no reason. He would coerce Dickson to pay for him when he bought snacks at the tuck shop but he would never return the money to Dickson. Once when the big boy asked Dickson for money but was rejected, he verbally threatened Dickson and told him to watch out. When they left school that day, that big boy had called together a few classmates and they wanted to beat Dickson. Fortunately, Dickson ran quickly and got on a bus to save himself. He was very frightened. That big boy had once slapped him on his face. He was so scared at this time in primary school that he hid at home for 1 week to avoid seeing this big boy again.

When Dickson was in secondary school, his life was not easier. He continued to be bullied because some of his primary school mates had been admitted to the same secondary school. Dickson remembered clearly that when he was in form 3, a male classmate once kicked his abdomen fiercely. This classmate also gossiped behind Dickson's back. Dickson also believed that this boy mobilized the other classmates to isolate him, tease him, and bully him. They had also verbally bullied and teased him, such as calling him "an idiot".

Dickson was very sad. He cried, had emotional outbursts, threw objects to ventilate, scolded his family members, hit the wall, etc. He would also play video games, especially shooting ones. He would imagine the bullies to be his targets for shooting. He felt better afterwards. When he heard the hallucinations, he would listen to music, asking himself not to think about it, and try to ignore the voices.

Dickson had also tried to seek help from others but this experience was also traumatic. He had talked with his family members, including his father and sister but he found that useless. He father had tried to seek help from Dickson's class teacher when he was in primary school. However, according to Dickson, the class teacher did not help them handle the situation. Another teacher helped and tried to punish a few of the boys, however, the consequences were even worse. They began to bully Dickson more seriously. Dickson was scared. When he was in secondary school, he sought help from the school social worker, but the school social worker told Dickson that bullying was not her business. Dickson was very angry. At that time, he had developed a belief that there were no good people in the world. He was helpless and he was an unfortunate person. It was his fate to suffer all these evils. He had hoped to have a good friend. He attributed his illness to his failure at interpersonal relationships.

6.1.5 Participant 5: Edmond

Edmond was a 15-year-old boy who was studying in form 3 in a local secondary school. He was diagnosed as having early psychosis just three months

before the research interview. Edmond recalled the experience that he was referred to the school social worker when he was in form 1. Due to the teasing by his classmates, he was so angry that he took out a cutter to harm himself in front of a large group of classmates. He remembered that he started to have psychotic symptoms in the period from form 1 to form 2. He began to avoid going out. He was afraid of going to boutiques and later on, he did not dare to take public transport. He thought that the people there were all talking about and commenting on him. He also felt that there was a camera set up opposite his apartment and that he was being spied on. He was afraid of going to the toilet and taking a bath at home. He would shut and lock all the windows and doors securely, and close all the curtains to prevent being spied on. He was then referred to a private practice psychiatrist by a social worker and the diagnosis was made.

Edmond remembered that he was being bullied when he was in primary 3. He was frequently teased by classmates who said that he was too feminine due to his relatively high pitched voice, and when he talked, he often made orchid-like hand (蘭花手) gestures which are mostly be seen in Chinese operas. They would laugh at him loudly and query why he went to the male toilet. They would also isolate him and neglect him even though he was appointed by the teacher to be the class prefect. Another experience that left a lasting impression occurred when he was in primary 3. A classmate had thrown his pencil case into the rubbish bin and he had no stationery to use throughout the whole school day. In primary 6, he joined the school's graduation camp, but no classmate was willing to stay in the same bedroom with him, and finally he had to sleep in the teachers' room. During his primary school

life, he felt very sad. He began to distrust the teachers because he found that the teachers did not give him any help even though they were witnesses to the verbal bullying issue. Once his class teacher even requested that his mother train him up in order for him to be able to integrate into the class and improve his interpersonal relationships. He was very angry about that. After he had been promoted to secondary school, he was again disappointed with his classmates. Although these classmates were new to him, they treated him badly. A male classmate, as Edmond claimed, indecently assaulted him. That classmate suddenly bear-hugged him from behind and molested him. Another group of school mates asked him to sit on a chair but one of them put a hand on the chair and molested him when he sat down on the chair. They also rode on him and treated him like a horse and beat him. At the same time, they would invite the other classmates to be the audience. This incidence would happen nearly weekly.

He would cry frequently at home. He had thoughts of suicide when he found he was helpless and hopeless because he had no friends, and the teachers did not help him and his mother did not understand him. He began to isolate himself; he did not talk to his classmates, especially male classmates. Sometimes, he would skip the physical education (PE) class with the excuse of either pretending to be sick or forgetting to bring his PE uniform. He would try to distract his attention by listening to music. Sometimes, he would write some cards with encouraging words to himself. He would also watch funny films, etc.

6.1.6 Participant 6: Frankie

When he was interviewed, Frankie was a 14-year-old boy who had just completed his form 1 studies and was going to be promoted to form 2 at a local secondary school. He had been diagnosed as having early psychosis a few months before. Frankie was born and brought up in mainland China. He studied in a boarding school in Guangzhou until primary 3. He then had to repeat primary 3 when he came to study in Hong Kong. He reported that his symptoms started when he was in primary 6.

Frankie was very sad during his school life in Hong Kong. He began to hear a voice commenting that he was a useless person and telling him his life was meaningless. The voice commanded him to die or kill a person. Starting from primary 6, he saw ghosts and did not dare to go outside. When he was in form 1, he began to see ghosts with clear facial images. He cried bitterly one night. He felt that he was very depressed. He heard a voice telling him “before I died... the Math teacher”. He interpreted this unlinked statement as telling him to kill the Math teacher before he committed suicide. He then developed some different plans for killing his Math teacher, such as using some alcohol and then setting it on fire to burn him to death. He used a whole night to search for different killing methods on the internet. He became quite confused, began to jump up and down in his bedroom, and then began throwing his pillow non-stop.

Starting from P.4, Frankie recalled that his classmates teased him for coming from mainland China. The classmates also isolated him. They played tricks on him;

for example, taking away a chair from behind him and making him fall down. He was also punched by two school mates when he was in F.1. He was once fiercely scolded and punished by his Math teacher. He then hated this Math teacher very much and believed that all the incidents of his being bullied were instigated by this Math teacher.

Frankie would cry at home after being bullied by his classmates. He would throw a pillow to vent his sadness and anger. He had nobody to talk with because his mother was busy at work and his other family members, such as his father and grandparents, were in China. Sometimes, he would listen to music while walking on the street. He said that he used this method to provide a distraction so that he would not think of the unhappy issues. He usually suppressed his emotions because he did not know what he could do.

6.1.7 Participant 7: Gina

Gina was a 17-year-old girl who would have to repeat her form 5 studies after the summer holiday, which was coming at the time of the interview. She had been diagnosed as having early psychosis after 4 months of study in form 5 in a local secondary school. She had both parents but was the only child in her family. She was a timid girl with a passive personality, as she herself claimed.

While she was in primary 3, she began to believe that all male figures including her father were obscene and no good. She then started having hallucinations during her first 2 months in form 5. She always heard her classmates

talking about her, especially commenting on her appearance and behaviour. For example, she heard the classmates saying “she will think of herself as very beautiful”, or “she is stupid, ugly, has anorexia, and mental illness”, etc. When she heard those comments, she would try to be alert and control herself, especially focusing on her walking style. She would think about her walking style before she moved her legs, so that she walked like a robot and looked odd.

She recalled that she began being relationally bullied when she was in primary one. No classmate made friends with her. A male classmate even commented that she was an odd person (怪人). Moreover, her class teacher also told her mother that Gina was a person with dual personality (雙面人). She was badly hurt. When she was in primary 3, her cousins who were also her school mates always played tricks on her, such as using the blue tack to make her hair stick together. One of her cousins had even sexually harassed her when she was six years old. Another incident was that she felt that one of her male school mates intentionally threw a ball at her. She found that she was always the only one who could not join any sub-group for doing projects. She had lunch by herself starting from primary school and continuing into secondary school.

Gina was very sad about her situation. She would cry secretly and write in a diary to vent her emotions. When she heard gossip about her in school, she would hide in the toilet during recess time and not go back to the classroom until the bell rang for lessons to begin. When she walked, she would think about her walking style carefully because she wanted her classmates to think that she was walking naturally

instead of the way that caused her classmates to comment that she was a narcissist. She then began to hide at home because she was afraid that she would meet classmates outside and they would talk about her at any time. She felt that time was stagnant. She began to avoid having any interactions with males, including her father. She always lost her temper in front of her father, neglected her father and looked away when her father was talking to her. She thought that she had shifted her anger onto her father. Gina found her mental situation was better after she consulted the psychiatrist.

6.1.8 Participant 8: Hebe

Hebe was a 15-year-old girl who was studying at form 3 in a local girls' college when she was interviewed. She was diagnosed as having early psychosis when she was studying in form 1. Her parents had divorced when Hebe was a primary 3 student and her mother had custody of her. She was living with her mother and a female friend of her mother. She would see her father once a month. Every day, when she left school, she had to go to her maternal grandparents' home and then went to her home after having dinner with her grandparents. She described her grandparents as annoying people.

Hebe claimed that she began to experience auditory hallucinations of some utensils breaking in her kitchen when she was a primary 5 student. Then, a boy's voice began to chat with her. She called this boy "Yuu" (佑) and she interpreted the meaning of this as protection for her as well as tenderness. Then, when she was in

form 1, she gradually began to hear another voice, this time female, laughing at her. She classified the boy's voice as good but the girl's voice as bad. She did not know the boy's voice but the girl's voice was that of one of her classmates. One day, when she was in the classroom, she found that the female voice teasing her was so noisy and annoying that she used her finger nail to grasp her wrist because, as she claimed, she wanted to commit suicide this way. However, no one noticed her action. One day, when she was seeing a doctor in the clinic, she told the doctor that she wanted to commit suicide. The doctor then sent her to the hospital and she stayed there for a month. Recently, she did not dare to go out because she found that all the people, no matter if they were familiar or strange, were staring at her and she believed that they might harm her.

Starting from primary school, Hebe was constantly being isolated by her classmates. She said that her classmates did not want to get along with her, and did not want to be in a group with her in projects, etc. When she walked nearby, classmates would walk away or show some disgusting facial expressions and gestures. She also found that her classmates would always gossip about her. Once, she was scolded by a classmate for being "a hatred person" after her refusal to exchange her seat with that classmate.

Hebe found that she could not control the voices. She would try to concentrate on some tasks to avoid focusing on the female vocal hallucinations. However, she claimed that she welcomed Yuu's voice because he supported her and he would encourage and comfort her.

6.2 Interpreting the Stories of the 8 Participants

This section will present the narrative analyses of the 8 stories. For the ease of reader, throughout the thesis I will present the participants' experiences in the third person as is the convention for general qualitative research theses. Since the stories of the participants were told jumping back and forth between the present and the past, and also, this research aims at understanding the subjective traumatic experiences of the adolescent school bullying victims who have later developed early psychosis, the following report of the analysis moves from their being bullied experiences to their later coping experiences to unfold the lived experiences of these adolescent victims who have later developed early psychosis. In this phase of the analysis, the findings have been separated into 5 main themes, and 2 to 4 sub-themes have been developed under each main theme respectively. Although the themes are discussed separately, they should be understood as being interwoven and linked to each other. The following table (3) shows the main themes and sub-themes:

Themes	Sub-themes
The subjective traumatic experiences of being bullied	<ul style="list-style-type: none"> • Different types of being bullied experiences • The traumatic features of the bullying experiences • The subjective experiences
Post-bullied complex	<ul style="list-style-type: none"> • Helpless endurance • Social / self isolation • Unresolved negative feelings • Dynamisms
Self evaluation and presentation	<ul style="list-style-type: none"> • A “good-me” self • A “bad-me” self • A “poor-me” self • An “ambivalent-me” self
The manifestations of psychotic symptoms	<ul style="list-style-type: none"> • Hallucinations • Delusions • Disorganized speech / behaviour
The functions of the psychotic symptoms	<ul style="list-style-type: none"> • The precipitation period • Resemblance between the psychotic symptoms and the contents of the being bullied experiences • Adaptive functions of the symptoms

Table (3): The main themes and sub-themes

Although the main themes and sub-themes are presented in a separate order, the relationship between each theme and sub-theme is complicated, interwoven and linked.

6.3 The Subjective Traumatic Experiences of Being Bullied

All the participants have experienced different types and severity of bullying and all of these bullying experiences started when they were in primary school. The following table (4) briefly shows the contents of the being bullied experience for each participant:

Names / Sex / Age	Age at diagnoses / Period of being diagnosed as having early psychosis	Age at which the bullying started	Being bullied experience	Contents of the being bullied experiences
Anna / F / 18	16 / 1 year 5 months	6 - 7 (P.1)	Verbal	Teasing about: - The bad smell from her body and hair, being stupid, ugliness, etc. - Telling her she was useless - Laughing at her as an obscene person
			Relational	- Isolated by classmates - Gesture of not touching any of her property
Bella / F/ 13	12 / Nearly 1 year	6 – 7 (P.1)	Physical	- Seized her candies and ate them all - Shot with BB pellets from toy guns leaving some scrapes (marks) on skin
			Relational	- No friends, always left out of groups
Cindy / F/ 18	10 / Nearly 8 years	8 - 9 (P.4)	Physical	- Seriously beaten by a boy - Beaten by a tutorial teacher
			Verbal	- A boy teasing her about being fat and ugly
Dickson/ M / 18	14 / Nearly 4 years	Before 12	Physical	- Classmates threw away his property - Coerced money from him - Wanted to beat him - Slapped his face - Kicked his abdomen
			verbal	- Teased him saying he was an idiot
			Relational	- Disliked by classmates - Gossip about him
Edmond/ M /	15 / 3 months	8 - 9 (P.3)	Physical	- Rode on his back and beat him - Threw his pencil case into the rubbish bin - Indecent assault

15				- Sexually molested him
			Verbal	- Teasing him saying he was too feminine
			Relational	- Isolating and neglecting him
Frankie / M / 14	13 / A few months	9 - 10 (P.4)	Physical	- Taking away the chair from behind to make him fall down - Punched by 2 school mates
			Verbal	- Teasing him for coming from mainland China
			Relational	- Isolated by classmates
Gina / F / 17	16 / 8 months	6 - 7 (P.1)	Physical	- Used blue tack to stick her hair together - Sexually harassed her - a male school mate threw a ball at her intentionally
			Verbal	- A male classmate teased her as an odd person - Class teacher commented that she was a person with dual personality
			Relational	- No classmate made friends with her or had lunch with her - Always left out of groups
Hebe / F/ 15	13 / 2 years	6 - 7 (P.1)	Relational	- Isolated by classmates, left out of groups - The classmates would walk away or show some disgusting gestures when she walked nearby - Gossiped about her - Scolded by a classmate as a hated person

Table (4): Contents of the participants' being bullied experiences

6.3.1 Different Types of Being Bullied Experiences

Berger (2007) has differentiated three forms of bullying, which include physical, verbal and relational bullying. Among the participants, 6 have experienced physical bullying which included beating or hurting the body, throwing away property, being shot with toy guns with BB pellets, indecent assault, taking away the chair from behind to make one fall, using blue tack to stick one's hair together and seizing snacks, etc. 6 participants have experienced verbal bullying in the form of teasing about negative attributes such as being fat, ugly, stupid, an idiot, having a bad smell, being too feminine-like, coming from mainland China (大陸仔), being odd (怪人), and being useless, etc. 7 participants have experienced relational bullying in the form of isolation, gestures of not willing to touch the victim's property, always leaving the victim out when forming groups was needed in class, and being disliked, neglected, gossiped about, and scolded, etc.

Anna started being bullied by classmates when she was in primary one. She has experienced both verbal and relational bullying.

(Anna): "I am always bullied by others, or teased, or... that is, I am very lonely as I am one of those who are being isolated. The situation is... similar to... em... you may imagine, a class of thirty something students, maybe, I have to face those thirty something people who will always scold you, dislike you. You will find that... em... it seems that the whole world dislikes you. "

"Starting from my primary school grade one, the classmates began to tease me as a stupid person. They queried why my hair was so dirty. They did not want to touch me, but they would never tell me what my problem was, but just gossiped. What they are like... em... really horrible, they would say 'your survival is a waste of space in the world (廢世)'."

“Once I won the championship in the inter-school music competition when I was in form 3. I played the recorder (牧童笛) at that time. However, the problem was... they did not recognize my honour... I don’t understand what the relationship between playing the recorder and being obscene is. They teased at me as if I was doing some indecent behaviour when I was playing the recorder. Sigh! What should I do? I had even thought of giving up my recorder at that time.”

Bella has experienced a similar situation. She was also bullied on the first day of her primary one school life. At that time, she was only 6 years old. She has experienced physical and relational bullying.

(Bella): “My classmates in class D, they always took my things by force. (On my first day of school,) they seized my candies... They didn’t ask me before they took the whole bag of candies and ate them all. I could only eat one piece... I thought they were bad people.”

“Once, my cousin brought my elder twin sister and me to play in a small park which was near our home. We were shot by a group of boys using a toy gun with BB bullets. My sister cried seriously and then she left secretly to seek help. That year, I was only 7 years old and we did not know how to escape. Those boys were our school mates but we did not know them... Then, my mother and an estate security guard came to rescue us. My mother scolded them fiercely. However, one of the boys dared to talk back to my mother and scolded my mother. After this issue, I did not want to have any contact with boys.”

“I felt that I... em... knew... em... relatively speaking... em... for a long time... (I am) not a talkative person, so no one would make friends with me. I wanted to play with them but I didn’t know why, we did not have common topics. It was because... er... I could not make friends in my class D.”

Cindy has experienced physical and verbal bullying. She said that one of her male classmates teased at her and hit her seriously when she was in primary 4.

(Cindy): “(He) teased me about being too fat and ugly. It was only the very beginning of our primary 4 term when he began to tease me... That day... em... our school was very big. Then... there was a ... a... football court... There was also a covered playground and a basketball court. Outside, there was an arena, like a tortoise shape, some seats around, like a theatre... Yes, it happened there. He again, came to tease us... we girls were playing there. He came near us and teased us about being too fat and ugly. He could only repeatedly say these two things. I wondered if he was a mad guy. When he said it the first time that day, I treated him as if he was mad. Then, when he repeated it for a few times, I tried to hit him. I was on fire... on fire... very angry... my anger burst and I hit him. Ah yes, he fought back fiercely.”

Dickson had even more serious being bullied experiences. He has experienced all 3 kinds of bullying. He started being bullied when he was in primary school and the intensity and seriousness increased when he was promoted to secondary school.

(Dickson): “The story of being bullied... hm... When I was a primary school student, I had already begun thinking of why I was always so unlucky... Yes... When I was a primary school student, I was already being bullied by my classmates. Once, he (the bully) asked me to lend him money, then I refused. Then, he threatened me, ‘you have to look out today after school. Something will definitely happen to you.’ So... when I left the school that day, I saw he had gathered a few boys to threaten me, forbidding me to leave the school. They asked me to take out all my money... then hm... to take out all the money... Then I ran... They chased me. Fortunately, I could get on a bus immediately and they then stopped chasing me. When I went home, my family members suggested reporting it to the police but finally they didn’t.”

“It can be said that... starting from my birth, I had bad luck... everyone seems to... bully you... hit you... I was really angry... that’s true... hit you in public... It really happened that day... in my primary school days, my classmate, the same boy. That day, I didn’t know what was actually happening. A group of classmates surrounded me and treated me badly together... After some time... he said, ‘hit him! Hit him!’ Then I found my face was slapped fiercely... The classmates seemed to have lost control. Everyone listened to him. No one dared to help me... That’s true... that’s true...”

“Once, when I was studying in form 3, a classmate... he (the bully) had already disliked me when we were classmates in primary school... Then... when we were in form 3... so angry... (he) suddenly attacked me with his leg, kicked me, even hit me. Yes... yes... then, then, he conspired with all... all my classmates against me together. If you shouted loudly, they would treat you badly together... tease you... bully you, all those things... The next day after he had kicked me, he told all the classmates to isolate me.”

“When I was studying in form 4, the situation was a little bit better but still bad. That’s true... there was a lot of gossip starting from form 4. Most of my classmates in my class were girls, we boys... only 4 to 5 persons. That meant, there was a lot of gossip among the girls. They always grouped together to gossip. They were so curious about everything... yes... They laughed at me and with their fingers pointing at my face, teased me and said, ‘idiot’ to me.”

Similar to Dickson, Edmond, Frankie and Gina have also experienced all 3 types of bullying. Beyond the physical violence, Edmond and Gina have even experienced some acts of sexual harassment or molestation, which are categorized as physical bullying.

Edmond narrated his experience of being bullied in this way:

(Edmond): “Oh, my primary school life... er... er... I was always teased as being too feminine like. Er... (I) was always bullied, especially by the boys... I remember clearly when I was the prefect of my class; the boys scolded me loudly, shouting that it was none of my business to handle their affairs. They scolded me for not being qualified to be the prefect. They always teased me, isolated me, and called me nicknames... They were so outrageous. I was extremely angry and so sad that... I wanted to harm myself by using a cutter in front of the whole class.”

“(Another episode)... a female classmate had thrown my pencil case into the rubbish bin and they treated me as if I was a clown. No one was willing to talk to me... or play with me.”

“The whole class surrounded me, to gossip; the boys laughed at me happily. Then... er... they began... to molest... like molesting me... That

was... I was doing something else at that time; a boy suddenly hugged me from behind. When I turned around, he drew back his hands... and said, 'so funny'... All the people there said it was so funny. Then they always did that... I was seriously scared... and... I was sexually harassed too... Er... in a place where there were a lot of people, he rubbed my hip... I glared at him unhappily but he ran away immediately; far away, but he then followed me at my back again. When I sat down on a chair, he put his hand on the chair without my noticing... When I sat down, he rubbed it... He also ordered me to crawl and he rode on my back as if I was a horse. Yes, all these experiences made me feel very sad, in the year of my form one studies."

Gina has also been sexually molested. She narrated in this way:

(Gina): "I... always think that all boys are lustful... heehee... also they always talk nonsense... impolite as well. It is because I remembered... that was... it might be that my cousin (Gina's school mate as well) was so curious about girls... He touched me... no one noticed that... he touched my breast. I was only 6-7 years old that year... I didn't know that it was sexual harassment at that time. I only learnt that a year later. When we were small, we always played together but they always bullied me. I remember... my cousin threw a piece of blue tack onto my head and my hair got stuck together. My mother helped me clean it out that evening. It needed a long time to clean it out (of my hair)."

"Starting from my childhood, I was teased by my classmates... Er... I was very quiet at school. I have no friends... When we needed to form small groups for learning, my classmates could pair up easily but I was the only one who was left and I had to do it by myself."

"Once, I knew that a boy had thrown a ball at me intentionally, but I was not sure. Moreover, I heard that classmates said I was an odd person and I also heard that they didn't like to play with me. They teased me."

Frankie was bullied seriously and the main bullying focus was on his identity as a new arrival from mainland China. He suffered from both physical and verbal bullying.

(Frankie): "My classmates teased me... saying that I was a country boy who came from mainland China (大陸仔). They didn't play with me... but they bullied me. Once, when the teacher asked us to give a hand moving some stuff in the classroom, they took away my chair from behind when I tried to sit down. I fell. They laughed happily. This kind of school life continued from primary 4 to primary 6."

"I was beaten on the school campus. Two people... one caught me and one beat me. I didn't know what was happening... I was originally walking with another classmate, but he suddenly walked away... I don't remember... I went to buy some drinks in the tuck shop... Then, I was caught and beaten in a corner. He hit me with his fist in my stomach with his hardest effort. I tried to kick him but was not successful. They then ran away immediately."

Hebe did not experience any physical or direct verbal bullying. Relational bullying was what she experienced, mostly starting in her primary school days and continuing through her secondary school life. Her narration follows:

(Hebe): "Er... my classmates neglected me... treated me as if I was transparent. They would tell me directly that they disliked me. It happened that a classmate requested I change seats with another classmate in the classroom but I refused. She wanted to use my seat, but I didn't have another seat to use so I refused. Every time, I had to find a seat by myself so I didn't want to get up that time... At last, I said, 'okay, exchange, exchange' reluctantly. Then I ignored them. It's up to them. This was not their first time to do this. She made gestures that she disliked me. I got this message of dislike from her physical gestures. She kept a distance from me always, didn't want to walk near me. In this case, I understood that I shouldn't stick to her... When I walked near her, she would walk away... All my classmates would do this to me... Moreover, they would gossip about me. When we had to form small groups for learning, they would leave me alone. No one was willing to pair up with me."

The above narrations by the participants have clearly shown how they were bullied painfully and how they suffered in those situations. The episodes which they narrated were vivid and full of fear and tears.

6.3.2 The Traumatic Features of the Being Bullied Experiences

Learning from the experiences of the 8 participants, we could understand that no matter what the type of bullying was, be it physical, verbal, or relational, the contents seemed to be quite common to what we have encountered in our own daily life experiences. Although we may not have any specific being bullied experiences, we may have heard about or even witnessed similar scenes. The contents of the narrations about the being bullied processes were neither something new nor something strange. Sometimes we may even think that such scenes may be common peer games and behaviour among young people. However, when looking into the issue from the perspective of the victims, we can see that these experiences have actually been subjectively significant in that all of these contributed to unhappy school experiences which have fully occupied the minds and memories of the victims. They have experienced the being bullied events traumatically. It is meaningful to look for some common and significant features in their being bullied experiences which might contribute to their traumatic nature:

i) The victims have no way to escape

As the victims continued to go to school every day, they would see the bullies who were their classmates or school mates. Sometimes, they would be surrounded by the bullies too.

(Anna): "I felt that this is... a definitely bad thing. During these 11 years of being continuously and frequently bullied... er... you are ugly, you are... stinky, you are useless, you are stupid, em... actually... (sigh)... don't... don't know what to do... My father knew but... (sigh)... these classmates... that is... he said, 'the classmates are bad... so you can ignore them'. I certainly know that I can ignore them. However, you have to see them and meet them every day. It is impossible to ignore them completely."

Bella recalled her fear and helplessness when she met the bully boys who shot BB pellets at her body on the campus.

(Bella): "When I saw the boys on the school campus, I was scared. I ran away quickly... I ran into the female toilet and hide myself. I hoped that they wouldn't discover me. This situation lasted for a few months... This issue badly affected me that I didn't dare to make any friends with the boys at school."

Edmond clearly showed that he has struggled with the possibility of avoiding the bullies by escaping from school. However, he also wanted to perform as a good student, so he pushed himself to continue going to the venue even though he was sure the bullies would be there. His ambivalent struggle with this situation caused Edmond to feel pain.

(Interviewer): "How often did he (the bully) do this (sexual harassment) to you?"

(Edmond): "... Er..... often... every time we went to the drama course."

(Interviewer): "How often did you have your drama course?"

(Edmond): "Every week."

(Interviewer): "That means he did that to you nearly every week."

(Edmond): "Yes."

(Interviewer): "Why did you continue to go to that course? Were you scared?"

(Edmond): "Yes. I did not go a few times. I intentionally wanted to avoid it. However, the teacher asked me what had happened and why I didn't attend the course. I didn't want the teacher to worry about me so then I continued to go."

ii) Adults were seldom informed of the incidents and the victims felt helpless

Most of the time, the bullying incidents were not reported to teachers or parents. Many of the witnesses, who were classmates or schoolmates, might think that the incidents were just some playful acts among young people. Some witnesses might think that these acts were not serious acts of violence, especially in the case of verbal bullying.

(Cindy): "(The teachers) did not know (about the incidents), that's why there are so many bullying events in the school. It is because these things are hidden and no one will get to know about them."

Some witnesses might also think that intervention by teachers or adults should be avoided. Therefore, many of them did not have the awareness to stop these incidents or report the incidents to their teachers or parents.

(Gina): "I didn't tell my mother that I was sexually harassed. I was only 6 to 7 years old. After that incident, I began to treat my father badly..... He didn't understand why I had that attitude towards him. He always asked me why I treated him badly... I didn't answer him."

Some participants such as Anna and Dickson, would think that some witnesses would prefer just to be bystanders, keeping silent.

(Anna): "Actually, it was troublesome. If... I understood that. If someone would like to help me, I would feel that..... If someone wanted to be my friend, he or she would bear a lot of pressure."

(Dickson): "I was thinking at that time... my thoughts were in chaos... What should I do? At that time..... no one would help me."

For Edmond, he thought that some witnesses would also enjoy watching the incidents.

(Edmond): "The whole class surrounded me. The boys were laughing happily... When he (the bully) rubbed my hip, he called the other classmates to join watching. A lot of people surrounded me and watched... too That was how a person was bullied."

These participants have clearly narrated that the being bullied incidents were not made known to the adults. Some participants might think that it is of no help to tell any adults, some may think that children's issues should not involve adults.

iii) The help seeking process induced further feelings of helplessness

Even if the victims tried to report the incidents to teachers or adults, some of these adults would not take the issues seriously. They might think that bullying was a kind of common incident among young people. Some might neglect, or simply not have the sensitivity to know, that the possible impact on the victims might be traumatic. Even Dickson felt very helpless when he tried to seek help at school.

(Dickson): "Maybe... my school is categorized as being of a band 3 standard; all the students are bad... When I went to school, no one was willing to make friends with me. They would pick on me... no one... yes... yes... no one makes friends with me... If I tried to seek help from the teacher, it seemed that she didn't want to handle it... until... until..... When I was studying in form 5, my class teacher... was even worse. I went to find her... find her, my father tried to find her. She queried why my father went to find her. She told me that she didn't understand why my father went to find her because of the peer issue. I found it ridiculous. Then, I tried to find the school social worker. The school social worker seemed to take me as a joke. It was on the parents' day last year; we went to find the school social worker. However, she replied that she was in a hurry. She had no time to entertain us and hoped to talk later. Wow! It was a real shock to hear that. There was really... really..... No one was a good guy who could help me. I was very confused at that time. Was it that I had done something wrong in my previous life (前世) so that my present life is... (sign)? These people... might it be that they come to take revenge on me in my present life."

Similar to Dickson's unhappy help seeking experience at school, Edmond was also angry at the response of the teachers who put the responsibility for being bullied on Edmond himself.

(Edmond): "I remembered... the male teacher, who taught me Chinese Language, he witnessed me being teased by classmates. It was in his class... he was teaching... but he didn't say any word, not a word... He ignored the issue... and also... the teachers... they blamed my parents. My class teacher always said to my mother that... er... er... 'You have to guide your son properly. You see... your son's personality is..... you see... the consequence... he can't integrate with his classmates'... The teacher blamed my mother and me... The teacher thought that it was my fault. I won't trust teachers anymore. "

Some participants would go home and share with their parents.

However, the response of their family members was also not supportive.

(Edmond): "My pencil case was thrown away by a classmate... Then I didn't have my pencil case to use. I told my mother about this issue. My mother was so busy and she didn't know what to do. She only bought me a new pencil case... That's all. Actually, I expected... she would care about my feelings, understand that I was being bullied at school and then... go to discuss the bullying with the teachers. "

(Frankie): "(I have told my mother) but she didn't understand... She knew... she knew that I was bullied but she just told me to be tolerant. "

(Hebe): "I wouldn't tell my mother now because she would always comment that it must be my fault. Therefore, I didn't want to share with her... I mean, she would prejudge that it must be my fault and then she would preach to me... I don't want to talk to her anymore. "

By learning about their experiences, one might easily get an impression that the help seeking process might simply further induce a sense of helplessness in the victims. This sense of helplessness was already there in the being bullied process, and will be presented in the following section covering

the post-bullied complex. The frustration experienced in the help seeking process would further magnify this sense of helplessness.

6.3.3 The Subjective Experiences

The above section mentioned the traumatic features of the being bullied incidents. The subjective narrations of the participants on the being bullied experiences are also significant. Their subjective descriptions could enrich the understanding of how the being bullied experiences influenced the lives of the participants and how the participants experienced the bullying traumatically.

i) The attribution of the being bullied experiences

Most of the participants have attributed the being bullied experiences to their own problems. They bear the responsibility themselves. Most of them claim that they have some deficits, weaknesses, insufficient capacities, personality problems, or other misfortune.

Anna attributed it to her own weaknesses such as being stupid and strange, which made her feel being isolated.

(Anna): "It might be that I was too stupid... Starting from my primary I class... I got zero marks in dictation... People might have found me strange and asked why this person got a zero mark. They might have thought that I was extraordinarily stupid... They felt that I was strange... Then..... they began to start... isolating me... That was, they thought that you were stupid at the very beginning and in addition to my appearance... in this way.... My appearance was..... looked a bit stupid. You will definitely think me a stupid person when you look at my appearance."

Similar to Anna, Gina and Hebe also attributed the bullying to weaknesses in their personality.

(Gina): "I think that the reason why the classmates gossiped about me..... That is... because I am a quiet person. Er... I can't speak in front of a large group of people. However, I remember that if I had an oral examination, I would try my best to speak. So, my classmates would find that there was a big difference (between the two sides of me)."

(Hebe): "I always... scolded my classmates so I was not liked by them... I was a hot-tempered person when I was in primary school. I would scold classmates with no reason. So... I was isolated."

Dickson could not understand why the bullies chose him to be a victim. He could only attribute this to his misfortune.

(Dickson): "... I don't know why... I was so unfortunate (黑仔). I was always... all my classmates would... bully me... Everyone would like to... play tricks on me. Everyone would pick on me... Starting from primary school, I found that I was always the unlucky one... It might be that I was easy to bully, easy to shout at... I can only say that my life is full of unfortunate events, and I have nothing to say. That is it."

ii) The subjective scaring or threatened feeling

It was found that some participants have developed a sense of constantly facing a threat after being bullied. Most of the time, it might be due to the unpredictability and unavailability of the bullying issues. Some bullying victims would project the traumatic effect to all other life events and some of them would imagine and fear possible upcoming bullying episodes.

Anna and Dickson shared a similar feeling about the unpredictability of the bullying events. They showed fear about the uncertainty of what would happen if they saw the bullies.

(Anna): "... I just think, don't hurt me... (Hurting) self-esteem is ok... It is horrible if they beat me... I won't argue with them... I was afraid that they would scold me by using foul language or act wildly, or act like thugs. In the long term, it would be very serious if they slapped me on my face (陣間整整吓，打埋一巴咁就大鑊啦).

(Dickson): "I was so scared that I refused to go to school. When it reached 8 o'clock in the morning, I was so scared. I did not dare to go to school. At that time, I did not dare to go to school forever."

(Interviewer): "What did you think or feel at that time?"

(Dickson): "I did not know what they would do. Once I got up in the morning, I did not know what kind of methods they would use to play tricks on me, how they would treat me, and how they would beat me together with the other classmates."

On the other hand, Edmond stated that it was the unavoidability together with the unpredictability which made him feel threatened.

(Interviewer): "(The boy) suddenly held you from behind, having crept up without your noticing."

(Edmond): "Yes."

(Interviewer): "Oh."

(Edmond): "I was extremely scared."

.....

(Edmond): "I didn't know why, I began to have... to be very alert (戒心). I couldn't contact anyone who was unfamiliar to me."

(Interviewer): “Hmm... what would you think about them?”

(Edmond): “They would make comments about me. Yes! Then... (they) teased me. That feeling... was similar to when I was bullied in my primary school life. Just like... they... would tease me, bully me continuously. When I saw them, I would begin to feel very scared. I knew... (sigh)..... Were they talking about me? Er... very scared... Damn it... What would they say?”

Frankie has narrated another source of his feeling of being threatened. It was due to a total imbalance of power in which he thought he was incapable of fighting back.

(Interviewer): “Did you report the incidents to the discipline office?”

(Frankie): “Discipline... er... he..... The Mathematics teacher (that Frankie thought was the bully) was one of the discipline teachers. So, how could he help me? If I reported (it) to him, the whole school would get to know it. I would then be beaten more seriously than before... And after that, I was afraid that I would be beaten by others anytime in district X (the area where his school was located).”

6.4 The Post-Bullied Complex

The term “post-bullied complex” has been used in this thesis to refer to all the responses found in this study given by the participants after they had been bullied. It includes a complication of some coping methods and some negative emotions. Sometimes, the coping methods and emotions are intertwined with each other, and due to the adverse nature of the situations, they might escalate in a spiral. For example, an inappropriate coping method would induce some negative emotions.

The negative emotions would then lead to another inappropriate coping method or worsen the original inappropriate coping method. It might become a vicious circle.

6.4.1 Helpless Endurance

“Ignore” seemed to be the word which was mostly used when the participants were asked for their method of coping with the being bullied incidents. When their narrations were listened to carefully, it was found that simply enduring the being bullied incident was the first response found in many of the participants. However, the endurance seemed to be reluctant and it occurred in a situation where the victim felt helpless.

Anna and Edmond narrated clearly about enduring the bullying situation by ignoring it.

(Anna): “I would not respond to them at that time. However, sometimes, I would like to refute (their comments), but if I refuted... they could not react... certainly... but... I didn’t want... I didn’t want to be scolded with foul language... So I didn’t respond to them. That meant, I would forever endure, endure them all.”

(Anna): “I have one and the only one method... ignore them!!Only one... ignore. I was not angry anymore because I got used to being in that situation.”

(Edmond): “Hm... I... When they bullied me, I would... I wouldn’t fight back. That... let them go. Ignore them... yes.”

However, Gina coped by keeping silent, by not telling anyone else about the situation, including her parents, while Bella used her own method to tolerate the situation.

(Gina): "I would pretend that I didn't hear their gossip about me but then... I felt it was unbearable. I didn't tell anyone because I was afraid that my parents would worry about me. "

(Bella): "I did not talk to them (the bullies, after the bullying issue). Even if I brought snacks back to school, I would not take them out in the first recess. I would go to the playground in the second recess and eat the snacks secretly."

6.4.2 Social / Self Isolation

When the victims found it hard to tolerate the situation using the ignoring or enduring method, they would use another coping strategy, the self isolation method. They would try to avoid any possible contact with the bullies. The most thorough method was to avoid going to school or skip some lessons by making various excuses. However, avoiding contact with the bullies by not attending school would also lead to social isolation. Isolation would make the victims accumulate a series of unresolved negative feelings because they did not have channels through which they could vent their feelings or get support.

(Cindy): "I had stopped school for half a year... It was not a problem of my willingness, but my situation was... I couldn't tolerate it. Once I went to school, I would cry and I hope to find my mother."

(Dickson): “(When I was) in the same class, I would avoid contacting him (the bully). If anything happened, I would tell the teacher. I had no way out. I had no way out at that time.”

(Dickson): “I didn’t know what would happen if I went to school. How classmates would play tricks on me and how they would bully me, so I hid myself at home. I didn’t go to school every day at that time..... I tried once. Later, I could go to school, but only for half a day, I went to school at noon.”

Both Cindy and Dickson pointed out that they would not go to school by staying at home in order to totally avoid having physical contact with the bullies. Besides being physically absent from school, Edmond also psychologically isolated himself by building a metaphorical high wall to block interactions.

(Edmond): “Er... I began... starting from form 2, I dared not to play with the boys, (and) rarely contacted them, absolutely rarely. I built up a very tall wall for myself. Then... I dared not to chat or play with them.”

(Interviewer): “How about when you have physical education (PE) class? You had to go to the male changing room with the boys.”

(Edmond): “Yes.”

(Interviewer): “How did you face that?”

(Edmond): “I wouldn’t talk and would stand in a corner on my own.”

(Interviewer): “Hm...”

(Edmond): “Yes, I ignored them. Completely, completely..... Actually, I would frequently not join the PE class at that time. Yes! I would tell the teacher that I forgot to bring my PE uniform or pretend to be sick.”

6.4.3 Unresolved Negative Feelings

Significant negative feelings were found in all the participants. Those feelings included anger, sadness, fear, worthlessness, loneliness, inferiority, helplessness and hopelessness.

6.4.3.1 Anger

Anger seemed to be a very obvious and outstanding feeling found in the participants. This feeling was usually presented by them quite directly during the research interviews. However, an interesting phenomenon was found in that most of the participants who have this feeling of anger did not dare to express it when they were facing the bullies or being bullied.

Anna and Dickson invented their own methods to vent their anger when they were at home.

(Anna): “What would I do in the past? Very funny... Haha... I would write a formal complaint (on a piece of) paper (狀紙)... Haha... Er... this person has done so and so. Then I would write it down... Er... How this person treated me badly... Then... what I would do... When I went home, I would then tear the paper (to pieces) completely. After the formal complaint letter was torn up, I would feel much better.”

(Dickson): “The most abnormal... yes... it was because I seemed to be losing control of my emotion after being bullied, and I would throw things at home. I would scold others. I once have even... hit other people without con... control. Yes... at home, I hit the wall; I hit the pillow... Er... I could not control myself once I was angry.”

Edmond and Hebe did not vent their anger directly with behaviour similar to that of Anna and Dickson. They preferred using their imagination to simulate acts of revenge on the bullies.

(Edmond): "I was so angry that time... Damn... er... it was in our IS (integrated science) class. I wanted to punch the head of that boy with a test tube. I hated him very much, to an extent... very much. How come this person could play tricks on me like that? Yes. Er... er... that boy was the one who hugged... hugged me from behind. Yes, he bullied me... and also told the others to watch me."

(Hebe): "I would talk to her (the bully) with a horrible smile... I heard from somebody's saying that if you were not used to being an irritable person, once you were triggered, your anger would be intense. So, if I was triggered, I would then talk to her with a smile. This would be very horrible."

6.4.3.2 Sadness

Sadness was another significant feeling found. This was also a straight forward responsive feeling which was induced by the being bullied incidents. The participants would express this feeling by crying. However, most of them would cry secretly, hiding themselves when they wept.

(Bella): "When everyone was asleep at night, I would go to my bed and weep... I seldom cried during the day time, more often at night time."

(Cindy): "I felt it was unbearable (難受). I would frequently cry. I would cry while I was standing in front of the window and this situation lasted for half a year... When they (family members) went out, I could finally cry... Yes... I could not bear it anymore so I cried loudly and fiercely (狂

喊). *(Sometimes) I would hide myself in the quilt, cover up myself and weep secretly so that they would not notice.*”

(Gina): “I didn’t know how to handle my emotions properly... At that time, I would always cry. I... would hide myself in the toilet or at home when I cried.”

(Edmond): “Yes, primary 5 was the unhappiest period for me. I cried every day and night. When my parents slept at night, I would cry. Once, I tried to take out a knife from the kitchen. I looked at the knife, thinking that I was in too much pain and it was better to go to hell. Wow... the friends were... they isolated you, played tricks on you, and my family ignored this. Actually, I was hopeless at that time.”

Differing from the behaviour of the others, Frankie coped with his sadness not by crying but by going out to walk and listening to music to vent his feelings.

(Frankie): “I was tired... a little bit... walk... very sad even when I was walking..... I felt sad even when I was walking. I would recall those (being bullied) memories. Therefore, if I listened to music while I was walking, I was able to distract my attention...”

6.4.3.3 Fear

It is definitely not weird to find the feeling of fear in the participants. The participants who felt fear have mainly undergone a different degree of physical attack. Most of them would associate the bullies being able to see them with some bad acts towards them following.

(Bella): "When I saw the bullies at school, I was afraid. I would escape. Sometimes when I needed to go to the toilet, I saw them (in the corridor), and then I rushed into the female toilet immediately. This feeling of fear lasted for a few months."

(Dickson): "At that time, I was so scared that I dared not to go to school. Every morning at 8 o'clock, I was scared. I would never want to go to school at that time. When I got up from bed in the morning and thought of going to school, I would wonder how they would play tricks on me today, how they would hit me with the other classmates... My feelings would become... damn... I continued sleeping then."

(Frankie): "It was because... if my family had not moved house, I would not be allocated to this school."

(Interviewer): "Hm..."

(Frankie): "I am not talking about the academic aspect. I am talking about the school culture... really horrible... the school culture."

(Interviewer): "How was it horrible?"

(Frankie): "There was a triad society in this school."

.....

(Frankie): "I was hit by someone in the school... I was afraid that I would be hit by someone in district X (where his school was located and which he claimed was full of triad society members) anytime."

(Edmond): "The whole class surrounded me to gossip, the boys laughed at me happily. Then... er... they began... to molest... like molesting me... That was... I was doing something else at that time, and a boy suddenly hugged me from behind. When I turned around, he drew back his hands... and said, 'so funny'... All the people there said it was so funny. Then, they always did that... I was seriously scared... Er... Starting from my... form 2 study, I did not dare to play with the boys... did not dare to contact them... very rarely. Then... I did not dare to play or chat with them... no... no... no... totally not talking with them. I isolated myself by the side."

6.4.3.4 Inferiority

Inferiority was another common feeling found among the participants.

Bella directly used the term inferior to describe her personality. Thinking that her personality was inferior made her feel sad and hopeless.

(Bella): "I cried yesterday... I felt very inferior... Er... one thing is very important; I always thought of death. Sometimes when I was very sad, I would want to die."

Both Gina and Dickson developed their feelings of inferiority during the interpersonal interaction process. Gina found herself to be a loser compared with her peers while Dickson believed that he was looked down on by others.

(Gina): "I was so sad at that time, even worse than now when I have the (mental) illness."

(Interviewer): "How would you feel when you saw them (the bullies)?"

(Gina): "I didn't want to see them anymore because the situation was like this and I found myself losing face."

(Interviewer): "What do you mean by the situation like this?"

(Gina): "Er... I felt that I was a loser in front of them."

(Interviewer): "What made you feel you were a loser?"

(Gina): "When people said that I was stupid, I would believe that I was really a stupid person. Also, I was poor at my studies. Therefore, I thought I was a loser."

(Interviewer): "Hm.. how long did this thinking last for?"

(Gina): "I think... because I have no friends, yes... then... yes. I think that the reason was my interpersonal problem. Er... I was a silent person at school because I was bullied. Then I was not confident enough. That meant, I felt myself to be not as good as the others. So, I didn't dare to talk with them."

(Dickson): "I cried. I felt very sad. I thought that no one would help me. If I had any issues, I went to find a teacher but the teacher would also take sides with them (the bullies). At that time, no one would help me. That's true. At that time, I wondered if there was any good person in this world. Just like if I walked on the street, even the policemen would look down on me. They would not check the identity cards of other young people who were walking on the street. However, the police would check mine. That meant they looked down on me."

6.4.3.5 Loneliness

Although being bullied seemed to be a conflict filled event for the adolescents resulting in poor interpersonal relationships, not all the participants demonstrated a feeling of loneliness. Some of them might have some other friends outside of school or outside of the bullying gangs. However, some of the victims did express an intense feeling of loneliness.

(Anna): "I think that my only friend... teachers are the only people who I can talk with."

(Dickson): "Actually, I always hope to have a friend, just like a brother. When I am in need, he will come to understand me. (We could) care for each other and have mutual help. However, there is no one, I can say, no one will come to help me at this moment. I am jealous of those people who have a large group of friends united together. Although they will sometimes play tricks on each other, they will never pick on you, speak

foul language to scold you, or even beat you, etc. Yes! From my point of view, I can't find a friend like this at this moment."

Although Hebe did not speak directly about her loneliness in the interview, she showed a strong sense of aloneness and loneliness in her narratives.

(Hebe): "The classmates gave no response to me, but he (the male voice) would comfort me... hm... If I felt sad, he (the voice) would share with me... He would... er... give me heart-warming greetings. He would not intentionally make me feel sad. He would also analyze the right or wrong side of an issue with me. He made me understand that I didn't need to be sad."

Hebe showed strong feelings about having no other friends. She treated the hallucinated voice as her only peer support.

6.4.3.6 Worthlessness

Some participants showed very low self worth. The participant Anna even used the word rubbish to describe herself in the eyes of her classmates. She was quite unique in that she used a very special metaphor to represent herself. She compared herself to a famous Chinese ancient character Kong Yiji (孔乙己), who appears in a representative work in the famous short story collection of the Chinese writer Lu Xun (鲁迅). In the story, the character Kong Yiji was an ancient Chinese scholar who could not pass the Imperial

Examination needed to become an administrative official, and eventually he lost his dignity and descended into being an object of ridicule at a local inn.

(Anna): "I would imagine that I was a piece of rubbish. Hee hee... I only know that... I would imagine myself as an ancient Chinese person, Kong Yiji, who was a very poor guy and was always bullied by his peers. That is, I think of myself as a person living in the lower class. I felt very sad, always very sad... that means, in the hearts of other people, I was just a piece of rubbish."

With a more intensive feeling of worthlessness, the participant Frankie even thought of suicide.

(Frankie): "I always feel that I am worthless. I... tried... thought of jumping when I was very sad. I am worthless in this world anyhow. I could not find any meaning in this world. I had nothing to pursue."

6.4.3.7 Helplessness

Echoing the findings mentioned in the section above regarding the traumatic effects bullying has on further inducing feeling of helplessness in the help seeking process, helplessness was actually a raw feeling of some of the participants at the being bullied incidents.

(Dickson): "I didn't know why the whole group of people gathered together to stir up a trouble. They were discussing, talking about how to play tricks on me. Suddenly, one of them slapped me on my face. That guy! I told a teacher but she didn't handle it. The school social worker didn't give a hand. At that time, my feeling was... (I) felt like (I was) very

helpless in this world. I wondered if there were still any good guys in this world. I was thinking, there was no good guy in this world, that's true."

(Gina): "I thought that if I argued with them (the bullies), I still could not change their minds and it would further trigger their hatred towards me. I was helpless (我無辦法) because I had no friends... I only have one friend in school. Therefore, it seemed that there was no one who could help me. I was helpless (我無辦法) ..."

The participant Edmond clearly stated that he expected his mother could help. However, he perceived that his mother was too busy. Although his mother replaced the pencil case which was lost in the bullying event, he did not expect this type of materialistic replacement. What he needed was emotional and psychological support.

(Edmond): "I told my mother (about his being bullied experience). My mother was very busy at that time. She didn't know... er... how to help me. Then... er... she said... er... okay, I will buy you a new pencil case (to replace the one that had been thrown away by his classmate).

(Interviewer): "Did you report this to the school?"

(Edmond): "No."

(Interviewer): "What help did you expect from your mother?"

(Edmond): "Actually... I hoped... that she would care about my feelings, ask me if I was bullied, ask me if she needed to report it to the school... then discuss it with the teacher."

(Interviewer): "Didn't she?"

(Edmond): "No, she was so busy."

(Interviewer): “Were you disappointed?”

(Edmond): “Yes, I was disappointed.”

6.4.3.8 Hopelessness

Edmond was the only participant who showed a strong feeling of hopelessness directly in this study. He found that there was no change in the being bullied situation even after he had been admitted to a different school from his primary school classmates under the centralized secondary school placement allocation exercise.

(Edmond): “My primary school life was so sad that I didn’t want to recall (it). When I was promoted to secondary school, I hoped that there would be good changes. However, there was no change. Er... at that time, they gathered together, laughed at me, gave me nicknames, wow, they then... I was angry... so sad. I told the whole class if they continued teasing me, I would take up the cutter and cut myself...”

(Edmond): “Yes, primary 5 was the unhappiest period. I cried every day and evening. While my parents had slept, I took out a knife from the kitchen, looked at it, and told myself that it would be better to finish it. I suffered too much. Wow, the peers bullied me, isolated me and played tricks on me. My family did not help me. I was totally hopeless at that time.”

Although Dickson did not directly use the word hopeless, he actually expressed a strong feeling of having no hope in his situation.

(Dickson): “I have tried to tell my family members. They proposed reporting it (being hit by the classmates) to the police but they finally didn’t. I bore the burden until I graduated from the primary school. I

was helpless. That's true. Yes, no one could help you. At that time, I felt that no one could help. Yes! When I told other people, they ignored me. Yes! I told the teachers, they would not help. I didn't know what else I could do. I was very confused at that time... Later, I bore the burden until I was promoted to secondary school. At first, I thought that my life would be easier after being promoted to secondary school. However, it was the start of another nightmare. Yes, yes! ... In the secondary school, I thought... er... I have left most of those primary school classmates. However, some primary classmates were promoted to the same school with me. The worst thing was, a classmate, he was in the same class with me in primary school... When we were promoted to the secondary school, he was still in the same class with me from form 1 to form 3... He already disliked me when we were in primary school. However, the classmates listened to him. When I was in form 3, one day, even though nothing happened, he beat me. Yes!"

6.4.4 Dynamisms

When facing the being bullied situations, besides the above mentioned complicated feelings, the participants have also showed different psychological coping methods. Some significant methods were found in the participants' narratives and the concepts could be included under Sullivan's term "dynamism".

Sullivan (1953) asserted that dynamisms are the ultimate entities, the smallest useful abstractions, which can be employed in the study of the functional activity of the living organism. Dynamism is the relatively enduring pattern of energy transformations which recurrently characterize the organism in its duration as a living organism (Sullivan, 1953, p.103). In the concept of the dynamisms, Sullivan (1953) stressed that human behaviour was a process of ever unfolding flux and change within the interpersonal field, which is the essence of what a dynamic is. These dynamisms then gradually became organized into "relatively enduring

patterns” steered by the satisfaction of needs and the avoidance of distress (Evans III, 1996).

The most commonly found dynamisms used by the participants of this study were selective inattention, dissociation, the self system, hallucinations and paranoia. These terms are used with reference to what Sullivan has introduced in his theory. The findings on the self system will be presented in the next section on “self evaluation and presentation”, and the hallucinations and paranoia will be presented in the section on “the manifestations of psychotic symptoms”.

6.4.4.1 Selective Inattention

Sullivan used the term “selective inattention” to describe a very important process in which a person gradually treated an object as if it did not exist if it was unattainable or intolerable to the person (Sullivan, 1953, p. 170). Sullivan then further elaborated that selective inattention was further used by a person when one’s self-system effectively controlled focal awareness so that what was unimportant tended to get no particular attention. Sullivan claimed that the fortunate and sensible use of selective inattention was to consider that there is no need to bother about things which do not matter. However, the other side of the coin is that it would be an unfortunate use of selective inattention if a person ignored things that should matter.

In the narratives of the participants, some of them obviously showed that they have used this selective inattention dynamism when they were facing the being bullied scenarios. Anna and Dickson seemed to use the selective

inattention in a sensible way which could really help them tolerate the being bullied situation.

(Anna): "I would treat it as if I did not hear it (the gossiping). I would continue what I was doing at that moment... I would make myself become insensitive. I would treat what they were talking about as if it was a kind of background music... Then I would also add in some favourite music in my brain... for example, I liked Mozart, er... I liked Westlife. I would add the music then I could not (bear to) listen to what they were talking about me."

(Anna): "Music was always continuously playing internally in my brain. That meant, there was forever a world of music in my brain, playing. Therefore, no matter whether they were talking or not, I was in my world of music."

(Dickson): "When I was sad, I would hide myself. I would either sleep or read. I didn't want to think about this kind of thing. Didn't want to think about it, then nothing would happen. That's true."

However, Bella has clearly presented that the selective inattention dynamism has adversely affected her significant daily life.

(Bella): "I always heard a sound which was a piece of background music from a video game... when I was in class at school. It affected me so that I couldn't concentrate during the class. It made me unable to listen to what the teacher was saying."

Besides using the selective inattention process, some participants would instead become highly sensitive and selectively attend to the bullying incidents. Gina showed this significantly, and in the highly selective attention

process, she became alert to the point that she actually caused herself dysfunction because she concentrated highly on what the bullies were saying and doing.

(Gina): "I became very sensitive. I would always... actually I didn't want to listen to what they were saying. However I couldn't control myself. I wanted to listen to what they were saying about me. I pretended that I had no response to what they were saying but actually I felt uncomfortable. I would then pretend that I did not listen to what they were saying... It was because... er... I didn't dare to look at them. I felt embarrassed if I looked at those people who were talking about me. I wouldn't go away; I just stayed there to listen."

Hebe also focused on her classmates' interactions. She was extremely sensitive and believed that she must be the focus of attention.

(Hebe): "They would hide in a corner and talk about me."

(Interviewer): "Hm... did you hear what they were saying?"

(Hebe): "They were looking at me when they were talking... They must have been talking and gossiping about me."

6.4.4.2 Dissociation

Dissociation occurs when a person blocks those sorts of experiences from their awareness, which may include desires, impulses, and needs that a person refuses to allow into awareness. It works through a non-stop vigilance or alertness towards this awareness, with certain supplementary processes

preventing the person from making the conscious discovery that part of one's living was carried out without any awareness of it (Sullivan, 1953). In Sullivan's own terms, "dissociation is part of the equipment of the surviving human animal (Sullivan, 1956, p.168)... (In the dissociated state,) life was less exhausting; it was not so intense; it did not tire them so rapidly per hour" (Sullivan, 1956, p.169).

Some of the participants in this study also showed this dissociated state to a certain and significant extent. Anna's consciousness became focused and immersed in her internal world.

(Anna): "I still wanted to talk. Just like chatting with somebody, but there was just nobody there (我想講嘅時候咪講囉，不過只不過...無個人係我前面之嘛)... When my consciousness came back, I knew that I should not talk in that way and should not withdraw into my own world (即係當我清醒返，即係我唔應該咁講，即係我當我唔係我自己世界當中). When I jumped out from my internal world, I found that they (the bullies) were very noisy and the situation was confused (即我係出返黎嘅時候，我覺得佢地好嘈呀)."

Cindy experienced the dissociated state as if she was in a dream and she felt a bit confused. She could not distinguish and articulate clearly what has had actually happened and what she had experienced.

(Cindy): "I thought I was in a dream, for example, like when I was having yum cha (having dim sum) in a Chinese restaurant with my mother, but... I didn't know what I was doing. It seemed that I was having yum cha with my mother but I was not very sure. That was my true feeling. That was... (I was) doing something with somebody. That person was talking to me, but I would feel as if I was not talking to her. I was doing something else. I didn't know what I was actually doing. I

seemed to be in a dream. However, this dream would never let you wake up.”

(Cindy): “That was... I was a policewoman... I... er... in the Mass Transit Railway (MTR), quite recently, I tried to be a policewoman... I have tried that on the street too... I believed that the people would think that I was a policewoman. I talked as if I had a walkie-talkie, saying ‘over, over’, giving my PC number YC66964 to police headquarters. I was very happy and enjoyed that very much.”

Bella and Edmond have involved themselves in other mental activities such as listening to internal music to distract their attention from reality.

(Bella): “I have joined a lot of activities to paralyze myself... I hoped that I could forget the pain through doing something else.”

(Edmond): “Distracting my attention... I would listen to music and ignore people. It was because I was scared of people. I would try my best to ignore them. It would be okay then. However, it was very difficult... I couldn’t do it easily. When I entered the MTR, there were many people. I would stare at them and wonder if they were talking about me.”

Gina and Hebe had another type of experience, feeling like they were in a trance, having a blank mind. In this situation, the perception of time has also been found to be distorted.

(Gina): “I felt that the time was endless (好似日日都好漫長咁). Then... er... and I found myself always in a trance (個人成日都發呆). My brain seemed to be absent minded and was empty (即係會成日喺度空白一片乜野都無諗咁樣). I was muddle-headed and a day had then gone (好似渾渾噩噩咁就過左一日). Time was slow (時間係慢)...”

(Hebe): “When the voice was too noisy, I would sometimes order it to ‘keep quiet!’ Then, it would... I would become catatonic... hm... I could not hear the voices surrounding me. Sometimes when it (the voice) was too noisy, it would interrupt my learning in class. I would then miss what they had done in that class. Sometimes, if it was too noisy, I would sleep and then I would miss the class again (就算佢【幻聽】嘈我都可能間唔時叫佢：「唔好嘈呀」，跟住佢就... 我... 跟住我就駐定左條度，唔... 聽唔到周圍嘅野架嘞。有陣時佢嘈得濟，我上唔到堂，我做自己野，咁我就 miss 左果堂做過 d 咩囉，或者嘈得濟，我瞓覺，我就 miss 左果堂教咩囉).”

6.5 Self Evaluation and Presentation

When a person has encountered some subjectively felt unfortunate events, a common response is to evaluate the situation and the people. A common theme found in the participants was that all of them would evaluate themselves and the others (the bullies). The evaluation of the self and the others was actually two sides of the same coin. When the victim categorized his/her self as a good self, the other would become bad, and vice versa. However, in some situations, it was found that the participants were actually ambivalent when they evaluated their own selves. They were quite confused about the situation because they could not attribute the event to anything. Sometimes they would find that they were good and innocent, but this state would quickly shift. In this study, four categories of self presentation were found in the participants, namely the “good-me” self, the “bad-me” self, the “poor-me” self and the “ambivalent-me” self.

6.5.1 A “Good-Me” Self

It was found that in some of the participants’ self-evaluations, they would claim themselves to be good and innocent. They found that the bullies were bad. They might think that the bullies were jealous of their good, for example, their good academic performance, and they were just unfortunate to become the victims.

(Anna): “There was a reason the classmates disliked me. It was because they were those who did not study well, not similar to me... How should I say? Some students were good but they were not. They were all bad guys and they played together. However, I was not their type.”

(Anna): “You (the classmates) commented badly about me... I didn’t say anything about your (the bullies’) academic performance being poorer than mine. I didn’t tease you. I didn’t say any word to you. However, they kept on telling me this and that...”

(Bella): “One group of classmates was... er... that was... had better academic performance and were good guys. I was one of them. Er... another group was bad. They played together with the boys. However, I wanted to try... to be with this group of (bad) people but was not successful. They always got along with the boys but I... did not want to get along with the boys when I was very small. Therefore, I could not make friends with them.”

(Bella): “I was now happier... because I questioned myself as to why I couldn’t integrate into that group of naughty people... However, I finally decided to give up... It was because I was a good person. I couldn’t change myself to learn to speak foul language... I wanted myself to be a good girl and be liked by others.”

(Dickson): “I was always thinking: ‘what have I done wrong?’ I didn’t... didn’t say anything to hurt anyone in my school. In school... why was I repaid with all this? Yes, I couldn’t understand it.”

6.5.2 A “Bad-Me” Self

In some cases, the adolescent victims would justify their being bullied experiences by claiming themselves to be bad so that they should be looked down on or bullied. They would claim that they were not worth being attached to. Anna evaluated herself as having no worth and having a stupid appearance.

(Anna): “My appearance looked stupid, definitely stupid. I knew that... I would ask people, ‘was I a smelly person?’ ‘Was I ugly?’ And most of the time, they didn’t know how to answer me or they just didn’t want to answer me.”

(Anna): “I would imagine myself as a piece of rubbish... hehehe... or I would imagine myself as a pasty of rubbish... that means... having a lower status than other people. I was unhappy about that, feeling unhappy always.”

Similar to Anna’s evaluation of the self as worthless, Bella and Dickson also presented directly that they were worthless due to Bella’s weakness in personality and Dickson’s bad destiny.

(Bella): “I cried yesterday... I felt inferior... It was because my sister was loved but I wasn’t. I felt that she was better than me in every aspect. I wondered if she would feel sad to have such a poor younger sister. I felt myself to have no strengths... but a lot of weaknesses. I thought of killing myself.”

(Dickson): “They might think that I was easy to bully... very... very easy to shout at... Also, at that time, I was so scared that I didn’t dare to go to school. I felt I was a failure when I didn’t go to school. I didn’t understand why others had so many peers but I was always alone and felt lonely. However, no one helped or supported me. Why?... That was,

that was, I could only say that my life was bad, was born to be bad. I had nothing to say.”

However, differing from the other three participants Anna, Bella and Dickson, Frankie, Gina and Hebe evaluated themselves as bad owing to their own faults which brought this badness. Frankie’s wasting time and not studying well, and Gina and Hebe’s poor interpersonal skills, are the causes of their badness.

(Frankie): “That evening, I didn’t know what I was doing. I felt meaningless. I was wasting... wasting... wasting money... I have wasted a lot of time. I have wasted this year. I have also wasted my primary 6 studies. If I did better in primary 6, I would not waste... I used more time on playing than studying. If I did a little bit better, I would not have been admitted to this bad school.”

(Gina): “Er... I thought I was a loser in front of my family members... because... when they commented that I was a foolish person, I would really believe that I was foolish. My academic results were poor also, so I really thought that I was a loser. It was because I didn’t have friends... Then... I thought that the most influential factor (for being bullied) was my social relationship problems.”

(Hebe): “I always... scolded others so that they didn’t like me. I was an irritable person when I was in primary school. I easily scolded others, so... I was always alone. They were scolded by me for being either ineffective or stupid. Hm... everyone was similar, so they didn’t like me.”

6.5.3 A “Poor-Me” Self

This type of self presentation was interesting. It could be uncovered by going through the structure and contents of the interview process. The participants would show how impotent trying to fight back with the help of the authorities was when they were facing the time of being bullied. However, they would try to cover it up by showing a strong self in front of the interviewer. Dickson’s story showed this pattern obviously and significantly. Two episodes from his interview are quoted:

Episode 1:

“I told the school social worker that I was bullied by my classmates, but she told me that it was none of her business. She told me that she could not help me... Then I told her that we have nothing to talk about then... Afterwards, I graduated from that school and I do not have to see this kind of person anymore. That is the best thing...

The main duty of a social worker should be... I think... cannot be what my school social worker was... that is... if you want to seek help... she did not respond to you... yes, that is,... she should ask if I am ok... I am the victim, but she did not help me at that moment.” Dickson responded in this way when the interviewer asked if he had sought any help after being bullied.

Episode 2:

“Ah! One thing! The psychiatrists of XZ Hospital (pseudonym) are bad! One psychiatrist, his name is YYY (pseudonym), that’s true, he spoke apathetic words. Once I wanted to tell him what I encountered during my secondary school days (the being bullied experience), he took the side of those bad guys and challenged me, questioning if I was telling him the truth! He told me not to tell lies! That psychiatrist of XZ Hospital! He is a problematic doctor. I don’t understand why he has the qualifications to be a

doctor. He should have a high level of education, but he treated me as if I was a liar! I cried in front of the psychiatrist at that time. In the next follow up session, I scolded the psychiatrist saying that his words were bad. I requested changing the doctor. However, my social worker from a psychiatric service told me that it might not be so easy to have such a change. However, finally I was assigned to see another psychiatrist to follow up my case. Maybe the policy has been changed.”

Dickson told this story when he was asked before the end of the interview if he had missed any significant events during the whole interview process.

Reading these two episodes, one could only see clearly how helpless and impotent Dickson was at fighting for his rights in front of professionals. Episode 3 could show a hidden message and the struggling side of Dickson’s self when analysed together with episode 1 and 2.

Episode 3:

(Interviewer): “I am a social work teacher at the university now and doing this study. I was a school social worker before I worked at the university.”

(Dickson): “Oh! You were a school social worker?! ... A school social worker!”

(Interviewer): “Yes.”

Actually, episode 3 happened at the very beginning of the interview while the researcher was trying to introduce herself and the details and logistic arrangements of the study to Dickson, and wanted to have a casual chat to establish a relationship with him. Besides the above mentioned dialogue, an important non-verbal message which is

missing in the contents of the narration was Dickson's facial expression and gestures during episode 3. He had a very special facial expression at that time. It was a kind of querying expression. When reading episode 1 and episode 3 together, it can be seen that Dickson was actually trying to show his complicated feelings towards a school social worker's role, feelings of great disappointment that he had experienced when he needed help with his bullying experience. He had actually been helpless in that situation.

However, when episode 2 and 3 are read together, it can be seen that Dickson was trying to show that he was a victim but he was not that weak. He would comment on the inappropriate attitude of his previous school social worker in front of an audience of one who was previously a school social worker but was now a social work teacher at a university. He actually wanted to complain about his anger and helplessness. Moreover, he complained about the psychiatrist at the end of the interview too. He wanted to show to this "school social worker" in front of him that he was brave enough to ask for what he wanted now, not like in those previous years of submissive suffering in school. He wanted to perform a strong self to balance his actually weak inner self. His crying in front of the psychiatrist told the audience that he was actually fragile and was not able to defend himself. He also complained that no one would listen to a psychiatric

patient and believe his words. He felt helpless and angry. When he retold his story, he performed with strength to cover up his poor self.

6.5.4 An “Ambivalent-Me” Self

The “ambivalent-me” type of self presentation might not show up clearly in a single short dialogue. It could be uncovered when the narration was gone through verbatim from beginning to the end by looking at the structure of it. It was presented back and forth by the participants. Sometimes, they would present a “good-me” self at the beginning but a “bad-me” self would be narrated in the later part of the narration. Sometimes, a very clear “ambivalent-me” was also presented.

(Anna): “If someone wanted to be friends with me, the person had to face a great amount of pressure... You try to think... it was similar to having a pork chop (a Cantonese metaphor to describe an ugly girl) with you; it was similar to having a smelly object with you. Every day you have to smell it; you would definitely want to leave it, right? It’s the same. I was that smelly object. Who would like to... even if I was stuck onto them, they would feel... ‘oh no’! However, I knew that I was not that smelly object. It might be that I was too special. They might think that it was difficult to get together with me, to communicate with me. It was difficult.”

Dickson’s “ambivalent-me” self is quite obvious. However, he attributed his “ambivalent-me” to a larger context in which he included his previous life and his present life.

(Dickson): "At that time, I was very confused. I asked myself if I had done something wrong in my previous life which made my present life..... These people, they took revenge on me. No one dared to help me. No one trusted me. That's true."

(Dickson): "I felt myself to have really bad luck. It might be that I went to a bad school mistakenly. My academic result was also bad."

(Dickson): "Yes... yes, I was not as active as those people. Er... not having a lot of friends, I really thought that way. I was always thinking 'what have I done wrong?' I didn't... didn't say anything to hurt anyone in my school. In school... why was I repaid with all this? Yes, I couldn't understand (it). I couldn't understand no matter how hard I thought. That's true, that's true..."

Gina showed another type of obvious "ambivalent-me" self throughout her dialogue with the interviewer. She expressed clearly that she was not quite sure how she should comment on her own self.

(Gina): "When I was in form 4, I have to push myself to be like that."

(Interviewer): "Em..."

(Gina): "Then, I found it difficult to last long."

(Interviewer): "Em... you mean... knowing more friends... you have to push yourself to do this?"

(Gina): "Yes."

(Interviewer): "Oh, do you like this kind of self?"

(Gina): "This... I thought repeatedly that this kind of self was not my true self."

(Interviewer): "It didn't look like you?"

(Gina): "Yes."

(Interviewer): "You wanted yourself to make more friends and you could do it actually?"

(Gina): "Yes."

(Interviewer): "But you didn't feel happy?"

(Gina): "But... I would think carefully during my summer holiday to evaluate how I had performed in the last academic year. Then, I found that I it wasn't the real me."

(Interviewer): "Em... then until form 4, how had you decided to perform?"

(Gina): "I... decided... it was because I had a closer friend at that time, so I decided to be myself."

(Interviewer): "How did you feel then?"

(Gina): "I felt very much better."

(Interviewer): "What was the most painful thing when you played that role?"

(Gina): "I felt that I had worn a mask (面具) all the time."

(Interviewer): "Em..."

(Gina): "That was similar to... I have to smile at every one reluctantly."

~ After the interview had lasted for approximately 5 more minutes...

(Gina): "I have once said that I seemed to be a person with dual personalities."

(Interviewer): "Oh, you have. Do you want your peers to know that?"

(Gina): "I thought that it would be troublesome if they knew it."

(Interviewer): "How would it be so troublesome?"

(Gina): "Those people would say that I was a hypocrite, a two faced person."

(Interviewer): "Why do you think like that?"

(Gina): "I remembered when I was very small... er... I was a very quiet person. On parent's day during my primary school grade 1, my class teacher asked my mother if I was such a quiet girl at home. My mother told the teacher that I was a noisy person at home... Hahaha... then... the teacher commented that I was a person with two faces."

(Interviewer): "Why did you memorize this so clearly?"

(Gina): "I felt... I thought that... at that moment, I was totally transparent... hehehe..."

(Interviewer): "Would you describe yourself in this way now?"

(Gina): "It is because... er... at that period of time, they (the classmates) would say that I was a fake person. I would then think how I could perform so that they wouldn't think I was faked. I then tried my best to become a genuine person. However, I found that it might be the true me"

(Interviewer): "Um..."

(Gina): "I then felt that I wasn't intentionally being faked."

(Interviewer): "Em... actually, did you feel that you were pretending and hiding your true self?"

(Gina): "Others gossiped about me at that time... Er... I believed what the people commented about me... hehe..."

(Interviewer): "You believed what the others said?"

(Gina): "Yes, and then, at that time, at that period of time, I would believe that I was performing a role."

Gina narrated quite clearly that she was ambivalent about what kind of person she should be. Sometimes she performed a good-me self, sometimes a bad-me self. Basically, it is an expression of her ambivalence and confusion.

6.6 The Manifestations of Psychotic Symptoms

Regarding the manifestation of symptoms, it was interesting to find out that all the participants had developed hallucinations and delusions except for Dickson. Dickson has only developed hallucinations. Some hallucinations might induce the participants to have disorganized speech or behaviour. According to the DSM, disorganized speech and disorganized behaviour are also items used for diagnosing schizophrenia. Some participants narrated clearly that they manifested some “strange” behaviour when they were in the onset stage. However, when looking into the details of those behaviour, it was found that the disorganized speech or those behaviour were actually a response to either their hallucinations or their delusions. This observation will be elaborated in the following section.

6.6.1 Hallucinations

All the participants had developed hallucinations. With regard to the nature of the hallucinatory experiences, auditory hallucinations were found to be much more common than visual hallucinations among the participants. All the participants have auditory hallucinations. Among the 8 participants, only 3 of them, named Bella, Frankie and Hebe have visual hallucinations at the same time. The other 5

participants have only auditory hallucinations. None of them have visual hallucinations alone.

There are mainly 3 kinds of content in their auditory hallucination experiences. Dickson and Hebe clearly have a Schneiderian first rank symptom in which two voices are commenting on or discussing something.

(Dickson): "I have hallucinations. When I got angry, a voice would talk to me. It told me to get angry, (and) if I didn't, I was useless. However, another voice came out too, like an angel - it told me not to get angry. If I got angry, I would be in trouble... I started to hear these voices when I was in form one. The voices were those of two females but I didn't recognize them. I had never heard these voices before."

(Dickson): "The feeling seemed to be... what kind of sound was that? I have never heard this sound. I was wondering if I have some problem. At that time, I tried to ignore the sound. I thought that it was from outside the window. I have tried to ignore it. I pretended that I did not hear that sound. I truly thought that (I have ignored it) (感覺好似... 咩聲黎架呢? 點解好似從來未聽過咁樣嘅呢? 係咪我自己有問題呢咁樣。當時無理佢, 都以為係街外面啲聲呀, 所以都無理佢。我當聽唔到, 果時係真係當聽唔到。)

(Hebe): "I saw some distorted images and heard someone talking and laughing. I also felt that I was being watched and followed... At the beginning, someone talked to me. Then the voice started to laugh and recently, the voice told me to grip somebody... The voice chatted with me. When my classmates ignored me, the voice would comfort me. It would also share my unhappiness. The voice was male and it was the only voice, but I could not recognize whose voice it was. After I was admitted to form 1, a female voice appeared, and it was a teasing voice. That means a female teasing voice. I recognized that it was one of my classmates...."

Cindy, Frankie, and Gina had auditory hallucinations that people were criticizing them, gossiping about them, or talking to them.

(Cindy): "At that time, I went out frequently. I had been staying in the hospital frequently too. I talked to the doctor... I heard a lot of people's voices and they were all talking in a Chinese restaurant. I didn't know the contents but I knew that they were talking about me, gossiping about me."

(Frankie): "(I heard) someone talking... huh... it (the voice) criticized me saying that my survival was meaningless. It told me to either jump off (something) or kill a person. That's all... It meant that I could kill a person who I disliked the most... Then I could commit suicide... It was a man's voice but I didn't recognize whose voice it was."

(Gina): "Actually... at the beginning, I had hallucinations therefore I found that I was ill. Er... because... er... people were gossiping about me... Then... I believed that it was true at the beginning because I also heard people on the street commenting on me... At school, I heard people saying that... er... 'I believed I was beautiful, I believed I was powerful'... er... then... they said that I was stupid... er... ugly... er... Some even said that I have anorexia and schizophrenia... There were multiple voices talking. All of them were female voices and I could recognize whose voices they were. They were the voices of my classmates."

Besides the voices of people talking, Anna and Bella heard some uncontrollable music in their internal world.

(Anna): "Actually, there is always music in my brain. That means, there is a world of music in my brain; music is always playing there. Therefore, I could not hear what they were gossiping about. I was listening to my music."

(Bella): "I heard a piece of video game music frequently, the game fishing joy. I also heard someone playing a trumpet in the middle of the

night. However, there was actually no noise nearby. It sounded with a beat pattern of one by one, after a while, it sounded again... Sometimes, the music was so loud that it affected my learning in class. I couldn't hear what the teacher was saying."

Besides having auditory hallucinations, the following 3 participants also have vivid visual hallucinations but the contents are different.

(Bella): "Starting from my primary 5 studies, I had visual and auditory hallucinations... I saw some worms floating in the air... er... white in colour, transparent... er... er... with many eyes, something like the earthworm, very big, as big as half of the window size. Sometimes they appeared in a group, sometimes only one appeared... came close to me. At the beginning, it appeared in a single egg form, something like a beetle. Later on, it developed to become a worm... then the egg and beetle did not appear anymore."

(Frankie): "Er... when I was in primary 6, I saw ghosts and heard voices. I didn't feel anything about that, but in the classroom, when I was having a class, I saw a ghost flying into the classroom through the window. I also saw it when I woke up suddenly at night. The image was human in shape. It flew in and then walked away..."

(Hebe): "Those flat or straight objects would become bent... something liked being distorted. The object would become bent, for example, the window frames."

6.6.2 Delusions

Among the 8 participants, only Dickson did not present that he has any delusions. 5 of them, including Bella, Edmond, Gina, Frankie and Hebe have shown

paranoid contents. Among the 5 of them, Bella and Hebe also developed imagined peers in a delusive world. Anna only has imagined peers in her delusions with no paranoid content. Cindy's delusive contents were related to a changed identity in her delusive world that gave her a more powerful identity than she has in the real world.

i) Paranoid Delusions:

The hallucinations that Bella and Gina have seemed to embody paranoid contents to a mild degree, but they were not as threatening as those that Edmond, Hebe and Frankie have. The contents of Bella's and Gina's paranoia were related to peers having bad intentions towards them without committing any actions that harmed them.

(Bella): "I have too much to think about so that I have delusions. When a person looked at me, I would think that the person should have some bad intention towards me... Even if the person smiled at me, I believed that the person must have a bad intention... It seemed that the person disliked me. I would question why this person looked at me. What was this person's intention? Was the person chasing me? I thought the boys were having bad intentions towards me. Would he do something bad to me? Would he do something unduly? Would he bully me?"

(Gina): "I... always felt that all the boys were obscene... Hehe... and also... talked utter nonsense... as well as impolite."

However, in the cases of Edmond, Frankie and Hebe, the contents of their paranoia were related to actions harmful to their physical safety.

(Edmond): "I believed that the people were talking about me... I suspected that they were gossiping about me and teasing me... um... er... I felt that someone peeped at me... er... in the bathroom when I was bathing. Therefore, when I was going to the toilet, I must shut all the windows because I felt that there was someone in the opposite building who kept watching me... I could see the windows in the opposite building. I felt that there was always a camera being set up... then... then... watching me. I have to shut all the windows and the curtains. "

(Frankie): "Our school principal was a piece of wood. He was manipulated by the other teachers. The teachers of this school... I don't know how many triad members there are... In the elite class... er... those teachers... they were not triad members. The teachers there were better. In class C and D, the teachers were randomly assigned. The teachers were bad, especially my Math teacher. He was a triad member, I know.

(Interviewer): "How do you know he was a triad member?"

(Frankie): "Many boys knew that. He got along well with those triad students... This Math teacher ordered the boys to beat me... I don't know what's happened. It must be the Math teacher. The discipline team could not help me because of this Math teacher. He was one of them. If I reported it to the discipline team, I would be beaten further, seriously. Yes! The police were even afraid to enter district X (the area where his school was located)... I would be beaten anytime in district X now."

(Hebe): "I felt someone was tracing me... I felt... yes, somebody was following me and wanted to harm me. Their eye expressions showed that they were staring at me and made me feel uncomfortable. They were the people in the street and I didn't know them."

ii) Imaginary Companions

Besides having paranoid delusions, Hebe has also developed a vivid male companion in her delusions. This companion grew up with her simultaneously.

(Hebe): "The male voice is a boy 17 years old... with green hair... wears a pair of glasses... with deep blue pupils... white skin colour... with casual clothes. He would appear sometimes... His name is 'Yuu' (佑)... It is a Chinese word meaning protection. However, in Japanese, it means tenderness (柔). Both pronunciations (in either Chinese or Japanese) are the same so I think they are the same."

Similar to Hebe, Anna has also developed delusive contents which include two groups of peers; one group was friendly but the other hostile.

(Anna): "In my own world, I am not alone. I won't let myself live on an isolated island. It is impossible. They might think that I was a monster but I treated you as if you were a person helpful to me. Sometimes, they would be a group of hostile people but sometimes they would become my good friends. Suddenly, they would become so good that they would praise me as if I was a very beautiful girl."

Bella has developed her imaginary companions based on her real soft toys. She treats the soft toys as if they have lives.

(Bella): "I always thought if I neglected my soft toys, they would become so poor. I am also afraid that they would be jealous of each other. When I came back home from school each day, I would greet them and chat with them... er... I tried to understand what had happened to them during the day using my own logic... They have lives. I thought that they were looking at me when I was asleep at night. They would feel better if they could watch their master (the participant) sleeping."

Although the imaginary companions are different, Hebe, Anna and Bella showed their loneliness obviously, and they are able to have a sense of togetherness with their delusive playmates.

iii) **Changed Identity**

Cindy was the only participant whose symptoms include the development of a delusive identity. She became a policewoman at the onset of her illness. This identity seemed to have integrated both her aspiration of being a policewoman and a person with power strong enough to protect her.

(Cindy): “I... I was a policewoman. I... er... in the Mass Transit Railway (MTR), I pretended to be a police woman... There was a TV drama... YC66964, you remembered that? Laughing sir (a character of a popular local TV drama), do you remember? ‘Calling headquarters, calling headquarters, YC66964, over.’ Hehehe... I pretended to be a policewoman in a public area and the people thought that I was a policewoman. I was very happy, felt extremely happy..... Actually, I couldn’t control myself and I didn’t know what I was doing at that time... This period lasted for about 2 weeks’ time”

6.6.3 Disorganized Speech / Behaviour

Disorganized speech or behaviour could be found in most of the participants. However, most of the contents of those were found to be highly related to their hallucinated or delusive contents. Although disorganized speech and behaviour are categorized as two distinct diagnostic criteria for schizophrenia in the DSM-5, the

manifestations of these two symptoms found in the participants were quite obviously responses to the delusions or hallucinations of the participants.

Anna has developed a group of peers in her delusive world and she has a lot of interactions with these imaginary companions. In reality, other people would find that Anna was chatting with nobody and find that her behaviour was bizarre.

(Anna): "You would find me as if I was chatting with somebody... Haha... It seemed that they (the imagined people) would reply to me and then I would continue to chat with them. I could not control this... If I was tired, I would tell them my brain needed a rest, a rest... a rest, a rest... Stop thinking, stop thinking, stop thinking... It always happened. I felt nervous, I was always thinking, thinking, thinking, and talking, talking, talking..."

(Anna): "Sometimes they (other people) would say that I was very strange. They didn't understand why I talked to myself. It was just because no one was willing to talk with me. Even if I talked to them, no one would listen, but I just wanted to talk, so I talked to myself. I would imagine that there was a person in front of me... It might be that I would look up at the sky and mutter. They (people around her) would then make comments about me as if I were crazy."

Another incidence of disorganized speech and behaviour happened once when Anna was scolded fiercely by her father at home. At that time, Anna knelt down on the floor. Actually, she only knew that she had spoken in a disorganized manner and was singing, but she could not tell clearly what she was actually doing during that confused situation.

(Anna): “(During onset) I knelt down on the floor and sang Japanese songs. Actually I didn't know what I was singing, something like Japanese songs (but) I didn't know Japanese. My father then called an ambulance and sent me to the hospital.”

Similar to Anna, Hebe has also developed an imaginary companion. Since she was seriously isolated at school, she needed to chat with the imaginary companion to cope with her isolation and loneliness. This chatting behaviour looked bizarre to others.

(Hebe): “(When being isolated) I suffered and went through it with the help of the male voice. I would talk to him whenever I felt sad. He would comfort me and I could go through the difficult time. I would chat with him whenever I needed. I talked with a low voice so that other people could not hear.”

Cindy's behaviour should seem extraordinarily disorganized in the eyes of others. She has a delusive identity of herself as a policewoman. In spite of all her efforts to present herself as a policewoman on the street, no one would understand her behaviour.

(Cindy): “I... I was a policewoman. I... er... in the Mass Transit Railway (MTR), I pretended to be a policewoman... There was a TV drama... YC66964, you remembered that? Laughing sir, do you remember? ‘Calling headquarters, calling headquarters, YC66964, over.’ Hehehe...”

(Cindy): “I acted like a policewoman in the street... I have my headphones on and it was playing the theme song of Police Magazine (a TV programme which was produced by Radio Television Hong Kong reporting Hong Kong crime. The Chinese name of the TV programme was 警訊). I always sang this song to policemen in the street. Hahahaha... They (the policemen) laughed at me... This behaviour lasted for about a month. My mother said that everyone on the street knew that I was crazy and she suggested me to see a doctor.”

Gina’s walking style was very strange and she walked like a robot. She behaved in this way because she has an auditory hallucination that was negatively commenting on her physical appearance and her movements. She cared much about the negative comments and she tried to respond to them.

(Gina): “Er... I have missed telling you one thing. Er... some people have commented badly on my walking style previously. Then, I... because of that... I would think about my walking style. I wondered how I could walk naturally. Then, I would begin each step after serious thinking and so I looked catatonic (會諗吓自己點樣行，應該點樣行，跟住然之後先至行，跟住就會變到好似好生硬咁囉)... I heard them saying... ‘Look at how she walks. It seems that she feels she is very beautiful.’ They said similar words (我聽到佢地話，睇佢行路就知佢以為自己好靚呀，類似的說話).

6.7 The Functions of the Psychotic Symptoms

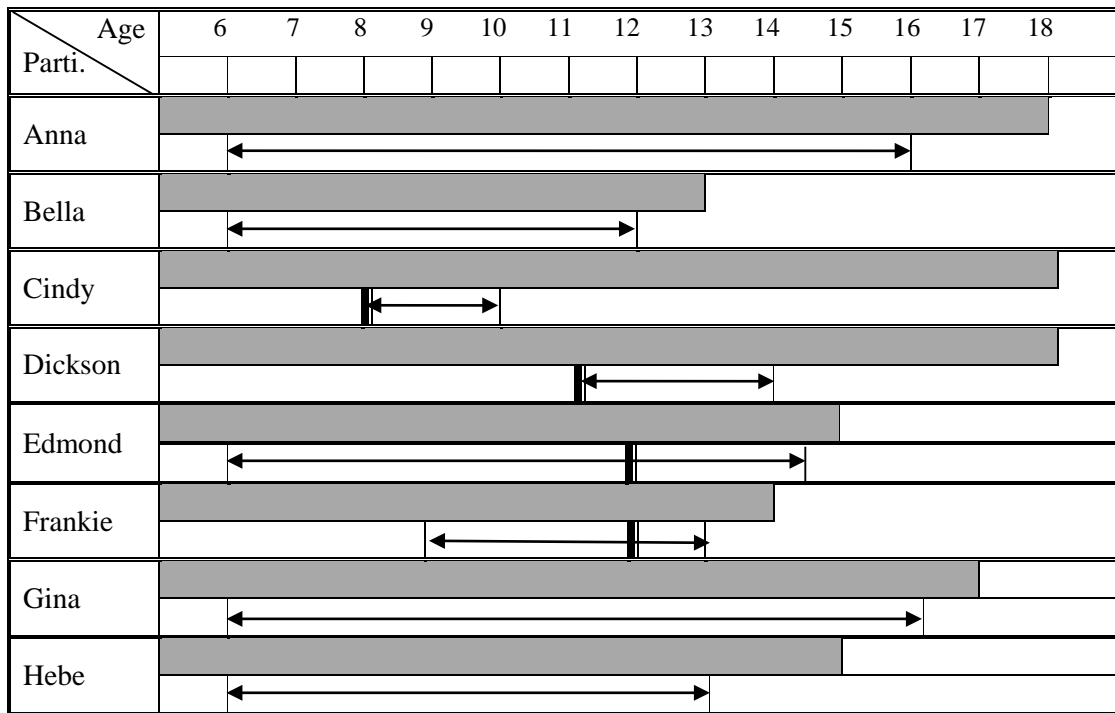
It was interesting to find out that there were some similarities between the contents of the being bullied experiences and the manifestations of the psychotic symptoms. When looking into the contents of these two items from each participant, it was discovered that the nature of the contents was similar, to a certain extent.


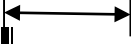

Before the manifestations of the psychotic symptoms or the onset of psychosis, there is a time period for the individual to cope with the suffering situation. The period between being bullied and the diagnosis of the mental illness is known as the precipitation period. During the precipitation period, the participants used different coping methods to tolerate the suffering caused by the situation of being bullied until the breaking point was reached. These coping methods and related emotions have been presented in the previous section.

6.7.1 The Precipitation Period

It was found that the duration of the precipitation period was different for each participant. The shortest period was 2 years and the longest 10 years. The following diagram (3) shows the different durations of the precipitation periods of the eight participants. Since the earliest being bullied experience of any participant occurred when the participant was 6, the chart starts at the age of 6.

Diagram (3): The precipitation period for developing early psychosis



Indicators:  Actual age of the participant
 Precipitation period
 Age at which participant had a serious physical bullying

Among the 8 participants, 6 of them had suffered physical bullying, and only Anna and Hebe did not have this type of bullying experience. The contents of this category, physical bullying, included different intensities of physical harm. Among the 6 of them who have been physically bullied, 4 of them (Cindy, Dickson, Edmond and Frankie) had experienced serious physical attacks in which seemed to shorten the precipitation period. Cindy and Dickson experienced the most serious physical attacks and have the shortest precipitation period of 2 years. Cindy was hit seriously by a boy when she was in primary 3. Dickson was slapped by a boy publicly on the

school campus when he was in primary 5. Moreover, he was later being chased by a group of classmates who wanted to hit him, and he was kicked and hit by them. Both of the participants who suffered serious physical attacks have the shortest precipitation period for the symptoms of early psychosis. The physical bullying experiences of the other 4 participants included seizing candies (Bella), throwing a pencil case into a rubbish bin (Edmond), taking away a chair while the participant was attempting to sit down (Frankie), and throwing sticky blue tack into a participant's hair (Gina), etc. These types of bullying behaviour did not cause serious physical harm to the victims as did the more serious behaviour such as slapping the face, punching, kicking and hitting. The precipitation period of these participants seemed to be a bit longer, from 4 years to 10 years. The precipitation period for Anna and Hebe, who did not have any physical bullying experiences, was 10 and 7 years respectively.

Another significant discovery was found in the experiences of Edmond and Frankie. The precipitation period for Edmond was 8 years and for Frankie was 4. However, a significant finding was that starting from 6 years of age, both of them have experienced mainly verbal and relational bullying. Before the onset of their early psychosis, they had begun to be bullied with more serious physical attacks. Edmond was sexually assaulted several times at the age of 12, and then was diagnosed as having schizophrenia at the age of 14. The period of significant worsening was less than 2 years. In Frankie's case, he was punched by 2 boys seriously at the age of 12 and he was diagnosed as having schizophrenia at the age of 13, only taking 1 year for his situation to worsen.

It might be that a serious physical attack was the triggering point that significantly worsened the mental situation of the participants. The precipitation period for the participants who did not experience a serious physical attack could be as long as 6 to 10 years.

6.7.2 Resemblances Between the Contents of the Being Bullied Experiences and the Psychotic Symptoms

It was a very obvious finding that the resemblance between the contents of the being bullied experiences and the psychotic symptoms was very high. Table (5) gives brief descriptions of both the bullying and psychotic contents for each participant.

Names/ Sex / Age	Being bullied experience	Being bullied contents	Symptoms manifestation	Symptoms contents
Anna / F / 18	Verbal	<ul style="list-style-type: none"> • Teasing about a bad smell from her body and hair, being stupid, ugliness, etc. • telling her she was useless • laughing at her as an obscene person 	Hallucinations	Auditory: Two voices of her own talking to each other
	Relational	<ul style="list-style-type: none"> • Isolated by classmates • Gesture of not touching her property 	Delusions (idea of reference)	Classmates gossiped about her
Bella / F/ 13	Physical	<ul style="list-style-type: none"> • Seized her candies and ate them all • Shot with BB pellets from toy guns which made some 	Hallucinations	Visual: seeing a lot of worms Auditory: hearing the

		abrasions on her skin		music of the game “fishing joy” and sound of playing trumpet
	Relational	<ul style="list-style-type: none"> No friends, always left alone when groups were formed 	Delusions (persecutory)	Believing that boys have bad intentions and would hurt her
Cindy / F / 18	Physical	<ul style="list-style-type: none"> Seriously beaten by a boy Beaten by a tutorial teacher 	Hallucinations	Auditory: people were talking about her and a voice ordered her to go and die
	Verbal	<ul style="list-style-type: none"> A boy teasing her about being fat and ugly 	Delusions	Believe that she was a policewoman
Dickson / M / 18	Physical	<ul style="list-style-type: none"> A classmate threw away his property Coerced for money Slapped on face Kicked in his abdomen 	Hallucinations	Auditory: two voices conversing with each other, one is an angel but another a devil
	verbal	<ul style="list-style-type: none"> Teased him as about being an idiot 		
	Relational	<ul style="list-style-type: none"> Disliked by classmates Gossiped about him 		
Edmond / M / 15	Physical	<ul style="list-style-type: none"> Rode on his back and beat him Threw his pencil case into the rubbish bin Indecent assault Sexually molested him 	Hallucinations	Auditory: people were talking about and criticizing him
	Verbal	<ul style="list-style-type: none"> Teasing him about being too feminine like 	Delusions	Being spied on, thought a camera was set up opposite his window
	Relational	<ul style="list-style-type: none"> Isolating and ignoring him 		
Frankie / M / 14	Physical	<ul style="list-style-type: none"> Took away a chair from behind making him fall down 	Hallucinations	Auditory: criticized him as having a

		<ul style="list-style-type: none"> Punched by 2 school mates 		<p>meaningless life and ordered him to kill a person then commit suicide</p> <p>Visual: seeing a white ghost</p>
	Verbal	<ul style="list-style-type: none"> Scolded by the Math teacher Teasing him for coming from mainland China 		
	Relational	<ul style="list-style-type: none"> Isolated by classmates 	Delusions	His Math teacher was a triad member who was the instigator of all his unfortunate events.
Gina / F / 17	Physical	<ul style="list-style-type: none"> Used blue tack to stick her hair together Sexually harassed her a male school mate threw a ball at her intentionally 	Hallucinations	Auditory, being criticized
	Verbal	<ul style="list-style-type: none"> A male classmate teased her about being an odd person Class teacher commented that she was a person with a dual personality 	Delusions	All males were obscene and would harm her
	Relational	<ul style="list-style-type: none"> No classmate made friends with her or had lunch with her Always left out when groups were formed 	Catatonic	Walking style
Hebe / F / 15	Relational	<ul style="list-style-type: none"> Isolated by classmates, left out when groups were formed Classmates would walk away or show some disgusting gestures when she walked nearby 	Hallucinations	Auditory: a boy's voice chatting with and comfort her, a female voice teasing at her and ordered her to grip at somebody

		<ul style="list-style-type: none"> • Gossiped about her • Scolded by a classmate as a hated person 		Visual: distorted objects
			Delusions	People will harm her, a boy named “Yuu” would grow up with her and be her companion

Table (5): Contents of the being bullied experiences and the psychotic symptoms

Since the disorganized speech and behaviour of the participants were found likely to be the participants’ responses to the contents of the delusions or hallucinations, the findings regarding the psychotic symptoms in this part mainly focus on the hallucinations and delusions.

6.7.2.1 Hallucinations

Among all the different types of hallucinations, only 2 types, auditory and visual, were found among the participants. All the 8 participants have narrated that they have auditory hallucinations. Only 3 of them, Bella, Frankie and Hebe said that they have visual hallucinations at the same time.

Table (6) shows a summary of the types and contents of the hallucinations and the similar contents of the being bullied experiences of the participants.

Types of hallucinations	Contents of hallucinations	Participant	Similar contents of the being bullied experience	
Auditory	Schneiderian first-rank: two voices conversing	Anna	Verbal	<ul style="list-style-type: none"> • Teasing about a bad smell from her body and hair, stupidity, ugliness, etc. • telling her she was useless • laughing at her as an obscene person
			relational	<ul style="list-style-type: none"> • Isolated by classmates • Gesture of not touching her property
		Dickson	Verbal	<ul style="list-style-type: none"> • Teased him about being an idiot
			relational	<ul style="list-style-type: none"> • Disliked by his classmates • Gossip about him
		Hebe	relational	<ul style="list-style-type: none"> • Gossip about her • Scolded by a classmate for being a hated person
	People were talking / criticizing him/her	Cindy	Verbal	<ul style="list-style-type: none"> • A boy teasing her about being fat and ugly
		Edmond	Verbal	<ul style="list-style-type: none"> • Teasing him about being too feminine like
			Relational	<ul style="list-style-type: none"> • Isolating and ignoring him
		Frankie	Verbal	<ul style="list-style-type: none"> • Scolded by the Math teacher • Teasing him for coming from the mainland China
			Relational	<ul style="list-style-type: none"> • Isolated by classmates
		Gina	Verbal	<ul style="list-style-type: none"> • A male classmate teased her about being an odd person • Class teacher commented that she was a person with a dual personality
			Relational	<ul style="list-style-type: none"> • No classmate made friends with her or had lunch with her • Always left out of groups
	Music/sound	Bella	Relational	<ul style="list-style-type: none"> • No friends, always left out of groups
Visual	Seeing a lot of worms	Bella	Relational	<ul style="list-style-type: none"> • No friends, always left out of groups
	Seeing a white ghost	Frankie	Verbal	<ul style="list-style-type: none"> • Scolded by the Math teacher

				• Teasing him for coming from the mainland China
			Relational	• Isolated by classmates
	Objects were distorted	Hebe	Relational	• Isolated by classmates, left out of groups. The classmates would walk away or show some disgusting gestures when she walked nearby

Table (6): A summary of the types and contents of the hallucinations and the similar contents of the being bullied experiences of the participants.

Within all the auditory hallucinations of the participants, 3 types of contents were found: first, the Schneiderian first-rank symptom which included two voices conversing with each other; second, people were talking about or criticizing the participant; and third, some musical rhythms or sounds appeared. Anna, Dickson and Hebe have two voices conversing in their auditory hallucinations. Two different voices with different polarities appeared, and this seemed to be consistent within those three participants. One voice seemed to be teasing the participant, while the other voice seemed to be protecting or encouraging him/her. The protecting or encouraging voice seemed to be a force supporting the participant to help him/her endure the being bullied incidents.

(Anna): "Sometimes they were a piece... a group of people who were helping me... Sometimes they were a group of people who were annoying..."

(Dickson): "I have hallucinations. When I got angry, a voice talked to me. It told me to get angry, (and) if I didn't, I was useless. However, another voice came out too, like an angel- it told me not to get angry. If I got angry, I would be in trouble... I started to hear these voices when I was in form one. The voices were those of two females but I didn't recognize them. I have never heard these voices before."

(Hebe): "The voice chatted with me. When my classmates ignored me, the voice would comfort me. It would also share my unhappiness. The voice was male and it was the only voice but I could not recognize whose the voice was. After I was admitted to form 1, a female voice appeared, and it was a teasing voice. That means a female teasing voice. I recognized that this was one of my classmates...."

The second type of auditory hallucination consisted of people talking about or criticizing the participants. Cindy, Edmond, Frankie and Gina have these kinds of hallucinatory contents that are basically identical to what they experienced in the reality. The contents seem to be a virtual extension of their being bullied experiences.

(Cindy): "At that time, I went out frequently. I had been staying in the hospital frequently too. I talked to the doctor... I heard a lot of people's voices and they were all talking in a Chinese restaurant. I didn't know the contents but I knew that they were talking about me, gossiping about me."

(Frankie): "(I heard) someone talking... huh... it (the voice) criticized me saying that my survival was meaningless. It told me to either jump off (something) or kill a person. That's all... It meant that I could kill the person I disliked the most... then I could commit suicide... It was a man's voice but I didn't recognize whose voice it was."

Bella heard the sound of a video game as her hallucination. In her real world, her main caregiver, her grandmother, always played this exact video game. It might be that she was too lonely in the real world and she did not have much stimulation in her daily life.

(Bella): "I heard a piece of video game music frequently, the game 'Fishing Joy'. I also heard someone playing a trumpet in the middle of the night. However, there was actually no noise nearby. It sounded in the beat of one by one, after a while, it sounded again... Sometimes, the music was so loud that it affected my learning in class. I couldn't hear what the teacher was saying."

It seemed that the contents of the auditory hallucinations have a high similarity to the verbal or relational bullying experiences. However, the contents of the visual hallucinations of the three participants, Bella, Frankie and Hebe, were not found to significantly resemble the being bullied experiences.

6.7.2.2 Delusions

According to the DSM-5, types of delusions include persecutory, referential, grandiose, religious, somatic, control, thought insertion, and thought withdrawal, etc. From the narrations of the participants, it was found that the most common type of delusion among them was persecutory. Bella, Edmond, Frankie, Gina, and Hebe have developed the persecutory type of delusion. Bella and Gina both believed that boys were bad and would have a bad intention toward them and would harm them.

Hebe believed that strangers would harm her. Similarly, Frankie believed that his Math teacher would harm him. Edmond believed that he was being watched. Table (7) shows a summary of the contents of the delusions and the being bullied experience:

Types of delusions	Participant	Contents of delusions	Similar contents of the being bullied experiences
Persecutory	Bella	Boys had bad intentions toward her and would hurt her	<ul style="list-style-type: none"> • Seized her candies and ate them all • Shot by boys using toy guns with BB pellets which left some scrapes on her skin
	Gina		<ul style="list-style-type: none"> • Used blue tack to stick her hair together • Sexually harassed her • a male school mate threw a ball at her intentionally
	Hebe	Strangers would harm her	<ul style="list-style-type: none"> • Classmates would walk away or show some disgusting gestures when she walked nearby • Gossiped about her • Scolded by a classmate as a hated person
	Frankie	His Math teacher would order the other students to hurt him	<ul style="list-style-type: none"> • Scolded by the Math teacher • Taking away a chair from behind when he was attempting to sit, making him fall down • Punched by 2 school mates
	Edmond	Being watched	<ul style="list-style-type: none"> • Rode on his back and beat him • Indecent assault • Sexually molested him
Referential (Ideas of reference)	Anna	Classmates gossiped about her	<ul style="list-style-type: none"> • Teasing about a bad smell from her body and hair, stupidity, and ugliness, etc. • telling her she was useless • laughing at her as an obscene person • Isolated by classmates • Gesture of not willing to touch her property
	Cindy	Strangers gossiped about her	<ul style="list-style-type: none"> • Seriously beaten by a boy • Beaten by a tutorial teacher

			<ul style="list-style-type: none"> • A boy teasing her about being fat and ugly
Grandiose	Cindy	She was a policewoman	<ul style="list-style-type: none"> • Seriously beaten by a boy • Beaten by a tutorial teacher
Imaginary companion	Bella	Soft toys had lives and chatted with her	<ul style="list-style-type: none"> • No friends, always left alone when groups were formed
	Hebe	A boy named “Yuu” would grow up with her and be her companion	<ul style="list-style-type: none"> • Isolated by classmates, left out of groups • Classmates would walk away or make some disgusting gestures when she walked nearby • Gossiped about her • Scolded by a classmate as a hated person

Table (7): A summary of the contents of the delusions and the being bullied experiences

It was interesting to find out that another category of self presentation, which was different from those of the previous section about the good, bad, poor and ambivalent self, existed in their delusive world. The participants who manifested the persecutory and referential delusions presented a weak self in their delusive world as they were still being bullied in their delusive world. However Cindy, who has a grandiose delusion, actually presented a stronger self of being a policewoman in the delusive world. Those who have developed an imaginary companion, namely Bella and Hebe, clearly showed a lonely self in the delusive world.

6.7.3 Adaptive Functions of the Symptoms

It was quite interesting to find out that some participants would agree that the hallucinations or delusions were useful in helping them cope with the being bullied situations. Anna found talking to herself could help her sooth her loneliness and boredom.

(Anna): "People might not understand why I talk to myself and felt that I was odd. It was because no one talked with me. I'd think that... er... even if I talked to you, you would not listen, but I still wanted to talk, so I talked. However, the difference was... er... there was no one standing in front of me. It was in my imagination that there was someone here listening to me."

(Anna): "I was too bored during recess time. That was... at the most boring time, I would talk to myself... However, when I regained my consciousness, I knew that I should not be like that."

Moreover, the delusions or hallucinations served the function of providing companions to help the participants face their loneliness.

(Interviewer): "When the soft toys were there, how did you feel?"

(Bella): "...I would sleep comfortably... At least, I treated them as companions for me. When I stayed in the hospital... when I went to the toilet, I would cover them with my blanket properly. The hospital bed could be raised. I put my soft toys there and then raised my bed. I treated them as if they could get up by themselves."

(Hebe): "The classmates ignored me...then he (the boy in her delusion) would comfort me. If I was unhappy, he would share with me."

In Cindy's delusive world, her delusive grandiose identity helped her cope with the feeling of inferiority. She was so helpless in her situation in reality, but she was extremely happy when she believed that she was a policewoman.

(Cindy): "Heehee... I acted like a policewoman in the street. I thought that people would believe that I was a policewoman. That made me feel very happy. One could not imagine. I was extremely happy."

As for Anna and Cindy, they both have the referential type of delusions. They thought they sensed that a lot of people, no matter whether those people were known to them or not, were gossiping about them. These delusive contents justified their intensive negative feelings such as fear, anger, sadness, and inferiority, etc., which were described in the section on the post-bullied complex. The situation with Anna and Cindy was also similar to the situation of those with persecutory delusions. They felt that a lot of people were threatening to them. This would justify their intensive feelings of fear as well as the feelings of being a significant person.

Chapter 7

Discussions

The previous chapter recorded the findings of this study. Five main themes were developed with 2 to 4 sub-themes under each main theme. Diagram (4) below shows the linkage and interwoven relationships between the themes and sub-themes:

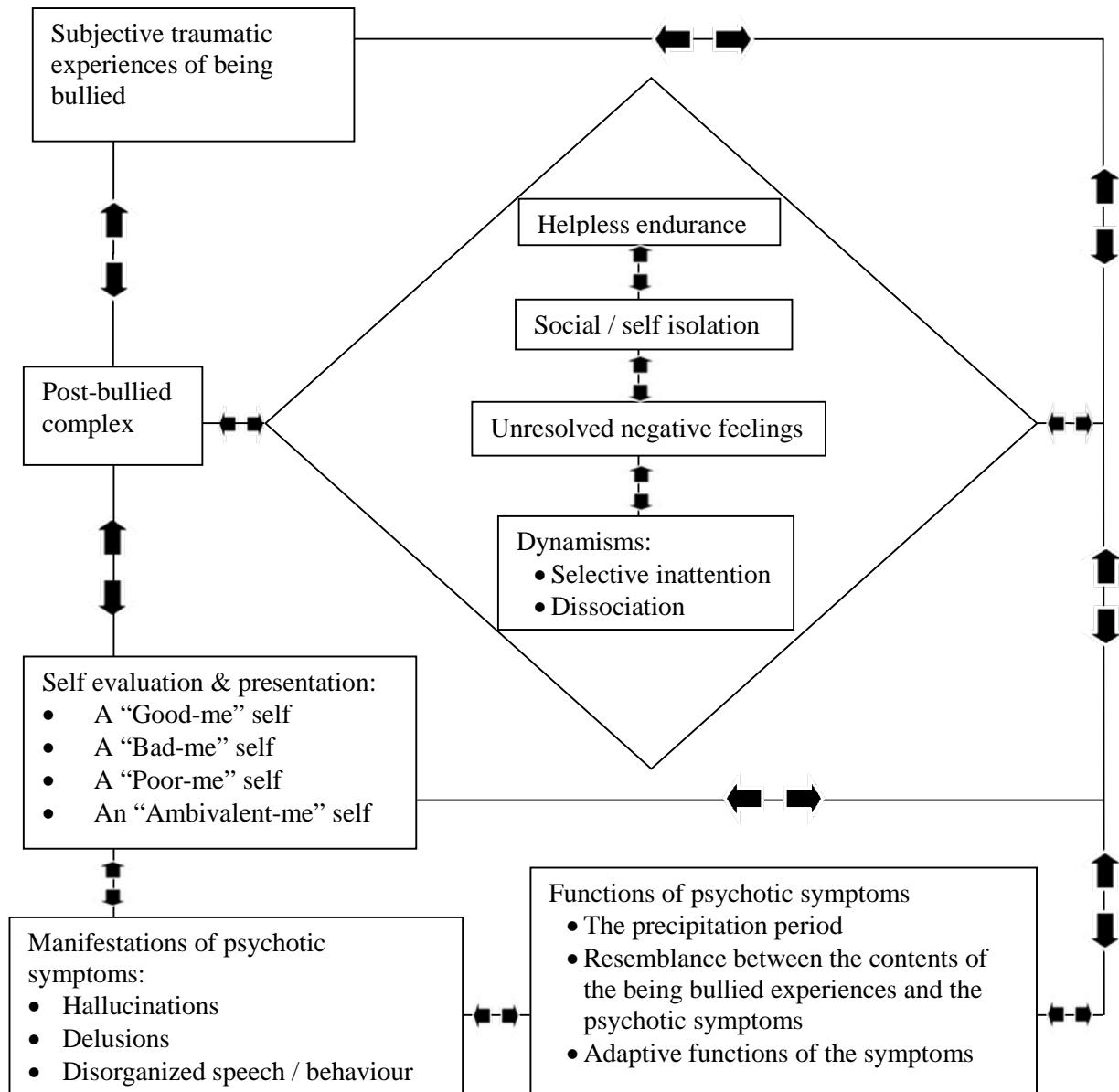


Diagram (4): Interwoven relationship between the themes and sub-themes

In this chapter, seven areas which include the research findings and the research experiences of this study are discussed. The first 6 areas are related to the themes of the research findings and the last area contains reflections on the conceptual framework and the research method being used in this study.

7.1 Experiences of Being Bullied

7.1.1 The Label of Being Bullied and Significance of Contents

In this study, a perspective which is based on both the behaviourist and the victim has been adopted in defining the term school bullying. Moreover, the 3 types of bullying classified by Berger (2007), namely physical, verbal and relational, which have been commonly used in research (e.g. Chen, Liu, & Cheng, 2012; Yip et al, 2009, etc.), have also been applied in this study to distinguish between the different bullying experiences of the participants. According to the rich narratives of the participants, all 3 types of bullying experiences were found and are recorded in this study. The findings of the different subjective bullying experiences in this study are a contribution to people's detailed understanding of how some adolescents are bullied in school because this kind of report has rarely been found.

Most of the bullying studies found were quantitative in nature and have typically not studied the subjective experience of being the victim of bullying qualitatively. Few studies were found that explored the experiences of bullying qualitatively. Two studies, Hopkins, Taylor, Bowen, and Wood (2013), and Bibou-Nakou, Tsiantis, Assimopoulos, Chatzilambou, and Giannakopoulou (2012) used

focus groups to collect the views of adolescents on bullying. Another study conducted by Waseem, Boutin-Foster, Robbins, Gonzalez, Vargas, and Peterson (2014) interviewed 50 students using an interview survey tool containing 5 questions given to young persons in emergency departments to collect their perspectives on bullying. Two studies on the subjective experiences of bullying were also found. One was conducted by Panayiotou, Fanti, and Lazarou (2015), and was actually a quantitative study on the fear level in the bullies and victims respectively. Another was conducted by Peterson and Ray (2006), and was focused on the subjective experiences of gifted adolescents as bullying victims. Therefore, the focus of those studies was totally different from this study in which the adolescent participants were diagnosed as having early psychosis or schizophrenia, and had also been bullied before the onset of these disorders.

In the narratives of the participants of this study, the contents of the being bullied experiences were found to be very rich. One of the significant findings was that the severity of the physical bullying of the victims was unexpectedly high. According to Berger's (2007) definition, physical bullying includes hitting, kicking, beating and so on, or doing something mean such as perhaps stealing a lunch, scribbling on someone's homework, or holding one's nose. In the findings of this study, more serious forms of physical bullying were found which were beyond the items described in the list by Berger. For example, the bullying in this study also involved sexual harassment, sexual molestation, being shot with BB pellets from a toy gun, and riding on someone's back as if the victim was a horse, etc. In some of the literature, these kinds of acts were classified as aggressive or violent behaviour

which might have a long developmental pathway (Rappaport & Thomas, 2004). These acts would possibly develop further to become criminal, which would lead to serious consequences. Even though the nature and contents of some of the physical bullying were severe, the adolescents would still subjectively label themselves as the victims of school bullying, which seemed to have less serious consequences than would violence acts. Theriot, Dulmus, Sowers, and Johnson (2005) even pointed out that a large percentage of students did not label themselves as being the victims of bullying even though they met the criteria based on normally accepted definitions.

It seemed that the adolescents' tolerance of bullying incidents, or even the tolerance of adults such as the teachers or parents, was high. Their lack of alertness to the severity of the situations might hinder their response to these incidents. Another possibility was that the adolescents also learnt this response from adults who sometimes treated the bullying incidents, or even violent incidents, in the school setting with a lenient attitude which might have allowed the severity of the bullying incidents to escalate.

It seemed that the adolescents had tried their very best to survive at their school. However, while listened carefully to their experiences, it was quite clear that their first person narrations were still full of pain and struggle. These could not be understood without getting to know the richness of the contents. The richness of the recorded contents reminded us that the contents must actually be very significant. How they were bullied, when they were bullied, how often they were bullied, why they were bullied and how they coped with the suffering in their situations made up

the subjective painful stories of the victims. Their pain should be understood by adults who should help them handle the bullying situations.

7.1.2 Bullying as a Traumatic Experience

In a study, Lancaster, Melka, and Rodriguez (2009) found that those participants who have experienced stressful events of an interpersonal nature such as violence have significantly higher levels of PTSD symptoms and experience more distress than those who have experienced other types of non-interpersonal stressful events such as a car accident, or other disaster, etc. This finding echoes the study of Green, Goodman, Krupnick, Corcoran, Petty, Stockton, and Stern (2000) which pointed out that interpersonal trauma was more distressing or was related to higher rates of disorder than non-interpersonal trauma. Since being bullied incidents are commonly seen as an interpersonal type of distressful event, the findings of previous studies justifies the idea that being bullied should be considered to be highly distressful and traumatic.

Three main traumatic features were identified in the being bullied incidents in this study: (i) the victims have no way to escape; (ii) adults would seldom be informed of the incidents and the victims felt helpless, and (iii) the help seeking process induced further feelings of helplessness.

Regarding point (i), many participants of this study repeatedly claimed that they could not avoid seeing the bullies in school, as they went to school continually. They could not avoid the sources of the victimization. They have also been

experiencing repeated exposure to being bullied events or venues. Moreover, some of them also have recurrent, involuntary and intrusive distressing memories of the being bullied experiences. Since the bullies were in the participants' environment, it was reasonable for the presence of the bullies to provoke the recollection of these distressful memories easily. These characteristics of being bullied experiences have been matched to the A1, A4 and B1 components of the diagnostic criteria for post-traumatic stress disorder in the DSM-5 which characterized the nature of trauma. The component A1 in the DSM-5 is described as followings: "*Exposure to actual or threatened death, serious injury, or sexual violence directly*" (American Psychiatric Association, 2013a, p.271) which characterized the direct exposure to the stressful events. Another component A4 reads "*experiencing repeated or extreme exposure to aversive details of the traumatic event(s)*" (American Psychiatric Association, 2013a, p.271). The B1 component reads "*presence of recurrent, involuntary, and intrusive distressing memories of the traumatic events*" (American Psychiatric Association, 2013a, p.271). The bullying victims in this study were facing all these three components if they continued to go to school where they could not avoid the environment in which the victimization occurred and it is reasonable to believe that it would have a traumatic impact on them.

Rigby (2002) pointed out that victims of school bullying tend to be relatively weak, vulnerable to attack from others, introverted, physically weaker than non-victims, anxious, isolated and / or the objects of group prejudice. In the process of bullying, the victims typically feel upset, threatened, and fearful, etc. There are different reactions towards being bullied for different victims. Some of them may

fight back, act assertively or even ignore the interactions. However, if the imbalance of power is very obvious and the victim's effort at resistance is unsuccessful, some victims will call for help from others, which may include authorities. Data from a large scale Australian study (Rigby, 2002) shows that in the case of youngsters in the age range from 8 to 17 years, approximately 86% of girls and 70% of boys reported that they have told somebody about the issue. The people being told included a friend, a parent, a teacher or a counselor. However, not all cases where the issue was reported showed any improvement in the victims' situations. Sometimes, it may even cause more serious attacks from the bullies in revenge. In the same study, generally around 10% of the respondents claimed that telling someone about the issue made matters worse. Some victims may try to escape from or avoid the situation and the bullies. Looking at the findings of this bullying study, the majority of the adolescent participants such as Dickson and Edmond have first told someone such as their parents, teachers or the school social worker. However, they found that telling these people was useless and the adolescents turned to cope with it by themselves amid feelings of helplessness. Some of them later avoided going to school. Rigby (2002) reported that in Australia, some 6% of the boys and 9% of the girls reported staying home to avoid being bullied. The most painful parts of the situation are that the victims find themselves helpless and the situation is also unavoidable.

Regarding traumatic feature (ii) above, the concept of problem legitimacy (Murray, 2005) would be used to explain why the bullying issue was not reported to adults such as teachers or parents. Lempert (1997) pointed out that those with

personal and/or social power could create and impose their definitions of the situation on others. Being an adolescent, a young person is a relatively powerless member of society, especially in an authoritative school setting. Moreover, being the victims of bullying, they were further pushed into a more powerless position with regard to defining the problem. In this sense, some adolescents might not see bullying as a legitimate problem in which help should be offered to the victims, so they seldom reported bullying to the authorities to seek help. In addition, adults would also tend to trivialize, dismiss or ignore the peer problems of young people (Butler & Williamson, 1994) and this assertion was echoed by Murray (2005) in a study that found that bullying was often not taken seriously by adults.

In addition, Greenberg and Beach (2004) pointed out that victims were more likely to report being victimized if they perceived that the benefits of reporting would outweigh the costs, if they were motivated by intense emotional reactions, if they had a strong desire to prevent repeat victimization, or if the decision to report was supported by social influences. However, the speculative favourable outcome of reporting the incidents was forfeited due to an environment which was not a supportive one, especially in the case of bullying incidents which were classified as interpersonal events in which the premises were not well established, such as the victims were commonly being socially neglected, and not being supported by classmates and teachers. Butler and Williamson (1994) pointed out in their study on children's trauma that many young people simply have no trust in other people, whether they are friends of the same age or adults, because Butler and Williamson (1994) found there was the deep-rooted skepticism amongst children and young

people about the capacity of others to provide relevant or acceptable advice and support. Therefore the children would tell no one. This would lead to a helpless feeling in the victims because they could not see any hope of stopping the victimizing incidents and expected that no help would be offered. Hunter and Borg (2006) pointed out in their study on the help seeking of bullying victims that feeling helpless predicted pupils' doing nothing. They explained that pupils felt that nothing could be done to alleviate their situation, resulting in them doing nothing about it.

The reason behind why the victims did not tell adults about the issue was also influenced by how the adults reacted. Butler and Williamson (1994) also pointed out that adults were incapable of really understanding the adolescents' experiences and concerns because most adults only have occasional contact with the young people. Moreover, as reported by the Butler and Williamson's study, young people also perceived that adults made only a little effort to listen to them and would also impose their own adult views on the young people. Feeling safe was another key point to understanding why the victims did not report the bullying incidents. Lee and Croninger (1996) found that higher levels of safety were associated with students' perceptions that teachers or adults in the school cared about them. A study showed that bullying victims perceived their environment as threatening and being out of their control (Fredstrom, Adams, & Gilman, 2011). A study by Graham and Bellmore (2007) further verified that adolescent bullying victims perceived their schools as unsafe. Another study investigated where and when the students felt unsafe in school and found that the hotspots were the classrooms, playground/school yard, hallways, lunchroom/cafeteria, and changing rooms, and that during

recess/break bullying outside could commonly occur (Vaillancourt, Brittain, Bennett, Arnocky, McDougall, Hymel, Short, Sunderani, Scott, Mackenzie, & Cunningham, 2010). These locations are commonly under the least amount of adult supervision or surveillance, and this finding is consistent with another study (Astor, Meyer, & Behre, 1999) which was conducted earlier and classified these locations as unowned.

Basically, the teachers or staff of the schools did not want to have bullying incidents happening in their schools. However, Astor, Meyer, and Behre (1999) pointed out that most teachers did not believe that it was their professional role to secure dangerous locations or intervene to stop violent events in those dangerous locations even though those areas were inside the school campus. Astor et al. (1999) further elaborated that the few adults who intervened to stop violence in the bullying hotspots perceived their actions as a personal and moral conviction rather than an obligatory and organizational response. Moreover, many teachers in Astor's research claimed that they were not willing to intervene further without more support. There was also a pervasive sense of powerlessness among the teachers regarding what they could and could not do. This finding explained one of the reasons why bullying incidents still happen in these hotspots inside the schools.

However, the study by Astor et al. (1999) also showed that the students were expecting a top-down, teacher driven approach to addressing the school violence issue. The students would recognize that the teachers were in a position to set the tone for the school. This expectation discrepancy between the students and teachers might help explain why the participants in this study felt helpless in the help seeking

process, which in turn explains the findings of this study that bullying may involve a traumatic component (iii).

Even though there was a top-down bullying prevention and intervention program in some schools, the efficacy of such a program was queried. Smith, Schneider, Smith, and Ananiadou (2004) reviewed the effectiveness of 14 anti-bullying programs. The majority of the programs yielded little or no improvement and some even caused harm. Vreeman and Carroll (2007) also reviewed 26 studies and found that the outcomes of most of the school-based intervention programs intended to decrease bullying were not reliable. Some even showed no clear reduction in bullying. These two systematic reviews further our understanding of why the victims developed further feelings of helplessness.

Besides helplessness, having a sense of being threatened or hurt was another significant response which helped to make the bullying incident a traumatic one for the victims in this study. Another traumatic effect was also arising from the attribution of being bullied found in the participants. In this study, some participants felt they themselves were responsible for their being bullied and attributed the cause to their own short comings, which included their own deficits, weaknesses, misfortune, insufficient capacities and personality problems, etc. In the research literature, few studies have looked at the self appraisals rather than the coping of the victims of bullying. A study on the cognitive appraisal and coping with stressful events (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986) pointed out the significant relationship between threats to self-esteem and coping with stressful events. Folkman et al. (1986) found out that when the threat to self-esteem was high,

subjects used a more confrontive coping, self-control coping, accepted more responsibility, and used more escape-avoidance mechanisms compared to when the threat to self-esteem was low; moreover, they also sought less social support. Another significant finding in that study was that when the subjects appraised the stressful encounter as one that had to be accepted, they would cope by using distancing and escape-avoidance mechanisms. In the bullying stories collected in this study, the participants tended to attribute responsibility to themselves and devalued themselves accordingly. This suggests that the impact of bullying on their self-esteem might be great.

7.2 The Post-Bullied Complex

The being bullied stories collected in this study uncovered that the inappropriate coping strategies and the negative emotions of the participants intertwined with each other and worsened the stressful situations in a vicious circle. This intertwining matter was termed the “post-bullied complex” in this study.

Folkman and Lazarus (1985) pointed out that the emotions and coping experienced in a stressful encounter were characterized by flux and change. It is a dynamic and complex process. For example, one might first feel fear in the being bullied process; after a few moments, the feeling might change to anger, then to inferiority, then to helplessness and feeling worthless, while the feeling of fear may continue to exist. This ever-changing pattern could actually be found in the participants of this study, although pattern of change in each participant was

different. The sequence of feelings reflected the changing meaning or significance of what was happening as the encounter unfolded, as suggested by Folkman and Lazarus (1985). Coping would also change. It was found that in this study, most of the participants might first engage in passive endurance, then progress to avoidance or isolation or denial-like strategies to ward off the disturbance of the bullying events.

Lazarus and Folkman (1984) also emphasized the cognitive aspects of response to stress and the importance of appraisal in coping with threat. A person would evaluate the situation as either threatening or not through cognitive appraisals. Emotions were considered to be the responses to this concept-forming operation. The degree of threat appraised would lead to variations in emotions such as fear, anger, depression, etc., because the discrepancy between the degree of threat and the available coping capacity accounted for the emotion being activated. However, in contrast with Lazarus and Folkman (1984), Janis and Feshback (1953) have emphasized emotion as a motive and claimed it would influence attitudes and behaviour, which are driven by cognition. Both parties of scholars agreed on the importance of cognition, coping and emotion, but disagreed on whether cognition was the consequence or cause of the emotional responses that then affected the coping. However, echoing the assertion by Folkman and Lazarus (1985), coping with stress, emotion and cognition form a dynamic and complex process. These positions are not incompatible because these things interweave. Therefore, the emotions and coping of the bullying victims have formed a complex which was uncovered in this study.

According to the framework of coping with traumatic stress described by Roth and Cohen (1986), coping items were conceptualized as comprising approach strategies (i.e., seeking social support, problem solving) and avoidance strategies (i.e., distancing, internalizing, externalizing). Approach strategies, according to Roth and Cohen (1986), allowed for appropriate action and the possibility of noticing and taking advantage of changes in a situation that might make it more controllable, and also allowed for ventilation. However, avoidance strategies seemed to be useful in that they might help reduce stress and prevent anxiety from becoming crippling, but in the long run, the potential cost that might have to be paid was significant. Avoidance strategies would interfere with appropriate actions and result in emotional numbness, unwanted intrusions of threatening material, and a conscious or unconscious attempt to keep threatening cognitions and affects out of awareness (Roth & Cohen, 1986, p.818).

In this study, the adolescent participants seldom used the approach strategies. They commonly adopted the avoidance strategies which included passive endurance, ignoring the bullies and the environment, isolating themselves socially, and entering a non-vigilance mode ignoring the present environment by such means as playing music in their minds, selective inattention, and dissociation, etc. The participants were also found to have harboured a pool of negative emotions which included anger, sadness, fear, worthlessness, loneliness, inferiority, helplessness and hopelessness, although each participant had a different combination and intensity.

Different studies have presented different emotions as one of the consequences of school bullying. A recent study by Panayiotou, Fanti, and Lazarou (2015)

concluded that fear is the paramount emotion that permeated most of the perceptions and reactions of the bullying victims to emotional contexts, while the victims also reported having greater anger than non-victims. Another study showed that victims were anxious and fearful (Isolan, Salum, Osowski, Zottis, & Manfro, 2013). Graham and Bellmore (2007) concluded that students who are chronic victims of school bullying often were rejected by their peers and they would feel depressed, anxious, and lonely. Echoing all the above mentioned studies, these negative emotions were all found in the adolescent participants of this study, with additional other types of emotions too, such as helplessness, worthlessness and hopelessness. Some of them have developed different emotional items. However, all these negative emotions did contribute to how they coped with the bullying situation and the environment, or even with themselves in their routine lives.

Sullivan (1953) used the term “uncanny emotion” to refer to the group of negative emotions which are aroused by anxiety. In Sullivan’s theory, anxiety did not mean a common anxious feeling. Anxiety was a concept which was the chief disruptive force in interpersonal relations and the main factor in the development of serious difficulties in living (Sullivan, 1953, p.xv). Sullivan (1953) explained that anxiety is a common experience and he asserted that even an infant will probably experience primitive anxiety, and it would reappear much later in life under very special circumstances, perhaps in everyone. These circumstances were fairly frequent in the earlier stages of schizophrenia, or dreams at disturbed times in life. Sullivan (1953) emphasized that it frequently happened specifically during the adolescence period. The uncanny emotion was aroused by any hint in these

circumstances which would revive the most primitive type of anxiety. The bullying situation was a traumatic experience for the adolescent victims and so this uncanny emotion would be aroused. Uncanny emotion here refers to an indeterminately large group of feelings which include awe, dread, horror and loathing (Sullivan, 1953). According to Sullivan (1953), anxiety, that is, being filled with all of these uncanny emotions, which comes up during dreadful or unpleasant experiences, has a paralyzing power which would lead to a distortion of living so that nothing really could go on. This assertion brings the idea that different mental problems in people who are in the stressful uncanny emotion state are caused by unpleasant interpersonal experiences.

Being rejected by peers, social isolation and self isolation provide supporting evidence for the difficulties the participants in this study had in fulfilling the needs of their integrating tendencies. At the same time, this evidence could also be seen as the consequences of being bullied. It might be two sides of the same coin. Sullivan (1956) addressed the notion that conflicting integrating tendencies would in essence make up nearly the sum total of human misery because conflicting integrating tendencies would always elicit anxiety. The self-system would then set security operations into motion to relieve the tension brought about by the anxiety and Sullivan called this a dynamism (Jacobson, 1955). Among the dynamisms, selective inattention and dissociation were found to be obvious in the participants of this study.

7.3 Multiplicities of the Self-System

The self has been construed as having two aspects, (i) a representational structure which counts the self as an object of perception, self concept or me, and (ii) an executive function, which counts the self as a subject of perception, ego or I (Campbell & Sedikides, 1999). Campbell and Sedikides (1999) asserted that the self aspect of “me” was more vulnerable to threat than the self aspect of “I” because the latter has no inherent qualities that could be threatened. Therefore, learning how the victims evaluated the “me” in their stressful experiences of being bullied could help us understand the extent of the threat they perceived.

In this study, different evaluations of the self, which included the “good-me” self, the “bad-me” self, the “poor-me” self and the “ambivalent-me” self have been found in the participants. Some of the terminologies referring to the self used here were borrowed from Sullivan’s concept of personification (Sullivan, 1953; 1956). This type of evaluating the self and others was supported by different studies which asserted the concept of self as a socially constituted phenomenon and self evaluations as evolvment through a comparative process in which the self was contrasted with others (Brown, 1986). A study found that people would rate positive attributes as more characteristic of the self than of others generally (Brown, 1986). In Brown’s study, he found out when evaluating social objects that the self accorded itself a more privileged status than it gave others. It was understandable that the participants of this study would give themselves the attribute of being a “good me” self and “bad other” when they were trying to understand why they became the bullying victims.

Moreover, Brown (1986) also asserted in his study that self-appraisals became more positive with increasing self-esteem and vice versa. It was then interesting to link up this self-esteem result with the findings of the study by Graham and Bellmore. Graham and Bellmore (2007) found that adolescent victims of school victimization or bullying have persistent poor self-esteem and a tendency to blame themselves for their experiences with harassment and they were more likely to believe that “it is something about me, things will always be that way and there is nothing that I can do to change it”. This pattern is similar to what the “bad-me” self found in this study was. The victims would attribute the causes of the bullying events to their own deficits or disabilities.

However, another study pointed out that from the attributional perspective, self blaming was a way for the young people to cope with their victim status and it was correlated with maladjustment which included loneliness, social anxiety and low self-worth (Graham & Juvonen, 1998). A study has also reported that individuals who attributed the negative outcome to being internal, stable and uncontrollable coped more poorly, felt worse about themselves and were more depressed than those who attributed the problem to being external, unstable and controllable (Anderson, Miller, Riger, Dill, & Sedikides, 1994). Also, studies on the correlates of victim status also indicated that victims tend to have low self-esteem, feel more lonely, anxious, unhappy, and insecure than non-victims (Hodges & Perry, 1996; Galloway, 1994).

Graham and Juvonen (1998) suggested that the best attribution for coping with victimization might be one that implied externality, instability and uncontrollability,

which meant that victimization just happens to a victim who is in the wrong place at the wrong time, and is simply speaking, akin to bad luck. Attributing the victimization to having bad luck was similar to what the participants of this study thought as having a “poor-me” self. They could not understand why the bullying happened to them and they could not find a reason for it except bad luck. The only way to understand it was to attribute externally.

However, it was significant to understand that the self evaluation of the participants in this study was not only presented in one facet. Some participants showed in their stories that sometimes they would evaluate themselves as “good-me”, sometimes as “bad-me”, and sometimes as “poor-me”. It was not so clear that they possessed only 1 type of personification. Sometimes, they obviously presented an “ambivalent-me” in telling their stories, and they showed that they were actually not quite sure how they found themselves. It might be understood that the nature of this self personification might be complex and multiplicative. Linville (1987) proposed that individual differences in vulnerability to stress were due, in part, to differences in cognitive representations of the self: more specifically, to differences in the complexity of self-representations. She viewed the self as multi-faceted and represented in terms of multiple cognitive structures. Linville (1987) asserted that for people under stress, greater self-complexity was a protective factor. For example, the negative affect generated by a certain self aspect would spill over to affect a person’s thoughts and feelings about the other important aspects of life. Linville (1987) pointed out that not all self aspects were activated at any given time. Rather, specific self aspects were activated depending on such factors as the context and

associated thoughts, their relation to the currently activated self aspects and their recency and frequency of activation (Linville, 1987). This self complexity model facilitated the understanding of the multiplicity of the self evaluations of the participants in this study. It was a kind of coping strategy, or it might even be called a buffer, which helped the participants to face the stressful situation of being bullied.

Different studies showed that school bullying experiences were associated with poor health status and higher levels of different kinds of mental problems, such as depression, anxiety, and psychotic-like experiences, etc (Abada, Hou, & Ram, 2008; Bond, Carlin, Thomas, Rubin, & Patton, 2001; Campbell & Morrison, 2007; Kapellerova, 2008). When referring to the earliest manifestations of mental disorders, mild or severe, if using Sullivan's Interpersonal theory of Psychiatry (1953), one has to explore the patterns of inadequate and inappropriate interpersonal relations and the developmental events contributory to the "not-me", as well as evidence of dissociation. This was another type of personification which Sullivan (1953, 1956) had mentioned.

Sullivan (1953) asserted that the uncanny emotion was the essence of the all-paralyzing anxiety and could be induced very early in one's life by the sudden outburst of extremely unpleasant emotions. This was the foundation of certain experience structures in personality which he referred to as the "not-me", a personification in which under such circumstances there is no awareness of, or conscious reflection on, personal attributes. However, it was not easy to discover the "not me" personification during the process of interviewing the adolescent participants because this personification was not on a conscious level. However, one

could try to capture the “not me” personification by tracing the dynamisms of selective inattention and evidence of dissociation, which will be discussed in the following part.

7.4 Development of Psychotic Symptoms

7.4.1 From Insecurity to Selective Inattention

In this study, the participants were found to have a complex of unresolved negative feelings which has already been discussed. Scholars (Beaty & Alexeyev, 2008; Olweus, 1993; O’Moore & Kirkham, 2001; Rigby, 1999) have also found that in the process of bullying the young victims tend to experience a strong sense of rejection, social isolation, feelings of loneliness, anxiousness, fear and lower self esteem. These negative emotions could be categorized as unpleasant emotions, which is similar to what Sullivan calls “uncanny emotions”. From this point of view, it was believed that the victims faced a situation with very tense anxiety. According to Sullivan, the tension of anxiety arose because the need for intimacy, which was driven by the integrating tendency, could not be fulfilled. Conflicting integrating tendencies would elicit anxiety and create difficulties in personality development. Based on an understanding of the Interpersonal Theory of Psychiatry, starting from the juvenile era, there comes a need for compeers and the need for intimacy in adolescents. However, the bullying victims were getting anxious and frustrated and could not release this tension of need. A strong sense of interpersonal insecurity then arose.

“The anxiety associated with the frustration of this highly important interpersonal need was the experience of loneliness, which for Sullivan was one of the most powerful and underestimated of human motivations and the experience of loneliness was responsible for a multitude of intricate security operations” (Evans III, 1996, p.142).

In order to maintain the sense of interpersonal security, the self-system will turn on the security operation. One of the possible security operations is the organization of the “not-me” personification. As Sullivan stated:

“The not-me is literally the organization of experience with significant people that has been subjected to such intense anxiety, and anxiety so suddenly precipitated, that it was impossible for the then relatively rudimentary person to make any sense of, to develop any true grasp on, the particular circumstances which dictated the experience of this intense anxiety.”

(1953: 314)

In facing the bullying process, the victims were immersed in extremely unpleasant emotions or the uncanny emotions. These uncanny emotions constituted the tension of anxiety. This attack of extreme anxiety has the power to paralyze everything. It made the victim tend to avoid the painful situation and expect the experience “never-to-be-repeated”.

Since some victims could not avoid the real bullying situation and the extreme tension of anxiety, the only way to escape was to activate the “not-me” personification. The painful experience of anxiety could not come into

consciousness. In this situation, there might be cognitive changes. The first one was the selective inattention, which to a great extent enabled the person to stay as he or she was, despite the remarkable experiences that befell the person, simply by keeping his or her attention on something else (Sullivan, 1956). In other words, it was by operating the selective inattention dynamism to shift the focal awareness away from the events that impinged upon the person that the victim was able to ignore the bullying process, the bullies, and the situations. This was a way of being free from the intense anxiety. However, “this control of focal awareness results in a combination of the fortunate and the unfortunate uses of selective inattention” (Sullivan, 1953, p.233). The fortunate use means that one could ignore the things that really did not matter. However, the unfortunate use of selective inattention means that one ignores things which should matter. This created further difficult situations in the living context, which might include inappropriate interpersonal interactions that would induce further anxiety.

In this study, some participants showed that they have experienced the inattentive state. They have blocked their attention towards the environment but sometimes it would create problems in their routine lives such as missing important class teaching in school, and ignoring significant interpersonal interactions, etc. The finding of these kinds of life difficulties that are induced by selective inattention was supported by the study of Mullen and Suls (1982). They found that in the short run, rejection, the term which Mullen and Suls used to refer to focusing attention away from the stressor, was more adaptive than attention after the stressor, while in the long run, attention was more adaptive than rejection. Moreover, rejection would also

become dysfunctional and worsen the person's situation because rejection might consume a large portion of a person's energy that could otherwise be used in combating or accommodating the stressor. Mullen and Suls (1982) suggested that the most effective strategy for coping with stressors might be to exercise rejection during exposure to the stressor and then shift to attention, which might facilitate instrumental actions to eliminate the stressor or its effects. However, it seemed that the participants in this bullying study did not learn to attend to the stressor but learnt to avoid the situation.

7.4.2 From Selective Inattention to Dissociation

Another significant finding in this study was that dissociative reactions, such as flashbacks, derealization and depersonalization, etc. in which the individual felt or acted as if the bullying events were recurring, were found in the participants.

According to the DSM-5, one of the symptoms presented in PTSD is dissociative reactions which may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings (American Psychiatric Association, 2013a, p.271).

The DSM-5 has further elaborated the two symptoms in dissociation under the diagnostic criteria of PTSD. These two were depersonalization and derealization (American Psychiatric Association, 2013a, p.272). Depersonalization is described as *“persistent or recurrent experiences of feeling detached from, and as if one were an outside observer of, one's mental processes or body”* and derealization as *“persistent*

or recurrent experiences of unreality of surroundings” (American Psychiatric Association, 2013a, p.272). Regarding the participants of this study, dissociative symptoms which included the characteristics of depersonalization and derealization were both found, such as seeming to be in a dream (participant Cindy), feeling the environment is unreal (participants Cindy, Frankie), and feeling time moved slowly (participant Gina), etc. These were evidence of the symptoms of dissociation in the participants.

In a study Chu and Dill (1990) found that subjects with a history of childhood abuse reported higher levels of dissociative symptoms (depersonalization and derealization) than those who had no such history. The findings of Chu, Frey, Ganzel, and Matthews (1999) also echoed this result, concluding that participants reporting any type of childhood abuse demonstrated elevated levels of dissociative symptoms that were significantly higher than the levels in those not reporting abuse. Another study (Obrdalj, Sesar, Santic, Klaric, Sear, & Rumboldt, 2013) also found that there was a strong association between bullying and trauma symptoms, which included dissociation, in adolescents. These findings echoed the findings of this study that victims of adverse or stressful bullying events would develop dissociative symptoms.

In Sullivan’s theory (1953), the “not-me” experience will grow and the motivational system will disintegrate in such a stressful or traumatic situation with continuous intensive anxiety. Dissociation may then develop to help the victim reduce the tension of anxiety by total exclusion from focal awareness.

“In dissociation, the trick is that one shall carry on within awareness processes which make it practically impossible, while one is awake, to encounter uncanny emotion... It (Dissociation) works by a continuous alertness or vigilance of awareness, with certain supplementary processes which prevent one’s ever discovering the usually quite clear evidences that part of one’s living is done without any awareness.”

(Sullivan, 1953: 317-318)

Automatisms are gross items of behaviour which Sullivan (1953, p.321) claimed to be the detectable ingredients of awareness in dissociation. Automatisms can be very minor movements to extreme actions such as tics, or convulsions of certain muscle groups. However, the person in the dissociated state will feel completely blank about the occurrence and even the meaning. The findings of a piece of research conducted by Sharp (1995) might provide some related information for further consideration about the possibility of the operation of selective inattention and dissociation in the bullying victims. In Sharp’s study, 723 students were included, having ages of 13 to 16 years. 35% of the students who had experienced bullying reported that they continued to feel panicky or nervous in school, and 32% experienced recurring memories of the bullying incidents. The concentration of 29% of students was impaired and 22% actually felt physically ill. 31% tried to forget the experience and hoped it would not happen again. 29% were in a confused condition. 31% had memory problems, 20% had sleep difficulties, and 12 % showed social withdrawal.

From the above statistics, it was discovered that most of the effects of bullying on the adolescents were related to the changes in consciousness, which included

flashbacks, concentration and memory impairment, confusion, and sleep disturbance. Physical illnesses might also be considered as some kind of behavioural automatism. These effects might be strongly related to dissociation. Moreover, since dissociation was believed to be an important concept regarding difficulties in living and mental disorders, it is believed that these are risk factors for the development of mental illness in the victims of bullying.

Sullivan (1956) elaborated that dissociation and selective inattention were no different in kind, but only in degree. He explained that selective inattention made the events pass without any development of their personal implications and they rapidly transited into memory. These events were available for recall but they were not easily available because recalling memories is done by the facile flow of association. However, *“when things go by rapid transit through awareness into memory without the development of implications, those undeveloped implications are not there for the purpose of recall”* (Sullivan, 1956, p.58). Selective inattention must have been applied to some aspects of the events but it would leave important details out of so many experiences. It was anxiety provoking. According to Sullivan (1956), it would produce insecurity and feelings of uncertainty and of being helpless to deal with significant people and the interactions. This condition of insecurity, which existed as a result of the dynamism of selective inattention, amounted to dissociated systems, which in turn caused the person to tend to have more and more unattended experiences, and so the level of anxiety would climb (Sullivan, 1956). The person was then getting sicker or showing more dissociated activities.

7.4.3 From Dissociation to Psychotic Symptoms

Waller, Putnam, and Carlson (1996) identified a few key indicators of dissociation: absorption, imaginative involvement, disturbances in memory, derealization, depersonalization and identity alteration. Meares (1999) argued that dissociation was a manifestation of a disruption of the cerebral functions which involved an uncoupling of consciousness or the undoubling of the self. During psychological trauma, Meares (1999) explained, using the contributions of Jackson (1835-1911) who was the father of British neurology, that semantic memory would be lost and the experience would be encoded in a more primitive form of memory or as fragmentary sensory imprints. There would be a disconnection, a mismatch or confusion of the memory and of the immediate experiences. Moreover, the data processing system would also fail to properly function and the number of channels of information kept open would diminish which would lead to the constriction of consciousness. With the loss of the smooth stream of consciousness, there would be a diminished sense of me-ness and a sense of personal estrangement would be aroused (Meares, 1999). Then, the function of higher coordination would be lost which would result in discoordination and a failure of synthesis of the components of the psychic life. This disconnectedness would also lead to an unlinking of the bodily feeling and the core self which results in difficulties in the perceptions of the body or other senses.

The argument brought forward by Meares (1999) echoed the assertion by Sullivan (1953). The diminished sense of me-ness was similar to what Sullivan named the “not-me” personification. The traumatic experience might represent

matters which touched upon the “not-me” component in personality and there would be a disturbance in awareness, from selective inattention to dissociation, depending on the degree. In the dissociated state, a person was in a fugue state. Sullivan (1953) described fugue as a relatively prolonged state of dreaming-while-awake. When one was in a fugue, according to Sullivan (1953):

“One believes that one is awake, one acts as if one were awake in many important particulars, and everyone else presumes one is awake. But the relationship with circumambient reality and with the meanings to which things attach from one’s past is, to a certain extent, as fundamentally and as absolutely suspended as it is when one is sleep. And there are certain absolute barriers to recall...” (p.323).

Sullivan (1953) further elaborated fugue to be a very massive change of personality which precipitated a state which was completely disorganizing. Panic, which was a mixture of terror and disorganized inactivity, would then occur. In this case, the most significant of the things that were disorganized was the structure of one’s beliefs and convictions as to the guarantees and securities and dependable properties of the universe in which one was living (Sullivan, 1953, p. 327). At this point, the personality would be partly torn and, as Sullivan (1953) would say, the person enters a schizophrenic way of life.

In the schizophrenic state, the referential process would regress to the early type while the person would feel less anxious at that previous developmental stage. Together with the composition of the “not-me” components in the personality and the presence of uncanny emotion, these referential processes seem to be bizarre to

other people and beyond the understanding of others. These manifestations were commonly known as delusions and hallucinations (Sullivan, 1953).

These conceptualizations found in the literature and the elaboration above helped explain the development of dissociation and psychotic symptoms which were found in the participants of this study. Some of them have developed hallucinations, delusions, and alteration of identity, etc.

7.5 Functions of the Psychotic Symptoms

In this study, the precipitating period for the development of psychosis after beginning to be bullied was explored and it was found that basically, it ranged from a minimum of 2 years to a maximum of 10 years. Moreover, a serious physical attack might be a critical worsening factor that triggers a faster development of psychosis in the participants. Although there are studies claiming that the prodromal period of psychosis, in which early signs should be recognizable, was thought to precede the onset of illness by a few months to several years (Yung & McGorry, 1996), it was difficult to find any literature exploring a precipitating period taken from the occurrence of the undergoing trauma to the onset of the psychosis. However, the strong linkage between trauma and psychosis has been evidenced and is abundant in published literature (e.g. Bebbington et al., 2004; Read et al., 2005).

An interesting result of this study was the high resemblance of the themes and/or contents of the being bullied experiences to the psychotic symptoms. It was found in this study that this linkage was strong and the themes or contents were very

similar. For example, the participant Edmond had been sexually harassed by classmates, and he has since then developed delusions with sexual contents, such as being watched when he was using the toilet, and being spied on by someone who has set up a camera in the building opposite him, etc. Another participant Gina was teased by classmates about being an odd person and she has since then developed hallucinations of people criticizing her. The similarity between the bullying experiences and the contents of the psychotic symptoms was so strong that it is possible to hypothesize that the trauma is affecting the contents of the psychotic symptoms during their formation. This implies that the contents of the psychotic symptoms should be understandable and it could facilitate our understanding of the previous sufferings of people with mental illness by tracing the contents of the psychotic symptoms and the related emotions.

A study conducted by Hardy et al. (2005) found phenomenological, symptomatic, and diagnostic associations between trauma and hallucinations. In that study, it was found that half of the participants who had experienced a trauma have at least one type of phenomenological association between their traumas and their hallucinations, which includes either the thematic association or the direct contents association. The study by Thompson, Nelson, McNab, Simmons, Leicester, McGorry, Bechdolf, and Yung (2010) reported a relationship between trauma and psychotic symptoms of the same nature and theme, which made the content of hallucinations and delusions understandable within the particular context of an individual's life and past experiences, specifically the trauma. This argument is also consistent with the links between trauma and instances of psychotic-like phenomena

found in a study conducted by Freeman and Fowler (2009), and they also asserted the significant association between trauma and both persecutory ideation and hallucinations.

Falukozi and Addington (2012) found evidence to support the idea that for those young people, who were at risk of developing psychosis, having a history of previous trauma was related to unusual thoughts that focused on feelings of being watched, and grandiose ideas of status and power, with a corresponding lack of unusual negative thoughts regarding the self and non-negative voices. It could be understood from the findings that the experience of the trauma was likely to create negative ideas about the self and also anxiety, which were known as the risk factors for paranoia (Freeman, 2007).

Anxiety created by trauma has already been discussed in the previous section and according to Sullivan (1953), dissociation was one of the obvious ways to cope with it. Chu and Dill (1990) quoted Freud's explanation that dissociated experiences did not remain dormant but they were re-experienced in the form of dreams and nightmares, flashbacks, and the flooding of feelings and sensations related to the original experiences. This kind of experience was actually a re-experiencing of the actual trauma which would create further anxiety and worsen the situation of the individual.

The first type of positive psychotic symptom found in the participants of this study was hallucinations. Only two types of hallucination, auditory and visual, were found in this study. While all of them have the auditory type, only 3 have the visual

type. Within the auditory hallucinations, the contents were mainly verbal. Three participants hear two voices conversing while the other 5 hear people criticizing him or her. Birchwood, Meaden, Trower, Gilbert, and Plaistow (2000) found in their study of 59 voice hearers that the perceived power imbalance between the individual and his persecutors might have its origins in an appraisal of his social rank by the individual and a sense of group identification and belonging. They proposed the possibility that the difference in rank between the voice and the voice hearer was mirrored in social rank differences between the self and others. In the participants' experiences in this bullying study, all the participants were being teased, scolded, gossiped about, and/or isolated. The definition of bullying even clearly addresses the imbalance of power issue between the bullies and victims. This coincided with the voice contents in that the voices had a status powerful enough to criticize the participants.

Behrendt (1998) contended that verbal hallucinations could develop in a constellation of attention to the reflection of the self in the social environment. According to what the person was paying attention to, hallucinations would take the form of voices discussing or commenting on him or her. Behrendt (1998) further elaborated that hallucinatory voices seemed to serve the person's self-image in which the voices either provided supporting material for introjections into the person's self-image, or they allowed projection of the person's fears into the realm of perception. In Behrendt's phrases, hallucinations meet social wishes or confirm suspicions. It could be understood that the bullying victims have showed this internal conflict via their hallucinatory voices, one having a single powerful voice

criticizing them while some participants have a richer voice content in that another voice would come out to serve the social or personal wish of the victim to fight back against the criticizing voices. Behrendt (1998) also explained that hallucinations grew with the imbalance between external and mental conditions in a process in which hallucinations were perceptions that were under-constrained by sensory stimulation. That meant hallucinations were perceptions that were taken over by the person's thoughts, drives, fears, and wishes in a way which resembled dreaming. Therefore, it could be found that the visual hallucinatory contents of the 3 participants resembled the actual experiences in their daily lives in which intense feelings of fear were reflected.

Another positive psychotic symptom found in the participants in this study was delusions. Strauss (1991) asserted that delusions might evolve over time from less extreme thoughts and themes and then began to fade back into those themes again. The thoughts might be embedded in the person during an adverse situation. Therefore, by looking at the vicissitudes and how the delusions evolved by learning the sequences of the ebb and flow of the ideas, delusions might then become understandable. The formation of delusions was multi-causal. The distress of feeling one's life has lost its meaning might be one cause, and another common factor was the association with low self-esteem (Strauss, 1991).

Delusional perception is an experience in which a person perceives something and then makes a delusional interpretation, and the particular experience would then lead to a whole change in belief, and that change becomes a new and central structure in the person's life (Strauss, 1992). Strauss (1992) also mentioned that

there were many psychological mechanisms, varying from normal to pathological in their functioning and outcome. He said that these processes might reflect a range of coping, developmental, and regulatory mechanisms, and that they were triggered, guided, and modified by a range of specific environment and personal factors (Strauss, 1992).

Laing (1990) also asserted that in order to sustain its identity and autonomy, and to be safe from persistent threat and danger from the world, the self would cut itself off from being directly related to others and endeavour to become its own object, that is, to become related directly only to itself. In this case, the main functions of the self would become fantasy and observational. Laing (1990) described delusions as containing existential truth and said they should be understood as statements that were literally true within the ideas of reference of the individual who has developed them. Delusions are the basic but ultimate defence in every form of psychosis. According to Laing (1990), the most general form of delusion is the denial of being, which was a means of preserving the being. While applying Laing's theory, we could try to understand the psychotic symptoms of the participants of this study. Their psychotic symptoms were actually a distorted coping with their prolonged being bullied experiences and a means to protect their own self, autonomy, and power.

Each type and contents of the delusions could lead to an understanding of the different unfulfilled inner needs of the participants. Four types of delusions were found in this study, persecutory delusions, ideas of reference, identity changes, and imaginary companions.

Firstly, the persecutory type and the ideas of reference type of delusions found in the participants of this study reflected similar fear and inferiority feelings with a different intensity from when they were being bullied. Fear and inferiority were obvious feelings found in the participants of this study too. Garety, Kuipers, Fowler, Freeman, and Bebbington (2001) argued that trauma was likely to impact upon emotion, and this affective disturbance directly triggered information-processing abnormalities and shaped the positive symptoms of psychosis. Salvatore, Lysaker, Popolo, Procacci, Carcione, and Dimaggio (2012) contended that persecutory delusions arose due to a combination of factors, which included being incapable of knowing others' emotions, interpersonal stressors, a weakened sense of self, reasoning biases and heightened anxiety converge, and for vulnerable persons resulted in the development of deeply distorted beliefs. It was understandable that the participants of this study have undergone interpersonal stress that, with a weak sense of self and heightened anxiety, in nurturing the development of persecutory delusions. Persecutory thoughts were related to the experience of oneself being weak and vulnerable. Freeman, Garety, and Fowler (2008) proposed that those negative beliefs about the self might lead to an experience of oneself as a vulnerable target: an easy target for others to mock, exploit or harm. This might then be especially likely when a person has a negative appraisal of others, and believes that others are generally bad and selfish. Therefore, the persecutory delusions can be used to explain that the experience of vulnerability was the result of a threatening other, a process that stirred up negative emotions such as anger and a marshalling of resources to protect the boundaries around oneself (Salvatore et al., 2012).

Regarding the identity change type of delusions, Estroff (1989) has argued that having schizophrenia resulted in a transformation of the self as known inwardly, and of the person or identity as known outwardly by others. Cindy, a participant of this study, has changed her identity to that of a policewoman. This reflected in her inner feelings of inferiority and helplessness, and thus she transformed her identity into that of a superior and powerful policewoman in front of others. Laing (1990) elaborated that the sense of identity required the existence of another by whom one was known, and a conjunction of this other person's recognition of one's self with self-recognition. The inner self of the individual would be occupied by phantasy and observation and would have begun to lose the firm anchor to the individual's true identity (Laing, 1990). According to Laing (1990), the aim of this manoeuvre was to preserve the "inner" identity from the phantasied destruction from outer sources, by eliminating any direct access from without to this inner self. It was a defence that enabled the self to be free from anxiety, and the false self would develop and exist as the complement of the inner self. For such a false self, everything and anything became possible; the self could be anyone and be anywhere. The impotence would become omnipotence, the powerlessness would become powerful, and the inferior would become superior. Laing (1990) claimed that the true self "*being no longer anchored to the mortal body, becomes 'phantasticized', volatilized into a changeable phantom of the individual's own imagining*" (p.141). The isolated inner self withdrew from reality and this was a defence against the dangers from the threat to the person's identity. This psychotic development process was to preserve the true self identity. In the light of this, it is now easier to understand why the participant

Cindy, who felt helpless, inferior and sad, would become a powerful, superior and happy policewoman in her delusions.

The last type of delusion found in this study was the imaginary companion. Svendsen (1934) defined an imaginary companion as “*an invisible character, named and referred to in conversation with other persons or played with directly for a period of time, at least several months, having an air of reality for the child but no apparent object basis*” (p.988). McLewin and Muller (2006) elaborated that imaginary companions were voluntary creations made by the original personality in response to non-life-threatening situations. Two participants (Bella and Hebe) in this study were found to have developed vivid imaginary companions. Both of them felt frustrated with their peer relationships in school. Both of them felt they were being ignored, isolated and/ or teased by their classmates and they claimed to have no real friends. The feeling of loneliness was quite obvious in these two participants. Smith (1995) suggested that lonely children would create imaginary companions to alleviate feelings of loneliness. Smith (1995) also observed that imaginary companions often disappeared when children became involved with real companions. However, the two participants in this study who have imaginary companions have them continuously, and in the case of the participant Hebe, the imaginary companion has a similar age to her and even grew up with her.

Adamo (2004) pointed out that among the children who created imaginary companions, some had a high level of intelligence and a talent for creative writing, while on the other hand, some had questionable pathological aspects such as the possible impairment of reality testing, together with social isolation and

depersonalization. Dierker, Davis, and Sanders (1995) reported in their study that the students with imaginary companions scored higher on measures of dissociation. Moreover, children with imaginary companions showed that their temperamental vulnerabilities were higher, including shyness, emotional distress, anxiety, and worry (Bouldin & Pratt, 2002).

Seiffge-Krenke (1993) found in a study that even with the high incidence of imaginary companionship found in their 241 adolescent participants, the participants preferred intense relationships with close real friends even though both types of friendship were found to provide emotional support to them. However, when the adolescents could not get along well with their real friends and could not get emotional support from their peers, their anxiety would arise. In Sullivan's terms (1953), a lonely child would then have a very rich fantasy life and the person would make up for the real deficiencies by multiplying the so-called imaginary personifications which would fill up the person's mind and influence the person's behaviour. *"The lonelier the child has been, the more striking may be the child's need of effort – need of continuous recall and foresight – to fix these distinctions between what, as we say, actually happened and what was part of a fantasy process"* (Sullivan, 1953, p. 225). However, a lonely child has a natural tendency towards social isolation, which creates further loneliness and anxiety and enters a vicious circle developing a very rich fantasy life to make up for the lack of an audience (Sullivan, 1953). It is a kind of psychological compensation.

Children who created imaginary companions were usually counted as normal, but adults who created and interacted with invisible friends were assumed to be

disturbed, and it was a sign of psychopathology (Taylor, 1999). Research showed that imaginary companions were normally temporary, transitive phenomena appearing in early childhood (Pearson, Rouse, Doswell, Ainsworth, Dawson, Simms, Edwards, & Faulconbridge, 2001) and disappearing by late childhood in the case of most children (Taylor, 1999). However, McLewin and Muller (2006) found that especially in the case of traumatized individuals, imaginary companions would persist into adolescence and it might represent a risk factor for the development of psychopathology, and this was revealing a greater degree of reality confusion. In this situation, imaginary companions which were conceptualized as defensive in nature, would allow the person to cope indirectly with something unpleasant or overwhelming, which would serve several functions including relieving feelings of loneliness and rejection (Nagera, 1969). However, on the other side of the coin, it was also an indicator of the development of mental illness.

In summary, it could be understood that the positive psychotic symptoms actually served an adaptive or even protective function for the self, no matter whether it was from the cognitive attribution perspective, Sullivan's interpersonal perspective or Laing's existential phenomenological perspective.

7.6 The Vicious Circle of Being Labeled Psychotic and Becoming the Victim

Again

A study conducted by Perry, Kusel, and Perry (1988) found that near to 10% of all children were classified as being repeatedly victimized. Bernstein and Watson

(1997) have found out the characteristics of frequent bullying targets and the pattern of the victims. Although they could not explain the reason for the bullying, they have concluded that the common traits of the victims included the personality characteristics of being anxious and insecure, having an insecure attachment pattern, being withdrawn, and behaving passively and submissively even when it was inappropriate to do so. They also provided evidence to support the idea that victims generally remained victims throughout childhood and early adolescence even when they switched classes and interacted with new peers because victims could be easily identified by others (Bernstein & Watson, 1997).

The participants of this study were found to have developed psychotic symptoms. It was easy for others to identify persons with psychotic symptoms although they might not know how to name the symptoms. They might find the participants being socially withdrawn and anxious, having low self-esteem and some odd and bizarre behaviour such as self-talking, and always being alone, etc. It echoed the findings of Egan and Perry (1998) that low self-regard and behavioural vulnerabilities such as physical weakness, manifesting anxiety and poor social skills would lead to victimization over time.

The negative emotional complex found in this study was likely to make the victims act submissively, fearfully and defensively too. This type of person has fewer leadership skills, was more withdrawn, more isolated, less cooperative, less sociable and frequently would have no playmates (Perren & Alsaker, 2006), which might make them become more vulnerable and provoke further bullying from others.

Some studies (e.g. Wei & Chen, 2009; Hodges & Perry, 1999) also suggested that social withdrawal might lead directly to peer victimization because children who are shy or submissive are less assertive and cannot stand up for themselves making them easy targets for aggressors. Although most of the related studies were limited to Western regions, a few studies were conducted in Asian places such as Taiwan (Wei & Chen, 2009) and South Korea (Schwartz, Farver, Chang, & Lee-Shin, 2002). These Asian contexts are deeply influenced by Chinese traditions such as Confucianism, while modesty and submissiveness are commonly seen in the personality traits of Asians.

Another risk factor for some of the victims of bullying was the feeling of ostracism. In the process of bullying, being rejected and left out of groups was very common for the victims. In Sharp's study (1995), 12% of all victims showed social withdrawal. Social withdrawal led to poorer peer relationships. Poorer relationships with classmates increased loneliness (Kochenderfer & Ladd, 1996; Nansel, Overpeck, Pilla, Ruan, Simons-Morton, & Scheidt, 2001). Parkhurst and Asher (1992) pointed out in their research that rejected students were significantly lonelier than popular students. This seemed to be a vicious circle. The experience of loneliness, as noted by Sullivan, was an unpleasant experience and even more powerful than anxiety, which would lead to unsuccessful development and the being left out of groups experience was not tributary to good self-esteem and put the victims be in a position of inferiority.

In the process of ostracizing the victims, besides the bullies, the peripheral peers also contributed a lot. In research done by Rigby and Slee (1991), Australian

school children between the ages of 6 and 16 years (N = 685) reported that there was a tendency to despise the victims of bullying. It meant that a trend toward diminishing support for victims of bullying was observed. Rigby and Slee (1991) raised the possibility that some children might find comfort in the belief that the world was just. They quoted Lerner's point that a sense of security might be derived from the belief that "bad things do not happen to good people", as long as one was good, one was safe (Rigby & Slee, 1991). Actually, it was a way of further blaming the victim. This phenomenon made the victims become withdrawn further and socially isolated. In a study, Rigby (2000) found that among the victims (N=845), those having low social support appear to be at highest risk of having poor mental health and similarly supported arguments are shown in other studies (Bond et al., 2001; Essex, Kraemer, Armstrong, Boyce, Goldsmith, Klein, Woodward, & Kupfer, 2006) too.

Looking at the other side of the picture, the longitudinal data supported the assertion that adolescents who have later developed schizophrenia experienced poorer premorbid peer functioning compared to controls (Dworkin, Lewis, Cornblatt, & Erlenmeyer-Kimling, 1994). Mackrell and Lavender (2004) found in their study that before, during and after the psychotic episode, their participants experienced increasing isolation. Some participants in their study also claimed that following the acute phase of psychosis, they began to experience isolation and hostility from peers, being called names, and emotional rejection, etc. These findings suggested that a pre-morbid level of functioning that declined during pre-onset and impairments due to psychosis lead to further social decline (Mackrell & Lavender,

2004). It supported the possibility that the manifestation of psychotic symptoms would lead to further victimization. It created a vicious circle wherein the bullying victims repeatedly became the targets of further bullying and the situation would worsen.

7.7 Implications for Theory and Practice

7.7.1 Theoretical Implications

The subjective experiences of the school bullying victims have been explored and understood by using Sullivan's Interpersonal Theory of Psychiatry as the conceptual framework. The developmental perspective of the Interpersonal Theory helped understand the adolescents by using a universal, normal and humanistic view. What Sullivan (1953) asserted was the one-genus hypothesis and he understood humanity by its common elements. This perspective enriched our understanding of the adolescent victims by revealing their developmental needs which could allow their inner needs to be addressed through analyzing their symptom manifestations and the interpersonal relationships.

From this viewpoint, the experiences of being bullied can be known as the unfulfilled needs of the integrating tendency which created different intensities of anxiety of the participants. This traumatic experience further created the post-bullied complex in the participants and different personifications. In order to protect the self, the operation system was ignited and different intensities and frequencies of the usage of the dynamisms would lead to different psychotic symptoms. The post-

bullied complex, the fluidity of the different types of self-evaluation and presentation, and the manifestations of the psychotic symptoms would further induce or sustain the being bullied situations of the victims. Sullivan's ideas helped us explore the vicious circle of the being bullied situation and the development of psychosis in the victims. A conceptual model was developed to understand the interwoven relationship between all these elements. This newly found knowledge contributed to an understanding of the phenomenon which was seldom, if ever, found in any one piece of published literature. It could also be concluded that the explanatory power of Sullivan's theory was supplemented by this study.

7.7.2 Methodological Advancement

Narrative inquiry was the method used in this study. It was found to be a useful tool for understanding the rich and complicated contents of the experiences of the adolescent participants. This methodology was found to be meaningful, useful and operational within both the social work profession and the conceptual framework of the Interpersonal Theory of Psychiatry.

7.7.2.1 Situating Narrative Inquiry within the Social Work Profession

Studying the stories about being bullied and the developing psychosis of the participants was a meaningful journey for me as a social worker as well as a researcher to an understanding of the sufferings and struggles of the adolescent

victims. Sometimes, it is difficult to let the victims speak out about their hardship. Being a victim is a status which might be difficult to talk about because doing so would reveal the most fragile and inferior part of the self to others. Narrative inquiry helps give the participants a chance to narrate their stories in detail. The research interviewing process was found to have some procedures that overlap what we social workers do in routine counseling interviews:

- (i) A long interview was conducted, with the interviewer/social worker having an agenda at heart. However, the interviewee still has the will or freedom to lead the conversation. The interviewee could choose what to narrate.
- (ii) The story being told was a co-construction of the interviewer and the interviewee. Both parties could lead the development of the story.
- (iii) The identities of both parties would shape the obvious or subtle power difference between the parties which might cause differences in the narrated story.
- (iv) The understanding of the story could not be thorough if one listens only to piecemeal or fragmented pieces of information. It should be interpreted in a specific context, listening to the development of the conversation, noting all the gestures of the interviewee, and listening to the hidden message, etc.

The interview process used with the participant Dickson could show clearly the specificity of the overlapping characteristics. During the interviewing process,

the participant Dickson commented to the researcher on the inappropriate attitude of his school social worker. He knew that the interviewer, his audience, was previously a school social worker and now a social work teacher, and he wanted to complain about his helplessness. He was angry with his school social worker but could not properly show or vent his feelings of anger and disappointment at that time. Now, in front of an audience, who was previously a school social worker, he tried to show his anger feelings of dissatisfaction. Secondly, he complained about the psychiatrist in front of the researcher; he also showed that he was brave enough to request what he wanted. Actually, he did not scold the psychiatrist directly during his medical follow up, he scolded the psychiatrist in front of his psychiatric service caseworker and he requested to change to another doctor to follow up his case in front of that worker. However, in front of the researcher, he performed as if he was brave enough to fight for his rights. From these two episodes, by using Riessman's analysis (Riessman, 2008), it was uncovered that the participant was trying to perform with a strong self image to balance his actually weak inner self. His crying in front of the psychiatrist told the audience that he was actually fragile and was not able to defend himself. He also complained that no one would listen to a psychiatric patient and believe his words. He felt helpless and angry. When he retold his story, he performed with strength to cover it up. With reference to Riessman's conclusion of the painful story of a patient with physical disability as: "it bleeds the pain of disability in social space" (2008, p.109), I would interpret the self of the participant Dickson in this study using this re-written sentence, "it bleeds the pain of psychiatric disability in social space".

This interview episode was not uncommon when I was still a frontline social worker. Interviewees would reveal their hidden messages by telling the opposite of them. Narrative inquiry provided a systematic framework for the social work researcher to capture the essence of the rich narratives in order to have a deeper understanding of either the phenomenon or the individuals.

7.7.2.2 Situating Narrative Inquiry within Interpersonal Theory

The three dimensional space narrative structure proposed by Clandinin and Connelly (2000) matched the Interpersonal Theory of Psychiatry by Sullivan (1953) in three areas:

(i) Focused on the continuity of the development of a person

Both narrative inquiry and the interpersonal theory of psychiatry see the person as a lived entity, with growth and development. Sullivan (1953) clearly described the developmental epochs of a person and the significance of each stage. It echoed the narrative inquiry in the way that a person seems to be a being with experiences or stories. Narrative inquiry looked at the temporal continuity of a person with a past, present and future (Clandinin & Connelly, 2000). Therefore, when I was trying to understand the stories of the participants, I had to look into the developmental aspect of the adolescents and see how those past experiences influenced the person's present and future. The intertwining effect of the different episodes or experiences has to be taken into consideration. This is also the strength and appropriateness of using narrative

inquiry in this study because this method emphasizes looking at a person's experiences continuously and in sequence, with one experience leading to another experience (Clandinin & Connelly, 2000).

(ii) Focused on the significance of the contextual background

The social context was the significant aspect in Sullivan's theory. As both a psychiatrist and therapist, Sullivan adhered to putting great emphasis on the social reality of the patient's life and the concrete circumstances in which the patient lived, which would determine what the patient is going to do (Greenberg & Mitchell, 1983).

Narrative inquiry emphasized the situation, and specified the context, time and place in the physical landscape or setting (Clandinin & Connell, 2000). It might also include the unseen subtle context such as the culture, sub-culture, and norms, etc. in which the person is situated. Riessman (2008) also stated the significance of the "ruling regimes" of different organizations or institutions which would regulate or mediate the formation and interpretation of the stories.

Both theories emphasized the contextual background of the stories of the tellers. In this study, the stories collected were interpreted within the researcher's thorough understanding of the Hong Kong political and cultural context, the primary and secondary school context, and the general Hong Kong family context, as well as the adolescence sub-culture context, which altogether made up the foundation for the understanding of the stories.

(iii) Focused on the interactions between individuals and context

Fiscalini (1994) addressed the characteristics of the interpersonal theory which focused on the social mind and the intra-psyche that arose from the social field. He also asserted that the interpretive and experiential interplay of self and other within the interpersonal analytic matrix formed both analytic data and therapeutic action. This informed the clinical approach to the significance of the interplay between the person and the environment, specifically the interpersonal relationship.

For Sullivan, a truly intra-psychic mechanism is purely private and essentially unknowable (Evans III, 1996). Once a person narrates a so-called internal experience, it is no longer internal, it is an interpersonal event. Sullivan (1953) believed that it is necessary to learn from a patient's description of his or her own experience and perception of the world without falling back on hypothesizing the unconscious fantasy. Sullivan's emphasis is not on the individual and the working mechanisms of the internal psyche, but the person in his or her interpersonal world and the dynamisms of energy transformations between individuals (Evans III, 1996).

Meanwhile, Clandinin and Connelly (2000) stated that one of the aspects of the three-dimensional space of narrative inquiry is the interaction among the personal and the social aspects. They also claimed that in understanding the stories, one has to look backward and forward, inward and outward, and locate them in place. It meant that one has to understand the intertwining features of the episodes within the time factor, and the intrapersonal and interpersonal

factors, as well as the contextual factor. This process involves the unavoidable interactions between the teller and knower, as well as the interpretation process.

That is to say that the stories are complex, ambiguous and difficult to understand if one did not read them through a full-blown inquiry backed up by clearly delineated theories.

7.7.3 Practice Implications

7.7.3.1 Individual Stories Being Told and Heard

Although only 8 stories were used in this study, the actual number of participants invited that have told their stories was far greater than this number. This study has enabled these adolescents to share their being bullied and having psychosis experiences that have caused them pain, suffering, embarrassment and discrimination. Through the interviewing process, their struggles and pain were heard, believed and ventilated. Some of the social workers who had referred participants for this study gave feedback to the researcher that the adolescents even felt empowered after the interview. Some of their queries about psychosis were also answered by the researcher and they felt a bit better afterwards. It could be said that the narrative interviews had created to a certain extent therapeutic impact to the participants. Moreover, the post interview discussions with the referring social workers about the verbatim interview contents were also useful as reported by them

because the researcher gave them the initial case analysis and suggestions for further follow up.

7.7.3.2 School Culture and Policy Alert

The findings and framework developed in this study can be used to alert school administrators and teachers to the importance of the impact of school bullying, and it is an alarm calling for them to take a more serious attitude towards the phenomenon. The most important thing is to be aware of a school culture in which a caring atmosphere should be promoted. It can also provide a framework for the school to develop training for teachers in detecting the needs of the school bullying victims.

7.7.3.3 Social Work Practice Reminder

This study has disclosed how the interpersonal aspect influenced the intrapersonal development. It is actually a vicious circle with the factors intertwining with each other. Having an understanding of the problem will facilitate social workers or helping professionals knowing more thoroughly how adolescents are struggling and suffering. Putting the perspective on a developmental and interpersonal approach will help normalize the unfulfilled needs of the adolescents and focus on how to nurture their further growth and development. It also reminded the social workers to listen to the adolescents' stories with a humanistic attitude and a caring heart.

7.7.4 Educational Implications

The findings of this study have several potential merits in the field of education. The participants have shared up-to-date, vivid examples of how they have suffered from being bullied at school and having psychosis. Teachers, parents and related professionals can learn more about their suffering and the harsh realities that the adolescent victims would seldom tell. The conceptual model which is developed in this study can be used to facilitate the training of teachers, social workers, parents or other helping professions.

7.8 Limitations of the Study and Recommendations for Further Research

Besides the contributions and implications of this study described above, there are several limitations that need to be considered in interpreting these findings.

7.8.1 Small Number of Appropriate Participants

Only 8 adolescent victims were involved in this study. This is a small number of voices and experiences. However, inviting adolescent victims under 18 years old to be participants involves a lot of obstacles. First of all, since they are under 18, consent from both the adolescents and parents must be obtained. It created a bigger obstacle. Some parents did not want their children to talk about their traumatic experiences anymore and were afraid that the interview would trigger negative emotions and confuse their mental states. Some parents did not want to reject the

referrer, who is the responsible social worker helping their children. However, even though they did not reject participation, they had a lot of concerns. They requested the researcher to have an interview with them first to clarify all the research details before they could finally make a decision. Nevertheless, the consent was still not guaranteed.

Another difficulty was the inadequate and inaccurate mental health knowledge of some of the frontline social workers. It was not uncommon for inappropriate cases to be referred to the researcher although the researcher had already briefed the potential referrers verbally and in a written document about the confirmed diagnosis of psychosis and the obvious positive psychotic symptoms of the potential targets. However, adolescents with a diagnosis of depression and attention deficit hyperactivity disorder were also referred. The interviews of these cases had not been included.

The third reason for the limited number of participants recruited is the unavailability of a very clear developmental history of the clients of current social workers. When the researcher tried to invite social workers from different non-government organizations to refer participants for this study, some of the social workers could identify clients with the diagnosis of psychosis, schizophrenia, or “si-jue shi-diao” correctly. However, most of them could not tell whether the clients have a history of being school bullied, or they could not even tell the researcher what the clients had significantly or traumatically experienced before they got their mental illness. Some of the social workers focused too much on the diagnosis and

manifestation of the mental illness and the medical follow up. Some of them have neglected the importance of the psychosocial impact of the traumatic experience.

All the above obstacles restrained the recruitment of the participants for this study. Fortunately, 8 stories could be used to help develop the interpretation and understanding. In addition, the adolescents could articulate their experiences quite clearly, and a broad range of bullying experiences could be presented. Adolescents in the age range of from 13-18, with different genders, and with periods of being diagnosed as having psychosis ranging from 3 months to nearly 8 years, were recruited. The being bullied types included all three types, verbal, physical and relational. Therefore, the coverage of the varieties of experiences is broad enough to help the researcher understand and theorize their rich experiences.

7.8.2 Counselling Service Might Have Influenced the Adolescents' Memories

Since all the participants of this study were referred by social workers of different agencies and all of these adolescents were active cases of those service units. The strengths of this arrangement is that the case details were introduced to me before the arrangement of the interviews, and the cases will be continuously followed up by the social workers even if some negative feelings might have been aroused in the adolescents after the interviews. This is to guarantee the appropriate protection of the adolescents although the interviewer had already done the wrapping up before the end of the interviews. However, the interview contents would touch the traumatic part of their memories which might arouse negative

feelings in them. Providing them with appropriate and trustful follow up service was an ethical arrangement. However, there are always two sides to a coin. Their exposure to the counseling service before participation in this study might have influenced the subjective interpretation and their memories. The stories collected in this study are the adolescents' current perceptions of previous experiences, which might contain some distortions from their past perceptions before counselling was received. This is a characteristic as well as a limitation of a retrospective study.

7.8.3 The Design of this Study

The design of this study has many flaws. Purposive sampling was used to recruit the participants. In addition, as the study focused on a particular spectrum of the phenomenon, the inclusive criteria for selecting the population were very specific and narrow. After the invitation letter had already been sent, it required individual telephone contact with different heads of the related social service agencies or units to clarify the requirements, so that they could consider approving the search for suitable targets by their sub-ordinates. This process consumed a lot of time and it had to be repeated to introduce the study to the particular social workers who were the actual case referrers. The next process was to obtain the referrers descriptions of the cases and the researcher had to rule out the inappropriate ones. Then, consent from both the parents and adolescents had to be sorted out through the referrers. The procedures were too complicated and time consuming so that finally only a limited number of participants could be recruited successfully.

Arranging interviews was another difficult task. Some of the parents escorted the adolescents to the interview venues which were generally held in the referrer's offices. The referrers were so cooperative that they would match the time for their interviews with the parents for their own intervention purposes with the time the researcher was interviewing the adolescents independently in another room. Therefore, in some cases only 1 interview could be conducted because of the difficulties involved in this perfectly matched arrangement. Two interviews were arranged for some participants if their parents did not make this request for simultaneous interviews, so that follow up interviews were arranged to either collect missing information or to clarify the unclear parts. Regarding the other participants who could only be interviewed once, the inappropriateness of requesting them to recall the traumatic experiences again was assessed to avoid the possible harm to them.

7.8.4 Subjective Nature of the Interpretation

This research is qualitative in nature and interpretation would lead to many possibilities. The purpose of this qualitative research is to uncover some implicit meanings and the rich traumatic experiences of the adolescent bullying victims instead of verifying a hypothesis. Therefore, the themes were developed inductively and purposefully to answer the research questions under the specified conceptual framework. In addition, there was only one researcher who conducted all the interviews, data collections, and analysis. It could be understood that the whole

project is a highly subjective one. However, the researcher has tried the very best to make all the possible steps and the researcher's subjectivity as transparent as possible. After all the interviews had been transcribed verbatim, they were also checked by another current experienced social worker in the mental health field. Moreover, after each interview, the stories collected were discussed with the referring social workers to verify the significant information.

Chapter 8

Conclusion

The previous chapters recorded my research journey with the eight adolescent victims of bullying with psychosis in Hong Kong. By using a qualitative method of narrative inquiry, I have interviewed the adolescents, the related referral social workers and some parents, and found I have captured a clearer picture of the struggles and sufferings of those adolescents. In this chapter, I will conclude my study with my reflections as well as recommendations for further study.

8.1 Summary of the Whole Study

8.1.1 Research Aim and Research Questions

The idea for this study came about due to my being bombarded with social work clinical experiences working with adolescents with psychosis and the ongoing rising trend of adolescence mental health problems in Hong Kong. Literature was reviewed on the linkage between trauma and psychosis, and bullying and psychosis, as well as bullying and trauma. In addition, the term school bullying was clarified after looking at the phenomenon from different perspectives, and the behaviourist and victim's perspective were found to be most appropriate for this study. In addition, 3 types of bullying behaviour were identified. The prevalence and consequences of being bullied in Hong Kong were also reported. Moreover, the literature concerning early psychosis and its prevalence were also reviewed.

Since the target group of this study is adolescents, the age range of the adolescents was properly specified to be 13 to 18 years. This study aimed at exploring the experiences of the adolescent school bullying victims who have later developed psychosis, and 5 research questions were identified:

- i) What are the subjective experiences of school bullying of the adolescent victims?
- ii) How did they cope with the situation?
- iii) In what ways do such school bullying experiences become a trauma for the victims?
- iv) How do these traumatic school bullying experiences contribute to the development of the symptoms of early psychosis?
- v) How do these traumatic school bullying experiences and symptoms of early psychosis affect the social functioning and daily life of the victims?

8.1.2 Conceptual Framework and Methodology

A framework conceptualizing the possible relationship between trauma, traumatic stress responses, dissociation and early psychotic symptoms was delineated in a diagram. Different approaches which included the neuroscience, the cognitive, the psychoanalytic, and the interpersonal approaches were introduced to help understand the traumatic impact along with critiques of those approaches. Sullivan's Interpersonal Approach (1953) was suggested for use as the conceptual framework for understanding the adolescents' experiences because Sullivan's theory

provided a guide for both intrapersonal and interpersonal aspects which matched the concerns of the social work profession.

Narrative inquiry was chosen to be the research methodology used, in order to acquire the rich and thick contents of the adolescents' experiences. Narrative inquiry provided a comprehensive three-dimensional space framework for guiding the understanding of the participants' stories. The thematic and structural analyses recommended by Riessman (2008) were used to analyze the 8 stories collected in this study.

8.1.3 Key Findings

Five main themes were generated from the collected stories, and in each main theme, 2 to 4 sub-themes were developed respectively. The 5 themes were elaborated, and supported by a lot of the information which was extracted verbatim from their stories. The 5 main themes are summarized below:

8.1.3.1 The Subjective Traumatic Experiences of Being Bullied

The findings showed how the participants experienced the bullying and how and why the being bullied experiences were traumatic in nature to them. All three types of bullying, which included physical, verbal and relational, were found in the participants. The traumatic features of school bullying included (i) the victims had no way to escape; (ii) adults were seldom informed of the incidents and the victims felt helpless; and (iii) the help seeking process induced further feelings of

helplessness. Moreover, the participants would attribute their being bullied experiences to their own deficits or weaknesses, which made them feel subjectively scared or threatened.

8.1.3.2 The Post-Bullied Complex

The complex included (i) the coping strategies, such as helpless endurance, self and social isolation; (ii) unresolved negative feelings, such as anger, sadness, fear, inferiority, loneliness, worthlessness, helplessness, and hopelessness; and (iii) dynamisms, such as selective inattention and dissociation. The complex also intermingled with self evaluation and presentation.

8.1.3.3 Self Evaluation and Presentation

The participants presented 4 types of self personification: (i) the “good-me” self; (ii) the “bad-me” self; (iii) the “poor-me” self; and (iv) the “ambivalent-me” self. These 4 types of self personification did not appear in a single form in any particular participant. The fluidity of the self evaluation and presentation signified the multiplicity of the self, and should be duly noted.

8.1.3.4 The Manifestations of Psychotic Symptoms

The intermingling effect of the post-bullied complex and the self evaluation facilitated the development of psychotic symptoms. Obvious hallucinations and delusions were found in the participants. All the participants had developed hallucinations, which were mainly auditory and visual in nature. Seven out of 8 participants had developed delusions with paranoia, imaginary companions and changed identity. Disorganized speech and behaviour were also found. However, these disorganized speech and behaviour were found to be responses to the contents of the hallucinations and delusions, which could be understood.

8.1.3.5 The Functions of the Psychotic Symptoms.

The precipitation period for the development of psychotic symptoms after beginning to be bullied was found to be in the range of 2 to 10 years, and serious physical bullying might be a significant triggering point. The contents of the positive symptoms have been reviewed and it was found that the resemblance between the bullying experiences and psychotic symptoms was high. It was also understood that the psychotic symptoms served as an adaptive function for the participants.

8.1.4 Major Discussions

The 5 themes have been discussed thoroughly in the light of the existing literature, both related empirical studies and also Sullivan's Interpersonal Theory of Psychiatry. The relationship of the themes is then conceptualized as a vicious circle

on a diagram that shows the interwoven linkages among how the victims were being bullied and the development of their psychotic symptoms.

Moreover, all the research questions were found to have been answered in both the findings chapter and the discussion chapter.

i) What are the subjective experiences of school bullying of the adolescent victims?

This question is fruitfully answered by the rich stories of each participant described at the beginning of the findings chapter. The labeling of being a bullying victim and the attending painful struggles can be seen in the narratives and has been supported by previous empirical studies.

ii) How did they cope with the situation?

The post-bullied complex showed how the participants coped with the being bullied situation. All the manifested behavioural coping, the emotional coping and the psychological dynamism coping were presented and also discussed.

iii) In what ways do such school bullying experiences become a trauma for the victims?

The victims had no way to escape. The adults in their lives would seldom get informed and the victims felt helpless. The disempowering help seeking process, attribution style and the subjective feelings of being scared

and threatened found in the participants formed the traumatic features of the being bullied phenomenon.

iv) How do these traumatic school bullying experiences contribute to the development of the symptoms of early psychosis?

The post-bullied complex played an important role in the contribution. In addition to the multiplicity of the self evaluations and presentation, the participants developed the symptoms firstly from their intense feelings of insecurity, secondly from their selective inattention, and then from selective inattention to dissociation. In the long term, dissociation would further nurture the formation of the psychotic symptoms.

v) How do these traumatic school bullying experiences and symptoms of early psychosis affect the social functioning and daily life of the victims?

The vicious circle visualized in the conceptual diagram clearly shows that the bullying experiences, the coping methods which showed in the post-bullied complex item, the self evaluation and presentation, and the manifestations of the psychotic symptoms all contribute to poor interpersonal relationships, which in turn would induce further being bullied incidents.

8.1.5 Significance, Implications and Limitations

This study is a pioneer project exploring the subjective experiences of adolescents with being bullied experiences and psychosis. It disclosed the rich details of how the victims were bullied, and how they felt, struggled and coped with the victimization. The possibility of how the psychosis developed was also explored under the framework of the Interpersonal Theory of Psychiatry provided by Sullivan (1953). The concept of a possible relationship between bullying and psychosis development was suggested by showing the acquired knowledge on a conceptual diagram.

In addition to the above, the study has a number of strengths. First, the detailed interviews provided a comprehensive understanding of the experiences of the adolescent victims and this understanding can inform further social work practice and provide an educational direction for similar clienteles. Second, using Sullivan's Interpersonal Theory of Psychiatry as the conceptual framework, and narrative inquiry as the methodology, has resulted in new implications for studying the phenomenon, and a new conceptual diagram has been developed to delineate the interwoven relationship between bullying and psychosis. Viewed with an understanding of how to apply Sullivan's theory in the Hong Kong Chinese context, the results in this study showed that some findings are culturally specific, such as the "poor-me" self evaluation and presentation. The nature of the different types of self personification was also found to be in a fluid state. The explanatory power of Sullivan's theory for understanding the being bullied and having psychosis experiences has been supplemented by this study. Moreover, while situating

narrative inquiry within both the social work profession and Interpersonal Theory, new insights were also found. These significant findings have contributed to filling in the theoretical and methodological gaps in this area of study.

However, there are some limitations to this study. First of all, only 8 stories were reported, which may not be an exhaustive sample. Second, the memories recalled might have been distorted by interaction with the referral social service provided to the participants. The limited number of interview sessions for each participant also limited further verification of the stories collected. In addition, family is believed to be a significant aspect influencing the personality and mental state development of the adolescents. However, the family aspect was not explored in this study to see what impact it might have on the development of psychosis. Furthermore, the limited number of local studies in this specific area also narrows the support of the indigenous evidence.

8.2 Reflections

The process of engaging in this study was a journey into learning how to understand the lives and experiences of adolescents with psychosis systematically. In listening to and retelling their stories, I have developed different puzzles which further guided me to search for the possibilities of how these adolescent bullying victims went through their moments of suffering. In writing and conceptualizing their stories, I have learnt to delineate the possibilities using a clear conceptual

framework. This is a process of knowledge building which would inform further social work practice and research.

In the exploration process, I have gained new experiences and learnt further about the obstacles which have hindered social work practice in helping these adolescents with psychosis. The first experience that made a deep impression on me was the dominance of medical thought in some current social workers. I found that it is not uncommon to find social workers giving the psychosocial aspect of the adolescents with mental problems a lower priority. Some of them could not tell me about the developmental history of their clients even though the clients were their active cases. When I asked the social workers to refer some adolescents who might be suitable for my study, many of them could only identify adolescents with diagnosed psychosis and they were not sure if the adolescents had any history of victimization. Some of the social workers have only focused on the illness and the control of the symptoms with medicine. Another experience that left a deep impression was the wrong identification of symptoms by the social workers who were referring potential study targets to me. Even though I had presented clearly in both verbal and written format a description of the manifestation of psychotic symptoms required in the research population, cases with different mental problems were referred to me. I found a girl with obvious depressive symptoms who had a diagnosis of depression, a boy with attention deficit hyperactivity disorder symptoms, and a girl with borderline personality disorder traits with suicidal ideation, etc. This confusion in the referral of participants has had a great impact on me as a social work teacher in a university. This is a big challenge for the practice

focus of frontline social workers who are handling adolescent cases with mental problems. This may be an issue of the lack of the provision of enough mental health knowledge in undergraduate social work training.

Another striking experience for me was the disclosure of the barriers to seeking help encountered by the adolescent bullying victims. The helplessness and the disempowering help seeking process experienced by the victims might have alarmed the adolescents' significant others such as the teachers, school administrators, parents, peers, etc. to look into the bullying incidences seriously. This alarm has recalled my experience of being a frontline school social worker. I believe that I might have neglected the actual needs of, or put very little effort into helping, bullying victims. This reflection has induced feelings of unease in me and I hope I have not further induced feelings of helplessness in my previous clients.

However, having said that, it does not mean that only undesirable exposures have been experienced by me in this study. I have also found that I have involved myself in the stories of suffering of the adolescents. I found myself easily getting engaged with the adolescents, and they could tell their stories of struggle and suffering to me. In the interview processes, I was able to help the adolescents rebuild their stories of how they came to be psychotic. For example, the participant Anna was very frustrated with being labeled psychotic. She did not get any answers from any professionals who were following up her case about what a psychosis was, and her prognosis. She worried about her situation and future very much. In the research interview, she asked me questions about the illness, the medication and her future. At that time, I provided her with related information and normalized her

experiences. After the interview, I shared with her referring social worker and suggested her social worker help Anna find her aspirations and guide her to find ways to pursue her aspirations. I have suggested ways and a direction for intervention to that social worker. This type of sharing regarding a case intervention suggestion did not only happen in Anna's case. Even for those inappropriate referrals, I also shared my suggestions similarly with the referring social workers. I felt as if I could share more on the humanistic way of understanding adolescents with different mental problems in a developmental and normalized way, and that one day it would happen that social workers could intervene in the psychosocial dimension of their cases instead of just attending to the medical dimension. In addition, this sharing process has also expanded my network to include different social workers who work with adolescents with mental problems, and it has also been a way to expand the scope of the social workers to handle this kind of case.

8.3 Recommendations for Further Study

Although this thesis has presented quite a comprehensive picture of understanding the experiences of the adolescent bullying victims who have later developed psychosis, that is not all there is. I hope that this study has provided a variety of viewpoints on how the psychosis develops after school bullying has occurred. For further study, I suggest that a prospective longitudinal study can be done to explore the being bullied experiences and see whether the victims have developed psychosis or not. It will surely supplement the richness of this retrospective study. Furthermore, the family aspect can also be explored to see what

impact it has on the development of psychosis after an adolescent has been bullied since the family system is believed to be a significant influential factor in the development of adolescents. More indigenous studies can be done to build up a more comprehensive picture of this phenomenon.

Interview Guide 訪談指引

1. What are the experiences of being school bullied?
(請講述一下你以往被欺凌的經驗?)
2. Please tell as detailed as possible, including the people, the interaction, the time, frequency, place, feelings, thinking, attribution, etc.
(描述請盡量仔細，可包括人物、互動情況、時間、頻率、地點、感受、思維、歸因等等。)
3. How was your life/living after being bullied? (你之後的生活如何?)
4. How did you cope with the situation? (你如何面對/處理當時情況?)
5. Did you seek help from anyone? Why? Who? The result?
(你有沒有求助？為什麼？如有，向誰求助？結果如何?)
6. When did you find that you have the psychotic symptoms and what are they?
(何時開始有思覺失調的徵狀？是什麼徵狀?)
7. What are the contents of the symptoms? (那些徵狀的內容是怎樣的?)
8. How will you interpret those symptoms? (你會如何理解那些徵狀?)
9. How was it for you to be talking to me in this way?
(與我這樣傾談你感覺如何?)
10. What questions do you have for me as we end our time together?
(完結面談之前，你有沒有一些問題想問?)
11. I appreciate your openness and willingness to share your experiences with me.
I feel that I have learnt a lot from you that will help me in my work.
(很多謝你願意與我分享你的經驗，你坦誠的分享讓我學習良多，對我的工作也有很大的幫助，謝謝你!)

Remarks: If the participant feels uncomfortable, assist him/her to release his/her worries instead of pushing him/her to tell the traumatic experiences. Appropriate counseling will be provided instantly instead of urging the participant to give data.

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