Learning with psychosis:
A narrative inquiry exploring the lived experiences of secondary students living with early psychosis

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Abstract

Those who experience psychosis struggle to find inclusion within educational institutions (Goulding, Chien, & Compton, 2010; Laurence, Rosseau, Foriter, & Mottard, 2016; Morgan et al., 2012) despite a growing recognition of the need to create an equitable environment for students with mental health difficulties. This research explores the complexities of the experiences of students with psychosis in the secondary school environment with a view to improving support for these individuals. The research focused on each student’s unique experiences by using an empowerment and narrative inquiry design. I recruited a small sample of three primary participants from an early psychosis intervention program located in an Ontario community. Data were collected through in-depth semi-structured one-on-one interviews and analyzed with narrative processes. My findings are presented through retelling the story of each participant’s high school experiences, and highlighting their perceptions of inclusion and support. Key findings in Mary, Angel, and Isaac’s stories describe: (a) typical high school experiences, external challenges, academic challenges, and social challenges; (b) sense of belonging, community participation, social inclusion at school, and the challenges that impacted how participants were included at school; and (c) feelings of support, environmental supports, supportive people, supportive actions, and the challenges that impacted support at school. Reading the stories of these students will provide teachers, administrators and policy makers with insight into the unique experiences of students who live with early psychosis. My aim is that this insight will contribute to a more inclusive discussion about mental health in education, informed by the voices of students who have experienced psychosis.

Keywords: Early Psychosis, Mental Health, Student Experience, Inclusive Education
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**Glossary of Terms**

**Early psychosis:** Characterized by experiences that can be symptomatic of a psychotic disorder, as well as disrupt peer, family and social roles. Early psychosis includes four stages: (a) a pre-psychotic stage; (b) the first episode of psychosis; and (c) the critical early years of a psychotic disorder (McGorry et al., 2008).

**Empowerment:** Defined as a process of active participation, where individuals, organizations and communities gain larger control over their lives, access to rights, and experience a reduction of marginalization (Peterson, 2014).

**Inclusion:** The concept of inclusion in this study is aligned with Le Boutillier and Croucher’s (2010) multidimensional framework of social inclusion which includes: physical, psychological, social, and occupational aspects of social inclusion. Specifically, inclusion in this research explored participants’ perceptions of recognition, belonging, and participation as contributing members within society.

**Mad studies:** Mad culture and Mad Studies developed out of the work of activists who challenged the treatment-focused method of addressing mental health challenges (Reville & Church, 2012; Schrader, Jones, & Shattell, 2013). The term “madness” was reclaimed in an effort to challenge the control that the medical model holds on the descriptions and labelling of mental states (Schrader, Jones, & Shattell, 2013).

**Narrative framework:** Defined by Kumagai (2008) a narrative framework is rooted by three arguments: (a) narratives provide a unique insight into the subjective experiences of individuals who live with an illness, which complements the scientific knowledge of disease; (b) narrative exploration of universal emotions including loss, anger, joy and sadness foster a powerful ability to communicate meaning; (c) narratives can also enable an individual to facilitate identification
with another and a reality that is not congruent with their own.

**Psychiatric consumers, service users, ex-users, survivors:** Identities that some individuals who are or have been engaged in mental health services align themselves with. The psychiatric consumer, service user, survivor and ex-user movement evolved from the efforts of a group that was critical of the coercive methods and perspectives within mainstream literature on mental health (Chamberlain, 1978; Schrader, Jones, & Shattell, 2013).

**Psychiatric disability:** Includes a broad range of conditions relating to mental health disorders, including: anxiety disorders, mood disorders, eating disorders, traumatic related disorders, personality disorders, psychotic disorders, etc.

**Psychotic disorders:** Defined by key positive symptoms including delusions, hallucinations, and disorganized thinking, as well as varying negative symptoms such as social withdrawal (American Psychiatric Association, 2013).

**Support:** This study aligns its conception of support with House’s (1981) definition of social support, which includes aspects of emotional, appraisal, information and instrumental support. Specifically, support in this research explored how academic, emotional, and social needs are met.
Chapter 1: Introduction

Discussion of inclusive education for all students has become a concern and goal within contemporary educational theory, practice, and research in Canada. Principles of inclusion are enshrined in both *The UN Declarations of Human Rights*, which states the right for all individuals to access education for “the full development of the human personality” (Art. 2 p. 26); as well as *The UN Convention on the Rights of Persons with Disability* (Art. 6), that describes a central aim as (re)integration of all individuals living with disabilities. Within both of these declarations there exists a central notion that calls for inclusion regardless of difference (Johnston, 2010). Chamberlin (1998) emphasizes the need to allow individuals with psychiatric disabilities to have access to developing autonomy and making personal decisions. Thus, it is important that inclusive educational discussions and practices are not excluding individuals living with mental health challenges.

Inclusion discourses in mental health tend to focus on alleviating factors of exclusion such as reduced opportunities and stigma. Sayce (2001) defines inclusion in relation to mental health as an ongoing process that “improve[s] rights of access to the social and economic world, new opportunities, recovery of status and meaning and reduces [the] impact of disability” (p. 122). When studying service users’ perspectives of social inclusion in terms of social engagement, participants in Wong, Stanton, and Sands (2014) described two key aspects: (a) connectedness experienced through reciprocity and interdependence within social relationships and (b) citizenship experienced through the responsibility and ability to give back and contribute within their own communities. However, Le Boutillier and Croucher (2010) highlight the multi-dimensional nature of social inclusion which identifies four key aspects: (a) the physical aspect of social inclusion such as having access to housing, services and transportation; (b) the psychological aspect of social inclusion including self-identity, sense of belonging, quality and
meaning of life; (c) the social aspect of social inclusion including engagement with family, friends, and community; and (d) the occupational aspect of social inclusion.

The notion of inclusion is central to many educational documents in Ontario, including *The School Effectiveness Framework* (OME, 2015), *Learning for All* (OME, 2013), *Equity and Education in Ontario’s Schools* (OME, 2014), *Foundations for a Healthy School* (OME, 2013), *Supporting Minds* (2013), and *Caring and Safe Schools in Ontario* (2010). These documents provide guidelines for teachers to create safe and inclusive educational environments that are accepting of all students’ needs. Some contemporary conversations involving inclusion recognize how mental health challenges impact the marginalization of particular students within school communities (Specht, 2013). Twenty percent of children that are four to seventeen years old will experience clinical disorders, of which only 5% will receive the clinical support they require (Manion, Short, Ferguson, 2013). In Ontario every school board has identified a mental health lead and produced a mental health strategy, however, only approximately 65% of those school boards have a school psychologist to accommodate the needs of their students (Lean, 2016). This is problematic given that children who receive psychological services often access them through school-based mental health services (Essau, 2005; Farmer et al., 2003; Georgiades et al., 2019; Green et al., 2013; Hazen, Hough, Landsverk, & Wood, 2003; Lyon et al., 2012; Merikangas et al., 2010; Rones & Hoagwood, 2000). The issue arises when children who need psychological services cannot access them through schools. Research stresses the need to create a model for providing mental health care where students can access support in their own school communities (Lean, 2016; Wei, Kutcher, & Szumilas, 2011). The issue of access to psychological services within education can be considered through Le Boutillier and Croucher’s (2010) lens of social inclusion.
Both psychological and social aspects of Le Boutillier and Croucher’s (2010) mental health inclusion framework can be seen in the focus on the impact of stigma in education. Schachter et al.’s (2008) systematic review on school-based interventions for mental health stigmatization found three types of interventions: education based, contact based, and a combination of education and contact based. Effective mental health programs tend to target specific issues, involve multiple domains of society (school, family, and surrounding community), are long-term, involve peer mentoring and are accessible (Browne et al., 2004). In contrast, ineffective mental health programs tend to focus on universal concepts of mental health, and employ shock interventions, or short, intensive interventions (Browne et al., 2004). The type of mental health programming being utilized within school communities demonstrate the impact discrimination and exclusion can have within educational settings. These practices are missing a comprehensive conversation about the perception of inclusion from a service user, x-user, survivor, or mad studies perspective that emphasizes mental health diversity within educational institutions. By considering the perspectives of service users, x-users, survivors, and mad studies, educational institutions will both recognize these identities as valuable community members, as well as gain insights that will aid efforts supporting students experiencing mental health challenges.

Psychiatric consumers, service users, x-users, survivors, and mad discourses have explored the shared experiences that impact how individuals living with mental health disorders in academic contexts function, are supported, and are perceived (Jones & Brown, 2013; Price, 2011; Saks, 2007). The social stigma and negative experiences postsecondary students have with formal accommodations are well documented (Blacklock, Bension & Johnson, 2003; Collins & Mowbray, 2005; Martin, 2010; Mowbray, Bydee & Collins, 2001; Salzer, Wick & Rogers, 2008;
Weiner & Winer, 1996). Salzer et al.’s (2008) study found that 56% of their participants who received accommodations reported feeling embarrassment, shame, or a fear of stigma by faculty, and 42% reported having negative experiences when asking for or receiving accommodations. Sixty-three percent of the participants in Martin’s (2010) study did not disclose their condition to educational staff, with 55% of the students deciding not to disclose for fear of being perceived as manipulative or discriminated against. Moreover, a fear of stigma, lack of knowledge, as well as a lack of supportive programing, resources, and staff were indicated to be the top four barriers preventing postsecondary students registering for accommodations in Collins and Mowbray’s (2005) study.

Research exploring the perceptions of high school students with mental health difficulties has identified similar findings, indicating that stigma, a lack of resources and supports are not just issues for students in higher education. Moses (2010) found that 44.6% of the study’s participants felt rejected or devalued by some peers, while 10% felt socially isolated. Moreover, 34.8% of participants indicated that they felt either discriminated against or stigmatized by some of their teachers, counselors, or staff (Moses, 2010). Bowers et al. (2013) found that 69.5% of the study’s participants perceived stigma and 23.1% reported a lack of knowledge about how to receive support as major barriers to accessing mental health services in their school. Therefore, it is important that educational discourses and institutions collaborate with psychiatric consumers, service users, x-users, survivors, and mad individuals to provide a more inclusive environment which recognizes the identities of individuals experiencing mental health difficulties and understands how to become more supportive of the students sitting in our classrooms.
Autobiographical Signature

I never thought that my family’s experiences with psychosis were something that I needed to hide; they were normal to me. Some of the family members who I loved and admired just saw the world in a different way. I never thought I should be afraid of disclosing my family’s history. However, one day in high school this changed when everyone was talking about the incident on the Greyhound bus, involving a violent act committed by an individual believed to have mental health impairments.

“Did you hear about what happened on the Greyhound with the schizo?”

“People like that shouldn’t be allowed to walk freely.”

“So scary! You never know when a crazy is going to snap.”

I was overwhelmed with mixed feelings as I processed not only such a horrific and tragic event, but also the reactions of the people around me. They were speaking about individuals with schizophrenia, like those in my family, with such a negative tone. I kept thinking, that man on the bus needed help! Why didn’t anyone notice? Where was his support? Now he has to live with what he did: such a horrific experience. For the first time in my life I felt silenced by fear and a need to protect my family. I was scared to talk, scared to tell my peers my opinion, scared to stand up for my family and explain that not everyone with schizophrenia was violent and that it was actually statistically rare. In fact, Choe, Teplin, and Abram’s (2008) study has noted that individuals living with psychosis are more actually likely to experience bullying and violence rather than to be perpetrators of violent acts.

The media didn’t help. I began to become more aware of the negative light in which individuals with mental health issues were viewed. This cynical perspective is well documented, as media depictions of mental health promote negative stereotypes, which create a false relation
between mental illness, violence, and/or helplessness (Schneider, 2004; Coverdale, Nairn, & Claasen, 2001; Vermeulen, 2008; Wahl, 2003). The Canadian Mental Health Association emphasizes that “the saliency of such high-profiled crimes [in media], despite their infrequency, makes it appear as though violent crimes by individuals with a psychiatric diagnosis are common and that the general public has reason to fear people with mental illness” (Edney, 2003).

Schulze and Angermeyer (2003) have identified social interactions as being the primary experience of stigma identified by individuals who live with psychosis, while public images of mental health were the second most common stigmatic experience. The truth of this finding became painfully clear to me when I felt stigma begin to engulf my family’s lived experience.

When discussions in school focused on psychotic disorders like schizophrenia, I felt my face heat up. Even if the conversation was not negative I automatically felt defensive, but my voice always became lost in my stomach. Most of the time I stared at nothing and drowned the voices of my peers out while I processed my own thoughts. I held my breath and tried to force my stomach to allow my voice to speak, but I never could when I was in high school. However, it was these experiences in high school that led me to become an advocate for the recognition of mental health issues and inclusion.

My family’s experiences with psychotic disorders fueled my desire to learn about supports available for learners with psychosis. If I felt the impact of stigmatized narratives, how did students who live with psychosis experience school communities? During my Bachelor of Education program, I found the lack of conversation addressing the needs of learners with psychosis frustrating. To date, I have noticed the disconnection between how education attempts to foster an equitable environment for all individuals experiencing mental health disorders, and the inclusion of students who live with early psychosis.
My passion for mental health education has led me to complete teaching placements at alternative educational sites. One of the classrooms I had the opportunity to teach within was at a mental health centre that provided education to adult patients who had not completed their secondary education. Although psychosis is less common than other mental health disorders, many of the students in this classroom lived with psychosis. This observation made me wonder if students experiencing psychosis slipped through the cracks of our educational institutions.

Available research has led me to believe that this observation holds some truth, as it has been noted that 47% of middle and high school students experiencing emotional disturbances have been expelled or suspended, while 61% rank in the bottom quartile on reading standards (Atkins, Hongwood, Kutash & Seidman, 2010). Many studies that investigated the academic functioning of students living with psychosis specifically found low academic achievement and a high dropout rate among these students (Goulding et al., 2010; Laurence et al., 2016; Morgan et al., 2012).

These experiences have led me to this research as I continue to ask, how are students who live with psychosis supported and included in educational settings? As a family member of an individual living with a schizoaffective disorder, I believe that it is important to engage with students who experience psychosis to gain insight into their unique learning experiences. Research focusing on the voices and everyday experiences of students living with psychosis has the potential to improve educational supports for these individuals. Through this research, I aimed to discover how high school students living with psychosis experienced and understood their interactions with classroom and school practices.
Purpose of Study

Psychotic disorders are usually defined by key features including delusions, hallucinations, disorganized thinking, and abnormal behaviour, as well as varying negative symptoms which can impact emotional expression, motivation and social participation (American Psychiatric Association, 2013). This study explored the lived experiences of adolescents, between the ages 16 and 18, who have or are living with psychosis in high school communities. Students this age living with psychosis are most likely experiencing “early psychosis,” characterized by disruption in peer, family and social roles (McGorry, Killackey, & Yung, 2008). Early psychosis includes four stages: (a) a pre-psychotic stage; (b) the first episode of psychosis; and (c) the critical early years of a psychotic disorder (McGorry et al., 2008). Since the experiences of psychosis are typically new and still developing in adolescents, early psychosis is a more fitting focus for this study. I did not focus on individuals who have an established psychotic disorder, as early psychosis includes the disruptions in peers, family, and social roles which individuals experience before an official diagnosis (McGorry et al., 2008).

Educators must recognize and understand how students within our school communities navigate these disruptions. To investigate how high school students being treated for early psychosis experience high school communities and practices, this research used an empowerment framework and narrative inquiry. The research questions guiding this investigation were:

1. How do students with early psychosis experience high school?
2. How do students with early psychosis perceive to be included at school?
3. How do students with early psychosis perceive to be supported at school?

To incorporate participants’ own understanding of inclusion and support, this study
defined these terms loosely. The concept of inclusion in this study is aligned with Le Boutillier and Croucher’s (2010) multi-dimensional framework of social inclusion, which identifies: physical, psychological, social, and occupational aspects of social inclusion. Specifically, inclusion in this research will explore participants’ perceptions of recognition, belonging, and their participation as contributing members within society. Additionally, the concept of support in this study corresponds with House’s (1981) definition of social support. House (1981) defines social support to include emotional, appraisal, information, and instrumental support. This study defines support in relation to how academic, emotional, and social needs of learners are met. My goal for this inquiry was to provide insight into the unique experiences of students who live with early psychosis, as well as to begin a more inclusive discussion about mental health in education that includes the experiences of these students.

Jones and Brown (2013) highlight three consequences of excluding the voices of psychiatric consumers, service users, x-users, and survivors within mental health discussions, research, and policies. Excluding these voices prevents individuals from receiving support by maintain a pathologizing image, restricts the language and understanding of individual experiences within a clinical setting, and also prevents the combatting of stigmatic environments (Jones & Brown, 2013). It is therefore imperative that educational institutions, research, and communities include the perceptions of students who live with psychosis in their discussions. Without this involvement educational communities risk alienating, impeding and discounting students living with early psychosis. By listening and sharing the experiences of students who live with early psychosis, educational researchers, practitioners, and administrators are able to determine how to best support and empower these individuals while they are navigating educational institutions.
The aims of this study are directly linked to the *School Effectiveness Framework* (2015) in Ontario, which emphasizes the importance of “reaching every student and removing discriminatory biases and systemic barriers” (Ministry of Education, 2013, p. 4). In other words, educators and educational institutions in Ontario are accountable for the success and learning of each and every student in Ontario. In order for educational institutions in Ontario to provide inclusive supports to all students, it is necessary to consider the experiences of living with psychosis that are explored in this study.

**Theoretical Framework**

This study applied a multi-perspective theoretical framework, which incorporated empowerment and narrative theories.

**Empowerment terms and concepts.** Peterson (2014) defined empowerment as a process of active participation, where individuals, organizations and communities gain larger control over their lives, access to rights, and experience a reduction of marginalization. Perkins and Zimmerman (1995) argue that empowerment research is concerned with “identifying capabilities instead of cataloguing risk factors, and exploring environmental influences on social problems instead of blaming victims” (p. 570). Empowerment interventions however, center on increasing wellness, reducing challenges, and providing participants access to knowledge and skills, as well as collaborating with professionals as partners rather than authoritative experts (Perkins & Zimmerman, 1995). Thus, an empowerment approach allows researchers and programs to utilize and enhance the agency of participants while engaging and working with them. This study worked *with* participants through a collaborative inquiry, which allowed participants to maintain a greater authority over their own voices, personal stories, and the way their stories are represented. Participants had the opportunity to discuss and offer suggestions on
the questions presented in the interview guide; review and modify interview transcripts to ensure their views were properly represented; and offer suggestions about interpretations of data. By utilizing an empowerment framework, this study produced a more authentic insight into the unique perceptions and experiences of the participants within the study.

Peterson (2014) emphasizes the need to perceive empowerment as a multi-dimensional construct, which involves varying related components that measure and conceptualize empowerment. Chamberlin (1997) also embraces a multi-dimensional concept of empowerment, where through empowering processes and events mental health users, survivors, and communities acquire qualities of empowerment. Consumers and practitioners of mental health treatments have centralized empowerment to focus on the control of language, resources, voice, and participation (Clark & Krupa, 2002). Empowerment theory provides a framework that is flexible and molds to the unique needs of the individuals participating in the research. Through these interactions participants gain greater control of the narratives that are being studied and presented in research.

Empowerment theory guided the research processes, interpretations, and the interpretation of participants’ experiences in this study. Specifically, I utilized empowerment theory to examine how individual participants engaged with high school communities, as well as perceived control, agency, and access to resources within these communities. Through this framework, participants were empowered to articulate their own perceptions of their experiences, inclusion, and support within high school communities.

**Narrative terms and concepts.** Narrative research is often used to explore personal stories, community, and dominant cultural narratives. Personal narratives describe individuals’ lived experiences and interactions with their community narratives, and their dominant cultural
narratives (Kirkpartrick, 2008). Community narratives are used as a resource to inform an individual’s identity and membership within their community, which can also empower or impede group members (Kirkpartrick, 2008). Dominant culture narratives, shared by a society, are master narratives that inform specific group identities and membership, and can provide agency or oppress specific groups within the society (Kirkpartrick, 2008). Narrative research is concerned with how individuals, communities and societies perceive and experience the world around them (Connelly & Clandinin, 1990). This study was specifically focused on the personal stories of students who were living with psychosis as they interacted with their school communities.

Narrative research has been used to listen to and share the stories of individuals who experience illnesses within medical research. The narrative framework defined by Kumagai (2008) is rooted in three arguments: (a) narratives provide a unique insight into the subjective experiences of individuals who live with an illness, which complements the scientific knowledge of disease; (b) narrative exploration of universal emotions including loss, anger, joy and sadness, and also fosters a powerful ability to communicate meaning; (c) narratives can enable an individual to facilitate identification with another and a reality that is not congruent with their own. Kirkpartrick (2008) describes narrative framework as a means to listen to the stories of individuals with mental illness and to understand how their experiences are informed by both community and dominant narratives in order to develop therapeutic relationships with mental health consumers.

Narrative methods allow medical professionals to enhance statistical understanding of chronic illness with personal stories. This method also enables educational researchers, teachers, administrators and policy makers to enhance their understanding and build relationships with
students living with mental health challenges, such as early psychosis. Through narrative methodology this study strove to both listen to and empower the voices of students who live with psychosis, in order to build a more comprehensive understanding of these students’ high school experiences.

**Linking empowerment and narrative.** Rappart (1995) argues that combining empowerment theory and narrative research results in more inclusive data that helps achieve the goals of empowerment theory. Through the recognition of the stories and narratives of individuals, communities, and societies, voices are discovered and legitimized. Thus, narrative research provides researchers with a means to empower and give agency to a study’s participants by focusing on their personal stories. Empowerment and narrative frameworks simultaneously support and expand one another. Multi-perspective frameworks, such as the one presented here, provide researchers with the tools needed to explore complex experiences, including individuals living with psychosis.

De Vecchi et al.’s (2016) review found that storytelling used in school settings allowed youth to “reflect on their lives, identify personal coping strategies and positive life experiences, and learn from their peers and personal perspectives” (p. 188). This study also found that storytelling in healthcare enabled healthcare students, providers, educators and policy makers to learn from consumer’s experiences living with a mental health disorder (De Vecchi et al., 2016). Therefore, the benefits of storytelling have the potential to empower both the storyteller and the listener through relationship building and reflective knowledge acquisition. I believe storytelling is an effective tool to aid researchers, policy makers, administrators, and school teachers, in visualizing both the high school experiences of students living with psychosis and some effective strategies to include and support these students in our school communities.
Thesis Overview

This thesis is comprised of eight chapters. The present chapter, Chapter 1, introduces the research topic, the researcher’s positionality, and outlines the purpose, research questions and theoretical framework of this study. Chapter 2 provides a review of the literature on the prevalence of psychosis in Canadian and educational contexts, academic functioning among individuals experiencing psychosis, as well as the cognitive and social factors impacting academic function. Chapter 3 describes the methodologies used in this study including the research design, ethical procedures, recruitment, protocol development, data collection, amendments, data analysis, as well as the re-storying processes and story validation. Findings of the narrative inquiry analysis are illustrated in a series of chapters which re-tell: Mary’s story in Chapter 4, Angel’s story in Chapter 5, and Isaac’s story in Chapter 6. Chapter 7 documents the thematic analysis of the data provided from all three participants. Finally, Chapter 8 discusses the research findings of this study related to other literature as well as the implications, limitations, and overall significance of this study.
Chapter 2: Literature Review

Educational practitioners have a responsibility not only to ensure students’ academic needs are accommodated so that they can learn, but also that their social needs are met so they can fulfill their social roles and responsibilities as students and school community members (Ministry of Education, 2015; Ministry of Education, 2017). Educators’ responsibilities and daily interactions with students position them as natural mentors. Natural mentorship is a relationship between a non-parental caring experienced adult and a young person that develops organically within a youth’s extended family, school, and community (Schwartz & Rhodes, 2016). In order to fulfill their role as a social support and natural mentor for students with mental health difficulties, it is important that educators become familiar both with classroom strategies that help facilitate an inclusive learning environment, and also that they support students in their social roles as community members in secondary school communities.

Despite a growing recognition of the need to create an equitable environment for students with mental health difficulties, those who experience early psychosis struggle to find inclusion and support within educational institutions (Goulding et al., 2010; Morgan et al., 2012; Laurence et al., 2016). Early psychosis is a broad term which includes three stages: (a) the onset of negative symptoms such as social withdrawal during a pre-psychotic stage; (b) the onset of positive symptoms including delusions, hallucinations and disorganized thinking; and (c) the beginning of a psychotic disorder such as schizophrenia (McGorry et al., 2008). Secondary students living with psychosis are most likely experiencing “early psychosis,” which is characterized by disruption in peer, family and social roles (McGorry et al., 2008). It is therefore important that educators learn about the disruptions a student with early psychosis will face with both academic and social functioning. This review of literature specifically explores research on
the prevalence of psychosis, academic function among individuals who experience psychosis, as well as the cognitive and other factors that may impact academic function in students who experience early psychosis. The goal of this examination of the existent literature is to demonstrate the complexities that contribute to the challenges experienced by students living with psychosis.

The Unrecognized Prevalence of Psychosis

Psychosis in Canada. Although psychosis is generally perceived to be a rare condition, recent Canadian and international studies have described its increased prevalence and the need for supportive interventions and further research that target this population. When describing the prevalence of Schizophrenia Statistics Canada references Hafner and an der Heiden, (1997) systematic review which indicates that an estimate of 0.2 to 1% of individuals are diagnosed with schizophrenia, with 1 out of 10,000 individuals ages 12 to 60 years diagnosed with schizophrenia each year (Langlois et al., 2015). According to a more recent international systematic review by Moreno-Kuster, Martin, and Pastors, (2018) a range of 2.03 to 7.79 12-month prevalence exists of persons living with psychosis with a pooled medium of 4.03 per 1000 people. The prevalence of psychosis has increased as the identification of psychosis has improved, and identification now recognizes a continuum of psychotic symptoms that are experienced as secondary to other mental health disorders and also exist within the general population. Van Os et al.’s (2009) international meta-analysis on the psychosis continuum revealed incidents of psychotic symptoms and experiences reported within the general population at a median rate of 3.1% with an interquartile range of 1.1-8.6. Similarly, Dealberto’s (2013) systematic review indicates that the prevalence and incidents of psychosis in Canada seem to be continuously increasing over time.
These findings emphasize an urgency to investigate the growing needs of these individuals and invest in more supports that will allow individuals living with psychosis to become valuable and contributing members in Canadian society. While there is little information about the current prevalence of psychosis in Canada, an Australian study revealed that individuals experiencing psychosis account for an estimated 35% of individuals receiving public health services each month (Morgan et al., 2016). Within this study, 56.4% of individuals experiencing psychosis stated that they were receiving minimal to no support for work, study or living functions and 30.5% of these individuals reported having unmet needs that limited their ability to successfully function in their social roles (Morgan et al., 2016). These findings highlight the social and functional unmet needs of those diagnosed with psychosis and, combined with the increase of psychotic incidents in Canada (Dealberto, 2013), indicate that there is a clear need to investigate how to support individuals experiencing psychosis in Canada.

**Psychosis in school communities.** Psychotic disorders are often perceived to be limited to adults. This assumption is exacerbated by the fact that studies and interventions often target adult populations. However, it is estimated that 1% of Canadian youth over the age of 16 will develop schizophrenia (Canadian Mental Health Association, 2018). Many researchers emphasize the prevalence of psychosis within adolescence, stating that one fourth of individuals living with psychosis experienced emerging psychotic symptoms before they were 19 years old (Kline, Davis & Schiffman, 2014). During adolescence, major neural system transformations and developments impact cognitive functions, reasoning, personal interactions, as well as control of emotions, and thus many psychiatric disorders tend to emerge among this age group (Pause, Keshavan & Giedd, 2008). The pathophysiological process of psychosis impairs many of these neural abilities and therefore Pause at al. (2008) argue that it makes sense that the onset of
schizophrenia and other psychotic disorders occurs during this stage of development.

There is also growing evidence of a continuum of psychotic symptoms and experiences which not only is present within the general adult population, but also among the general population of children and youth. When conducting a community assessment of psychic experiences which assessed incidence of hallucinations, delusions, paranoia, grandiosity, paranormal beliefs, Wigman et al. (2009) study measured the prevalence of hallucinations, delusions, paranoia, grandiosity, and paranormal beliefs were within a community sample from multiple schools of 5422 participants ages 12-16, finding a total of 94% self-reported to sometimes and 39% often to have one of these experiences. On the other hand, Gur et al. (2014) found that from a population sample of children ages 8-21, who previously enrolled in genomic studies at the pediatric services the Children’s Hospital of Philadelphia health care network, who did not have a neurological disorder or were receiving psychiatric services, only 15.5% of these participants reported to have experienced significant psychotic symptoms. When specifically looking into what types of psychotic experiences children have, an English study of 8000 children ages 9-11, recruited from primary schools, found that the two most common experiences reported by participants were visual hallucinations and auditory hallucinations (Laurense, Hobs, Sunderland, Green & Mould, 2012). Other studies have examined how self-reported statistics of psychotic experiences compare to clinical assessments of these experiences. Horwood et al. (2008) found that 40% of 6455 children in a community based sample in the United Kingdom, aged 12 self-reported clinical psychotic experiences, however only 2% of these children met the assessment criteria used to diagnose an adult psychotic disorder when clinically observed. When conducting a clinical prodromal symptoms structured interview with 212 Irish school community participants ages 11-13, Kellher et al. (2011) found a total of 22% of these
children reported to have experienced psychotic symptoms, and 0.9-8% met various degrees of current prodromal symptoms. Although these studies vary in the assessment and extent of psychotic experiences in school-aged children (0.9-94), they all demonstrate that psychotic symptoms exist well before adulthood and are present within our school communities.

Recent research focusing on early emerging psychosis and the psychological developments within adolescents contradict the notion of psychosis being an adult issue. Because individuals with early psychosis will experience disturbances in varying social roles, and adolescents’ social roles are far different from those of adults, it is important to expand current research to understand thoroughly what these disturbances looks like for adolescents. One of an adolescent’s most significant social roles is their responsibility as a member of a school community. Thus, it is important to investigate how prevalent psychosis is within educational institutions.

**Teacher Exposure, Perceptions, and Knowledge**

When surveying teacher’s exposure to psychosis after briefly describing psychosis and its symptoms on a questionnaire survey, 29% of British teachers in Collins & Holmshaw’s (2008) study and 25% of teachers in Masillo et al.’s (2012) study reported they had previous experiences with possible signs of psychosis within their school community. These findings indicate that psychosis is a relevant issue within secondary schools. However, given that 0.9-94% of school-age children have been self or clinically identified to have experiences somewhere within the continuum of psychosis, it is clear that a much higher percentage of teachers have likely had experiences with students with psychosis without realizing it. The possibility that teachers may not recognize symptoms of psychosis is reinforced by the findings of various studies in which teachers either self-reported or were identified to be unequipped to
identify and support students with mental health difficulties (Froese-Germain & Reil, 2002; Koller & Bertel, 2006; Rothi, Leavey & Best, 2008; Walter, Gouze & Lim, 2006; Whitely et al., 2013). When specifically examining teacher’s ability, without previous training, to correctly identify signs and symptoms of psychosis through a vignette only 60 % of Collins and Homshaw (2008), 66% of Langeveld et al.’s (2011), and 37.1% of Masillo et al.’s (2012), participants correctly identified the described signs as psychosis or schizophrenia. Langeveld et al. (2011) found that teachers exposed to an extensive early detection of psychosis program were significantly more capable to properly identify symptoms and signs of psychosis from a vignette (78%) then teachers who were not (66%). Additionally, stigma may prevent students not only from seeking treatment but also from disclosing to others (such as teachers) that they are engaging in psychiatric treatment (Jones & Brown, 2013).

Both Collins and Holmshaw’s (2008) and Masillo et al. (2012) studies also highlighted the lack of knowledge that teachers had about causes of and treatments for psychosis. For an example, only 11.4% of teachers in Masillo et al.’s (2012) study would contact another specific service for help if they encountered a pupil with psychosis, which the authors argued may have indicated teachers lack of knowledge on the early intervention programs available within their communities. Similarly, Collins and Holmshaw (2008) found that teachers demonstrated a lack of knowledge on primary interventions appropriate to support students with psychosis and suggest that teachers are unfamiliar with the importance that early interventions play in improving impairments for individuals living with psychosis. Although surveys highlighted the lack of knowledge that teachers had about causes of and treatments for psychosis, 76.9% of teachers in Masillo et al. (2012) study reported a desire to learn more about psychosis. Therefore, it is not only important to investigate how prevalent psychosis is within educational institutions,
but also the complexities that prevent students seeking treatment for psychosis from receiving support at school.

**Academic Functioning and Psychosis**

Various research has found that students living with psychosis tend to demonstrate low academic functioning, which emphasizes a need for early interventions and supports. Academic functioning includes a broad perspective of school engagement such as attendance, course completion, academic achievement and attainment. Research has found low academic achievement during childhood (Tempelaar et al. 2016; Strauss et al., 2012) and adolescence (Rannikko et al 2015; Strauss et al., 2012; Tempelaar et al, 2016) arguably caused by the disruptions in premorbid functions prior to the onset of psychosis. Research has also found that lower academic achievement is associated with negative symptoms (Goulding et al., 2010), and severity of symptoms (Helling, 2003). When assessing the risk for schizophrenia among 15-16 year olds, MacCabe et al. (2007) found that low grade achievement among children was associated with a four times greater risk increase for schizophrenia (HR 3.9), schizoaffective disorder (HR 4.2) and three times greater risk increase for other non-affective psychosis (HR 3.0). However, an above average grade achievement was associated with a decrease of schizophrenia (MacCabe et al., 2007).

Research has also focused on the lower academic achievement among post-secondary students with psychosis. Morgan et al.’s (2012) Australian national survey indicated that 68.5% of students who experience psychosis do not complete their last year of education. Goulding et al.’s (2010) study revealed that low academic functioning and high dropout rates among high school students are significantly associated with an increase in negative symptoms of psychosis. This relationship was underscored by the finding that 44% of the participants living with
psychosis dropped out of school prior to their first episode of psychosis (Goulding et al., 2010). College students living with psychosis have identified attention difficulties, anxiety and a lack of energy as the key challenges preventing them from successfully performing in academic environments (Laurence, Rousseau, Foriter & Mottard, 2009). Interestingly, Tempelaar et al., (2016) also found significantly lower achievement among siblings of individuals with psychosis.

When exploring the school experiences of high academically functioning students with early psychosis, Laurence et al. (2016) found that these individuals have significantly lower performance productivity and productivity satisfaction than the comparison group of peers who are not experiencing psychosis. High functioning individuals who experienced a first episode of psychosis also identified to rely more on motivation and personal goals compared to their non-psychosis control participants who tended to rely on cognitive and social skills (Laurence et al., 2016). High functioning students who experienced their first episode of psychosis also identified a variety of strategies they used which allowed them to focus on their education such as, receiving family financial support, choosing a program or courses with less demands on social skills, and focusing on just passing to achieve a diploma (Laurence et al., 2016). In an earlier study Laurence, et al. (2009) found that some participants found the school environment helpful as it provided individuals experiencing psychosis structure and routine, regular stimulation, and support.

**Cognitive Factors of Academic Function**

The research on psychosis among adolescents addresses four major impairments evident in early psychosis: (a) the impact of cognitive processing and learning; (b) prodromal cognitive impairments; (c) the progression of cognitive impairments; and (d) cognition’s impact on function
and learning. These investigations provide insight into some of the complexities involved when considering the support of students within secondary school communities who experience psychosis.

**Cognitive functions in psychosis.** Clinical literature has identified a variety of cognitive function impairments in individuals with psychotic disorders that are related to adaptive and social skills that can impact world function. When examining the cognitive impairments in individuals who experienced their first episode of psychosis, various studies found delays in executive functioning (Brickman et al., 2004; Cuesta et al. 2015), attention (Brickman et al., 2004; Cuesta et al. 2015), memory (Bachman et al, 2012; Brickman et al., 2004; Cuesta et al. 2015; Wannen et al., 2012), processing speed (Bachman et al., 2012; Brickman et al., 2004; Cuesta et al. 2015), and semantic/verbal fluency (Bachman et al., 2012). When comparing cognitive functions across the spectrum of psychotic disorders research found similar impairments across diagnoses (Zanelli, 2009) with the exception of individuals living with broad psychotic disorder, who do not share cognitive impairments in attention (Cuesta et al., 2015). Other studies examining cognitive impairments among people with schizophrenia also noted that a significant percentage (15-23%) of their participants did not share any of these impairments and were classified to be neuropsychologically normal (Kremen et al., 2000; Leung, Bowie, & Harvey, 2008; Zanelli, 2009).

**Social cognition and psychosis.** Social cognition results from neurophysiological processes that enable humans to make sense of experiences, make meaningful decisions, act with purpose, be self-reflective, control thoughts and behaviours, and learn from one’s own and others’ behaviors (Gilson, 2008). The pathophysiological process of psychosis effects the shared processes of neurocognitive and social cognitive tasks including working memory and
perception (Green & Horan, 2010). Therefore, it is not surprising that for individuals living with a psychotic disorder such as schizophrenia, impairments are found in a variety of social cognitive processes, such as emotional processing, social knowledge and perception, attributional style and theory of mind (Green & Horan, 2010). Moreover, research reveals that impairments of social cognition seem to be significantly associated with functional abilities within individuals experiencing psychosis (Green & Horan, 2010).

**Prodromal impairments.** Many individuals with psychosis experience a prodromal stage where reduced positive symptoms and functions appear before the onset of psychosis (Kline et al., 2014). Thus, some adolescents may be experiencing psychotic symptoms months or years before they receive a diagnosis or receive any treatment (Kline et al., 2014). Specific cognitive functions that have shown impairments during the prodromal phases of early psychosis include general IQ (Horwood et al., 2008; Meier et al., 2014; Schiman, 2013; Sorensen et al., 2010;), reasoning (Gur et al., 2010; Meier et al., 2014; Riechenburg et al., 2010; Seidmen et al., 2013), mental and processing speed (Caspri et al, 2003; Gur et al. 2014; Meier et al., 2014; Reichenberg., 2010), knowledge acquisition and problem solving (Reichenberg et al., 2010), attention and concentration (Caspri et al. 2003; Gur et al., 2014; Reichenberg, 2010; Seidman et al., 2013; conceptualization and abstract thinking (Caspri et al, 2003; Reichenberg et al., 2010), working memory (Gur et al. 2014; Seidmen et al. 2013) as well as social cognition (Gur et al. 2014).

**Progression and factors of impairments.** Research on psychotic disorders suggests that the progression of these cognitive impairments can be either declining, static, or lagging with growth. Various research shows declining progression of various cognitive impairments such as visual memory, mental speed, concentration and abstract thinking (Caspri et al., 2003;
Merier et al., 2013; Wannan, et al., 2018). Some research indicates that the longer the period of untreated psychosis, the more severe the symptoms (Addington, Van Mastigt, & Addington, 2004; Chang et al., 2013; Drake, et al., 2000; Rey-Meijas, 2015), cognitive impairments (Chang et al., 2013; Gaynor et al., 2009) and functional outcomes (Addington et al, 2004; Drake, et al., 2000; Rey- Meijas, 2015) become. However, other studies challenge this notion as they found no association between the duration of treatment and either cognitive impairments or functioning (Bartlien, 2013; Galderisi, 2009; Röpcke, & Eggers 2005).

Other research has found that cognitive impairments such as processing speed, knowledge acquisition, reasoning and conceptualization do not decline but instead stay static throughout an individual’s development (Bachman et al., 2012; Meier et al, 2014; Riechienberg et al., 2010). Alternately, others found increasing cognitive impairments with processing speed, attention, problem solving, reasoning, memory, semantic fluency, and social cognition (Bachman et al., 2012; Gur et al., 2014; Reichenburg et al., 2010).

**Cognition’s impact on learning.** To support students living with early psychosis it is important to understand how the pathophysiological processes of psychosis and social factors affect the ability of students to partake in their dynamic role of members within a school community. Cognitive difficulties may affect the academic functioning and learning outcomes for students living with early psychosis. For example, executive functioning, attention, memory, processing speed and semantic fluency may impact a student’s ability to read and retain information. Thus, it is important that educators learn about the cognitive difficulties that emerge with psychosis in order to develop strategies to support these students in their learning and academic success.
Other Factors of Academic Function

Research also explores contributing factors to the adjustment, function and symptom severity among individuals experiencing psychosis. For example, Grant and Beck (2009) found defeatist beliefs to be a mediator between the relationships of cognitive impairments, functional outcome, and negative symptoms. Similarly, Campellone, Sanchez, and Kring’s (2016) found that participants with greater defeatist performance beliefs linked to more severe symptoms. Additionally, Holshausen et al.’s (2014) study found that experiences of performance skills of function to have a more prominent prediction of everyday function, rather than the outcome of clinical assessments of these performance skills. When further investigating research on other factors that can impact the academic and quality of life of individuals experiencing psychosis, I have identified four themes including: (a) social disruptions to academic function; (b) the impact of stigma and support; (c) the impact of social engagement and support; and (d) the impact of mood and anxiety on recovery. These investigations provide insight into some of the complexities involved when supporting the students within secondary school communities who experience psychosis.

Social disruptions to academic function. Research has found that lower academic achievement is associated with deficits in social and adjustment functioning (Goulden, Chien, Compron, 2010; Helling, Öhman, & Hutton, 2003); Joa et al., 2008). Helling et al., (2003) found that 43% of 75 participants ages 18-45 with schizophrenia reported adaption problems, 29% reported exposure to peer harassment, and 58% reported deviant premorbid adaption in school. Research exploring the progression of onset of psychosis has identified disruptive shifts that lead to withdrawing and isolating behaviours (Corcoran et al. 2007; Mäki et al., 2014; Tan, & Ang, 2001; Yung & McGorry, 1996). In Yung and McGorry’s (1996) study 30% of the participants
who experienced premorbid social withdrawal reported that depression was a key factor of this withdrawal. Similarly, in Corcoran et al.’s (2007) study, primary caregivers of 16-24 year olds who had experienced a first episode of psychosis described that before their dependent’s onset of psychosis they experienced not only an academic decline, but also depression and a lack of motivation to go to school. Additionally, the caregivers identified the social withdrawal to be related to difficulty socializing, becoming emotionally distant, or a discomfort of other people or fear of being in public (Corcoran et al., 2007).

**Stigma and support.** Stigma not only can impact participation of individuals experiencing psychosis from seeking treatment (Franz et al., 2010; Fung, Tsang, & Corrigan, 2008; Hasan, & Musleh, 2017; Rüsch et al., 2013; 2016), and social engagement or withdrawal (Kliem et al., 2008; Moriarty et al., 2012), but also students with psychiatric disability from disclosing to school personnel that they are engaging in psychiatric services and receiving academic accommodations (Jones & Brown, 2013; Werner, 2001). For example, in Salzer et al.’s (2008) study, 30 % of participants decided not to receive accommodations because they did not want to disclose to teachers, while 20 % did not want to disclose to other students. Additionally, in Zimmerman’s (2014) study undergraduate students with psychiatric disabilities, including those with psychosis, reported that receiving accommodations compromised their agency over disclosing information. Research has also documented how stigma has negatively affected students who are currently seeking accommodations for psychosis. For example, Salzer et al. (2008) found that 56% of undergraduate or graduate students felt embarrassment, discomfort or fear of being stigmatized, while 42% had negative experiences when receiving accommodations for psychiatric disabilities. Moreover, research also describes students’ experiences with teachers or professors not providing accommodations to students with psychiatric disability who need
them (Salzer et al., 2008; Zimmerman, 2014). This research has emphasized the importance of decreasing stigma among key players in individual support networks which includes teachers and school personnel (Corrigan, 2012).

**Social engagement and support.** Research has indicated how social integration, engagement, and attachment to a community of friends are important for students with psychosis and other psychiatric disabilities in terms of developing a social network (Kampsen, 2009), their recovery (Bjornestad et al., 2017; Windell, Norman, & Malla, 2012), academic function (Salzer, 2012), and social functioning (Chudleigh et al., 2011). Jones, Brown, and Keys (2015) found that campus engagement (participation in campus sports, clubs, and organizations) and psychosocial integration (perceived quality of relationships, opportunity, and sense of exclusion) accounted for 58% of the variance in predicting a sense of belonging on campus for university students with psychiatric disabilities. There is a significant relationship between less social activity and a lower quality of life, while higher social activity has a strong correlation to a higher quality of life among individuals with psychosis (Garsjord et al., 2016). Additionally, Spaniol et al. (2002) found that one or more supportive persons provide hope, encouragement, and opportunities essential for supporting recovery for individuals living with schizophrenia. Moreover, Bjornestan et al. (2017) found a correlation between the frequency of social interactions with friends with recovery for individuals living with schizophrenia.

However, Killaspy et al.’s (2014) study noted a significant change in an individual’s social integration and activity after participants were diagnosed with psychosis. This change was amplified among individuals who were more socially active and integrated prior to their onset of psychosis; their illness seemed to greatly impact their social interactions (Killaspy et. al, 2014). Similarly, participants in Macdonald et al.’s (2005) study described social challenges including
feeling misunderstood and spending less time with friends. This finding was also consistent with Renwick et al.’s (2012) study, in that their participants identified a lack of social relations as a major influence on a lower quality of life. Individuals with psychosis have described how limited social engagement and contact with friends, as well as bullying, non-positive friendships, avoidance, isolation, lack of motivation or energy, and psychotic symptoms can be challenges that disrupt their social lives (Laurence et al., 2009). These findings highlight the need to explore how school practices can support inclusion of students with psychosis to increase their educational experiences and quality of life.

**Social anxiety.** Even though researchers and practitioners are becoming more aware of the prevalence of social anxiety coexisting with psychosis, individuals living with psychosis are still at high risk of being untreated for social anxiety (Romm et al., 2011). Both confidence and self-esteem have been identified to cause self-stigma and anticipated stigma within individuals who experience psychosis (Killaspy, 2014). Romm et al. (2011) argue that because social anxiety experienced by individuals with psychosis is connected to feeling subordinate, shame and low self-esteem, these feelings are separate from psychotic symptoms and greatly impact their social interactions. Similarly, Stain et al. (2012) found that individuals with early psychosis who struggled with social function were more likely to report avoiding social situations due to anxiety. Varying primary caregivers in Corcoran et al.’s (2007) study described the premorbid social withdrawal that their dependents experienced as related to being uncomfortable with other people or afraid of being in public. Additionally, Maki et al. (2014) found that 35% of their participants who developed psychosis reported uncertainty or difficulty making contact with others. Therefore, it is important that educators and researchers gain a better understanding of how to create a school environment that not only reduces stigma but also reduces the social
anxiety that often accompanies experiencing psychosis.

**Depression.** Research has also found that lower academic achievement is associated with depression (Joa et al., 2008). Thirty percent of the participants who experienced premorbid social withdrawal in Yung and McGorry’s (1996) qualitative study on individuals with early psychosis described how depression was a key factor of this withdrawal. Similarly, varying primary caregivers of 16-24 year olds with a first episode of psychosis in Corcoran et al.’s (2007) study reported that before their dependent’s onset of psychosis the dependent experienced not only an academic decline, but also depression and a lack of motivation to go to school. Renwick et al. (2012) found a high presence of depressive cognitions including continuous hopelessness and guilt by individuals experiencing psychosis. An increase in depression and symptoms of psychosis were also found to be correlated with not having anyone who participants trusted and in whom they could confide (Sündermann et al., 2014). Similar to social anxiety experienced by individuals who live with psychosis, depressive symptoms were found to be related to participants’ perceived social support, and networks with which these individuals interact (Sündermann et al., 2014). This research emphasizes the need to examine how students living with psychosis experience depressive symptoms, relationships with trusted adults or peers and quality of life.

**Loneliness.** Studies have found a high level of loneliness in individuals with psychosis then in the general population (Badcock et al., 2015; Chrosteck et al., 2016). Quality of life has also been found to be negatively correlated to both a decrease of depressive symptoms (Garsjord et al., 2016) and loneliness (Roe et al., 2011). Similarly, Chosteck et al. (2016) found that those with higher levels of loneliness has been correlated with psychosocial factors including internalized stigma, a lack of perceived social support and interpersonal competence.
Sündermann et al.’s (2014) findings also indicated that loneliness is strongly related to the symptoms of psychosis, which could be moderately mediated by reducing anxiety. Juva et al. (2017) found loneliness to be correlated with paranoia and thoughts of being perceived negatively. Similarly, Badcock et al. (2015) found those with higher levels of loneliness tend to also experience a loss of pleasure, disorganized thoughts, and cognitive function.

**Conclusion**

This chapter has reviewed research that addresses the learning challenges and needs that may impact the academic and social functionality of students living with psychosis. The highlighted research provides insight into the unrecognized prevalence of psychosis in adolescence and within school communities. Research identifies the prevalence of psychosis, impairments to academic functioning among individuals who experience psychosis, as well as the cognitive and other factors which may impact academic functioning in students who experience early psychosis. The highlighted studies in this review indicate the importance of providing an inclusive community for students who experience early psychosis, recognizing the cognitive and environmental challenges that they face, and supporting them to become contributing members of society. However, without having a specific understanding of how secondary students who live with psychosis experience and interact within school communities, the educational community does not have the required insight needed to support these students in school communities or to prepare them for success in future life. Thus, it is important to investigate the cognitive difficulties that emerge with psychosis in order to develop strategies that will support these students in their learning and academic success.

Further, the majority of the studies examined in this review examined adult learners within community or post-secondary learning environments, revealing a gap in the research
addressing the needs of individuals with psychosis in secondary school communities. This gap is emphasized by the lack of information and misconceptions about psychosis present within secondary educators, as well as the lack of professional mental health expertise needed to support students experiencing psychosis in secondary school environments. Therefore, it is clear that there is a need for further research which examines students living with psychosis in high school communities. This research hopes to bridge that gap to create a more comprehensive knowledge which recognizes the experiences of students living with psychosis. Thus, through the findings of this project educational researchers, policy makers, administrators, and educators may be more informed on the complexities of providing an equitable and inclusive environment that supports these students.
Chapter 3: Research Methods

Research Design

I began this research with the question, how are students living with psychosis supported and included in educational settings? Without having any first-hand experience on what it is like to live with psychosis, to answer this question I decided to give opportunities to a small group of adolescent individuals with psychosis to describe, from their perspective, what it is like to be a member of a secondary school community. This aim led me to utilize a qualitative research design, used to empower individuals while sharing their unique voices and stories (Creswell, 2013). A qualitative study allows researchers to investigate individuals’ perspectives, as well as gain insight on the meaning and complexity of unique experiences (Plano Clark & Creswell, 2015). Amongst the various qualitative designs available, narrative inquiry seemed the best fit for my research purpose. Focusing on participants’ experiences can be emphasized through narrative inquiry which explores the unique stories of individuals by utilizing their voices (Plano et al., 2015). Narrative inquiry’s potential for focusing on students’ experiences and voices was appropriate for investigating how students with psychosis experience school communities and practices.

Specifically, this study used a narrative inquiry approach, which reflects the personal oral histories and stories reported by students living with psychosis. To enable researchers, policy makers, administrators and educators to be more positively impactful on the lives of individual students who live with psychosis, it is crucial that they value the varying ways that psychosis impacts these students’ experiences. Through a narrative ontology, individuals “lives are composed and re-composed in relation to others who are also living storied lives” (Caine, Estenfan, & Clandinin, 2013, p. 576). Therefore, this study is centered on “the narrative nature of
experience . . . [which] necessitates considerations of relational being and knowing, attention to
the artistry of and within experience, and sensitivity to the nested and overlapping stories that
bring people together in research relationships” (Caine et al., 2013, p. 574). Through narrative
inquiry processes, this study aimed to describe the personal stories and provide insight into the
unique experiences of adolescents living with psychosis.

**Research ethics.** Prior to conducting this research, I received ethical clearance from the
Queen’s University Health Sciences and Affiliated Hospitals Research Ethics Board. I also
received a research appointment with the Kingston General Hospital to conduct research inside
the hospital’s mental health out-patient department. I received informed consent from all
participants and it was made clear that participants didn’t have to answer any questions they
didn’t want to and could stop or withdraw from the study at any time if they felt uncomfortable.
After each interview we discussed follow-up participation in optional interviews and member
checking. During follow-up interviews the participants’ roles and rights were reviewed with each
participant.

**Recruitment**

Two protocol development participants (ages 18-35) and three primary participants (ages
16-18) were recruited at the Heads Up! Program, an early psychosis intervention program located
in Kingston, Ontario and surrounding communities, through a snowball selection process.
Clinical professionals in the Heads Up! Program identified potential primary participants who
met the recruitment requirements: individuals 16 to 18 years old who had early psychosis and
were attending or had recently attended a high school in Ontario as a full or part- time student.
This selection process allowed for the selection of a small purposeful sample (Plano et al., 2015),
supporting the study’s intent to describe in depth the school experiences of adolescents who live
with psychosis.

Primary participants were provided the opportunity to identify someone who they saw as a social support (example: family, peer, etc.) as a secondary participant. I felt that secondary participants would add to primary participants’ narratives by describing their school experiences from the perspective of a caring social support. This secondary perspective would provide the reader with another layer of understanding the unique school experiences of students who live with psychosis. Moreover, even though narrative research is not inherently interested in objective truthfulness, this perspective would provide triangulation for the data collected from primary participants. By recruiting secondary participants through primary participants, primary participants remained in control of their narratives.

However, only one out of the three primary participants identified a social support as a secondary participant, and unfortunately, I was unable to connect with this social support and recruit them as a secondary participant. Therefore, only two protocol development and three primary participants—five participants total—were successfully recruited for this study.

**Protocol Development**

Before beginning the data collection process with primary participants, this study began with a participatory focus group model pilot to review and discuss the three research questions. Three participants were recruited for the protocol development, however only two participants attended the focus group—one in person, and the second was unable to meet us in person so joined the group via telephone. Therefore, the focus group consisted of two individuals with psychosis who had high school experience. Reflecting on their own past experiences, the pilot participants collaborated with the researcher to develop questions that guided the structure of the diaries and interviews. My aim with this step in the research process was to mirror the aims
of empowerment theory, by ensuring that the questions presented in the interviews were geared towards the interests and experiences of individuals who had experienced psychosis in high school, and were clear and easy to understand.

During the protocol development participatory focus group, participants were asked to describe what secondary school experiences, inclusion, and support meant to them. During our conversation the protocol development participants talked about how secondary school experiences could: (a) be socially driven; (b) have tipping points due to both academic and other external stresses; (c) be too demanding with extra-curricular and school work piling up; (d) be different before and after they started having symptoms of psychosis; and (e) include returning to school after treatment or when older. The protocol development participants also discussed how inclusion in secondary school to them meant: (a) being a part of a friend group and being invited to things; (b) being part of a community after class; (c) having caring teachers that help you even when you are struggling; and (d) being able to talk to teachers both inside and outside of class conversations about school and other things. Finally, the protocol development participants described support in secondary school to mean: (a) having teachers who care, reach out to you and whom you can approach; (b) having a mentor who will counsel you and support life decisions; (c) being able to reach out for and having access to help when experiencing academic, life, or emotional challenges; (d) having different options for support.

After articulating what secondary experiences, inclusion and support meant for them, protocol development participants brainstormed varying questions (table 1) they believed would be effective in acquiring the data needed to explore experiences of high school students living with early psychosis, as well as their perceptions of inclusion and support at school. These questions were used and expanded on by the researcher to develop the interview protocol guide
(Appendix A). After the construction of the interview guide, it was sent to the protocol
development participants for member checking. One participant responded, and indicated their
approval and that the interview guide included everything that we discussed in the protocol
development focus group.

Table 1

*Important Questions to Ask Participants as Discussed in the Protocol Development Focus Group*

| Important Questions about Secondary School experiences | - How often do you have too much on your plate?  
- Did you have a tipping point of stress?  
- How did students cope?  
- What emotions did you feel when re-entering school after leaving for treatment?  
- Did you feel welcomed before and after school?  
- What was different before and after you started having symptoms of psychosis?  
- How did you reach out? Were you encouraged to reach out?  
- Do you feel included in school?  
- Do you like being independent? Do you find it soothing?  
- What activities are you interested in?  
- Were your friends or teachers crucial, supportive and helpful to you? |
|---|---|
| Important Questions about inclusion at school | - How do friends contribute to your inclusion?  
- Are students involved in extra curricular activities: sports, clubs and student council other activities?  
- How many nights do you see your friends after schooling? Are friends just school friends?  
- How do you feel about asking for help? Would you or would you not?  
- Do you feel comfortable in school? |
| Important Questions about support at school | - Do you have a favorite teacher? Why are they your favorite teacher?  
- Can you access resources and ask teachers questions 24 hours a day? Could you get support from parents?  
- How did you reach out? Were you encouraged to reach out?  
- Can you rely on your friends? Do they help?  
- Do you have a coach, supervisor of mentor that you can approach when making decisions who will support the decision you make?  
- What options do you have when reaching out for help? Who do you approach?  
- Do teachers give specific individual or small group support to student(s) who are struggling with a specific aspect of school? |
Initial Design of Data Collection

The original study design of this research was intended to include three phases of data collection: phase one, a collection of documents and recorded diaries of primary participants; phase two, an in-depth interview with primary participants; and phase three, interviews with secondary participants. Although a number of details of this original plan changed over the course of the research, I include it here because I believe it is important to indicate how I originally intended for the research to unfold.

Introductions. Following recruitment, my initial plan was to have a one-on-one introductory meeting with each participant. During this meeting, the participant and I would begin a relationship by getting to know one another and reviewing the details of the study. During these conversations I would also have an opportunity to gather background information on the student’s personal story. This information would have been gathered by using a visual timeline beginning at their first day of high school and ending at the day of the meeting. On this timeline, participants would document their previous experiences through drawings of important events, feelings or thoughts. The meeting would end with an introduction and explanation of the diaries that the students would be requested to complete for phase one of the study. It would have been explicitly explained that the diaries should only document what participants felt comfortable sharing, unlike a personal diary where individuals may share personal thoughts that they do not wish to reveal to anyone.

Phase one. Data collection was designed to begin in phase one with the voices of the participants by asking them to (a) complete a diary that focused on their school experiences for two weeks; and (b) collect documents that they thought illustrated aspects of their high school experiences (report cards, letters, yearbooks, etc.) I hoped that by beginning with these diaries
and documents the participants of this study would have more authority over the narratives that they contributed to the study. Diaries are also an effective tool for collecting data from vulnerable participants, potentially including individuals living with psychosis, because they allow individuals to freely report their experiences, feelings, observations and thoughts, providing researchers with rich depictions of the complexities of participants’ experiences (Liamputtong, 2017). Moreover, when collecting data through a diary, researchers are able to gain insights into participants’ day-to-day experiences (Liamputtong, 2017). These diaries would have allowed the participants to access school experiences, observations and feelings when describing the story of their normal school day, and how the participant feels to be included and supported in classroom and school communities.

Adopting a flexible and unconventional research approach can be helpful in preventing the alienation of vulnerable participants (Liamputtong, 2017). Moreover, a particular method may not suit all vulnerable individuals and therefore it is imperative to include choice and flexibility (Liamputtong, 2017). For example, collecting data with participants using written reflections may not be fitting for individuals who have difficulty expressing their thoughts and feelings in writing (Liamputtong, 2017). Therefore, I intended for the participants in this study to also have the option of recording their diaries in their preferred mode of expression, for example: (a) a traditional written diary; (b) an audio or video recorded diary; (c) a drawn or visual diary; (d) a music-elected diary; (e) an image or photo reflective diary.

*Traditional written diaries.* Participants could have written about their daily school experiences focusing on events, feelings and thoughts that they identified to be important. Jacelon and Imperio (2005) made use of written diaries, when researching how adults managed chronic health problems. They found that by using a written diary, participants were able to
articulate daily experiences that when explored in an interview provided rich in-depth data (Jacelon & Imperio, 2005).

**Audio or video recorded diaries.** Another option was for participants to create recorded diaries about the school events, feelings and thoughts that they felt were important, through audio or video recordings. In Meadows, Venn, Hislop, and Arber’s (2005) study, which examined participants’ experiences of sleep, they found that using an audio-recorded diary allowed participants to share a snapshot of how sleep related to their everyday experiences, allowing researchers to gain access to the participants’ sleeping environment.

**Drawn or visual diaries.** Participants might also have chosen to draw an image and write something next to the image to depict events, feelings and thoughts of important daily school experiences. Written text in this method could take the form of a title or a short description. In a study exploring illness experiences, Guillemin (2004) noted that integrating visuals and writing allowed participants to explore the multiplicity and complexity of their experiences. Diaries could even continue the format of the visual timeline introduced in the first meeting with the participants, where students were to document their experiences through drawings of important events, feelings or thoughts. Allowing participants to draw is beneficial to participants who have difficulty expressing their thoughts and experiences through written or spoken words (Liamputong, 2017).

**Music-elected diaries.** Participants could also have either produced music or collected music lyrics to express their daily school experiences, thoughts or feelings.

**Image/photo reflective diaries.** Finally, participants could have collected images or taken photos to express their daily school experiences, thoughts or feelings. Similar to the drawn diary, each image would have been accompanied by a title or description of what the image meant to
them or how it related to their daily experiences. When collecting stories from elderly farmers, Harper (2002) argued that collecting data through photographs allowed the participants to simulate memories in ways that pushed conversations in interviews past describing settings and events.

**Phase two.** With my initial plan the primary participants’ diaries would have been thematically analyzed to identify topics that would have been further explored during the interviews. The results emerging from this analysis would have been used along with the interview questions identified by the protocol development group to structure three hours of tailor made in-depth interviews for each participant. Collecting data through these interviews would have allowed me to gain knowledge of individuals’ experiences that cannot be discovered from observation, such as feelings, thoughts, and intentions (Patton, 2015).

With the unique contexts involving participants who experience mental health challenges, Carless and Douglas (2007) emphasize the necessity of constructing interviews where participants tell their own stories. For the group of participants that this study was designed for, research can be threatening due to common experiences that individuals living with psychosis can be exposed to, such as stigma or exploitation (McCann & Clark, 2005). Corbin and Morse (2003) argue that with care and sensitivity, unstructured interviews are an effective method to create opportunities for reciprocity when conducting research with vulnerable participants. McCann & Clark (2005) also suggest that to produce a rich source of data the most appropriate approach to use is an unstructured interview with a general interview guide when conducting research with individuals who experience psychosis.

Dempsey, Dowling, Larkin and Murphy (2016), on the other hand, emphasize the importance of developing and using a semi-structured interview guide when interviewing
vulnerable participants, particularly as an emerging researcher. This method of interviewing allows the flexibility for conversations to grow, where individuals’ perspectives and experiences can be explored, while focusing on predetermined topics and prompts (Patton, 2015). However, Dempsey et al., (2016) also state that researchers are responsible for attending to “special considerations when planning and conducting interviews on sensitive topics” (p. 482), which include utilizing the interview guide with flexibility to facilitate meaningful conversations between interviewers and participants. Thus, the interview guide is used to develop ideas about effective phrasing of potential questions and how to transition from broader topics to more detailed and sensitive discussions (Dempsey et al., 2016).

To provide the primary participants with the flexibility and freedom to focus on the experiences that they found meaningful, while navigating both the needs of the vulnerable participants that I was researching with, and my own needs as an emerging researcher, this study was initially designed to use an interview style that combined attributes of both unstructured and semi-structured interviews. Therefore, this study would have utilized an interview guide that used the findings that emerged from the analysis of participants’ diaries to direct the primary participants’ stories, as well as potential interview prompts that assisted the interviewer to elicit details about important experiences. This interview style was designed with the hope to allow the participants to control their own stories and experiences, while also guiding participants to the research interests of this study.

When conducting a study with individuals who experience mental health challenges it is important that the researcher builds “a high degree of trust, rapport, and familiarity with participants” (Carless & Douglas, 2007 p. 581). This study’s interview guide was initially organized according to the four phases of an unstructured interview explored by Corbin and
Morse (2003) which includes: (a) the pre-interview phase, where the researcher ensures participants understand their roles and responsibility and begins to establish a relationship through building trust; (b) the tentative phase, where researcher and participant continue to devolve a relationship while discussing lighter research-related topics; (c) the immersion phase, where conversations can become more emotional or distressing; and (d) the phase of emergence, where discussions are still related to the study but are less sensitive.

Given the cognitive processing challenges that individuals who live with psychosis experience researchers recommend “that the duration of the interview be kept short” (McCann & Clark, 2005). McCann & Clark (2005) emphasize the importance of providing participants choice to decide the length of time they are comfortable interviewing for. Thus I planned to consult with each participant to determine how they would prefer to structure the required three hours of interview time which could include: (a) six half-hour interviews; (b) three one-hour interviews; or (c) two one-and-a-half-hour interviews. For any scenario, participants would also be provided with the opportunity to either continue interviewing or to reschedule a time for the next interview at any sign of participant fatigue.

**Phase three.** This original research plan gave participants the option of identifying a secondary participant to invite to participate in a short 30-minute interview exploring how they perceived the primary participant’s school experiences. The interview would have used a semi-structured interview guide organized by three central questions: (a) how would you describe the student’s normal school day? (b) how is the student included and supported in classroom practices and routines; and (c) how is the student included and supported in the larger school community?
Amendment of Data Collection Design

Although the introduction session and first phase of data collection (the diaries) were designed to aid the empowerment of participants through building relationships and beginning data collection with the participant’s own voice through diaries, what was meant to be empowering in theory became arguably disempowering in practice. The structure of the various research phases actually deterred potential participants who wanted to share their stories from participating in the study. Through communications with the clinicians at the early intervention program, I learnt that potential participants preferred and felt more comfortable telling their stories in one interview rather than committing to an extended process. Liamputtong (2006) discussed the importance of being both sensitive and flexible to the needs and lives of vulnerable participants. To meet the specific needs of potential participants I made the following changes to the study design: (a) removal of the introduction meeting and diary phases from the protocol; (b) shortening the required interview time to two hours; and (c) adding an optional hour-long follow-up interview.

Data Collection

After the amendments, data collection consisted of three phases: (a) a two-hour interview with primary participants, guided by a semi-structured guide (Appendix A) designed in collaboration with individuals with early psychosis through the protocol development focus group; (b) an optional one-hour interview with primary participants, guided by a semi-structured guide (Appendix B) designed for an in-depth exploration of experiences discussed during the first interview; and (c) an optional 30-minute interview with secondary participants, a social support identified by participants. These changes would enable participants to tell their stories in one sitting, while also providing them with opportunities to continue sharing their stories through a
follow-up interview or through the perceptions of a social support if they wanted to.

**Interviews.** The interviews lasted from an hour to two hours. They were recorded using both hand-written notes describing notable narrative elements and questions as well as an audio recording. The combination of audio recording and written notes allowed me to interact with the participant, while also documenting elements of each student’s experiences that could not be found in an audio recording (Patton, 2015). Because McCann & Clark (2005) discuss how some of the symptoms and experiences associated with psychosis, such as paranoia, may influence participants in being uncomfortable or hesitant to being audio recorded, I was prepared to exclusively record the interviews using written notes to accommodate participants’ comfort. However, no participant requested to not be audio recorded.

The interviews followed a semi-structured interview guide that employed the four phases recommended by Corbin and Morse (2003): (a) the pre-interview phase (b) the tentative phase, (c) the immersion phase, and (d) the phase of emergence. Before interviews began the participants reviewed the letter of information and then we discussed their roles and responsibilities during the pre-interview phase. During the tentative phase of the interview discussions focused on their general school experiences, interests, and preferences. The immersion phase was divided into two sections: (a) participants’ perceptions of inclusion and (b) participants’ perceptions of support. The phase of emergence occurred at the end of the interview when participants were asked if there was anything else they would like to share about their school experiences, and continued after recorders were turned off with lighter discussions that included topics of next steps, general interests, activities, or events. Discussions after the audio
recording was turned off varied in time from a few minutes to a half an hour depending on the participant.

**Follow-up interviews.** The follow-up interview was designed to further explore participants’ experiences and perceptions as discussed in their initial interview. Therefore, data from the initial interviews were analyzed and used to create expanding questions which explored participants’ experiences in-depth or to explore questions that I still had about their stories. Additionally, I reviewed discussions and questions which had emerged from the protocol development to help me create questions that expanded on participants’ experiences discussed in their initial interview. These questions were used to create unique interview guides tailored for each participant (*Appendix B*). These guides were sent to all three participants and they were invited to partake in a follow-up interview. Two participants agreed to participate in a follow-up interview. One participant completed the follow-up interview by answering interview questions through written text (email) to accommodate their preference, highlighting the importance of maintaining flexibility to accommodate participant needs and preferences.

**Optional interview with secondary participants.** As intended all three participants were given the opportunity to identify a social support to aid their storytelling of their high school experiences. Only one participant identified a social support, however this secondary participant did not respond to the recruitment invitation. Therefore, due to mitigating circumstances I was unable to conduct this phase of study.

**Data Analysis**

Data was analyzed in three phases: (a) open coding analysis which identified key events and findings to explore during follow-up interviews; (b) an in-depth re-storying analysis which identified both the key findings related to each research question and the narrative elements within
each participant’s stories; and (c) a thematic analysis of the combined data collected from all three participants’ narratives.

**Phase one analysis.** Open coding began during the transcribing of participants’ interviews as I became familiar with their stories and noted my initial thoughts and started identifying key story characters, settings, actions, and events. I then began to organize the data according to key events and experiences described by participants during the interviews. I used this initial data analysis phase to create tailored interview guides (*Appendix B*) for in-depth exploration of the individual high school experiences of each participant. These guides were then sent to participants and they were invited to participate in an optional follow-up interview.

**Phase two analysis.** The second analysis phase examined the primary participants’ interview transcripts through a narrative re-storying analysis process which involved coding data according to key elements of the story including story characters, settings, and actions (Creswell, 2015). Key findings were coded again in relation to the three research questions of this study: (1) How do students with early psychosis experience high school? (2) How do students with early psychosis perceive to be included at school? and (3) How do students with early psychosis perceive to be supported at school? Findings from the analysis were used to craft and re-tell participants’ stories in narrative dramatizations of their high school experiences.

**Re-storying process.** The findings from this analysis were used to construct the re-telling of participants’ school experiences through dramatizations. In the findings section I introduce each participant and dramatize their school experiences through a collaging process which uses the data from the interview transcripts to illustrate key moments that characterize each participant’s school experience. This collaging process is demonstrated in a dramatization of Isaac’s school experiences called *High School Is Scary* in *Appendix C* and excerpted below:
Everything hits me when I walk into the school building. I don’t feel like I belong (i2 775). Like the high school life is just not for me (i1 314)... I always feel scared walking in the school hall (i2 775-776). I feel like these hallways are full of the worst people. As I walk to my first class I know they are talking about me, and they probably think the worst about me (i2 778-779). There’s something about high school that brings out the worst in people.

The non-underlined text from this excerpt was created by taking data from lines 314-315 of Isaac’s first interview referenced as (i1 314-315):

Isaac: it was I don’t know it was just very like the high school life was just not for me. College would defiantly be for me more, but not highs school

And collaging it with data from lines 775-779 of Isaac’s second interview referenced as (i2 775-779):

Isaac: mmm I don’t think the only thing I felt connected to them. I felt I was always scared walking in the hall

Interviewer: you were always scared? Can you describe what you mean by you were scared?

Isaac: like I always felt like they were the worst people like they were talking about me or they thought the worst. Like I thought the worst. Like of they don’t like me or id jump to conclusions

When collaging interview transcription lines, I aimed to keep the dramatization as close as possible to the words that Isaac used but edited to create narrative flow and clarity by adjusting grammar and tense. This process aims to empower Isaac’s voice by balancing the inclusion of Isaac’s own words with the meaning articulated by Isaacs words.

The underlined text in the above dramatization excerpt was composed by me, inspired by the data to add context and narration to support the storytelling of Isaac’s school experiences.
For instance, “Everything hits me when I walk into the school building” was added to provide the reader context and to set up the visualization of what Isaac communicated to me during lines 775-779 of our follow-up interview.

This re-storying process was also applied to the writing process of Mary and Angel’s dramatizations. Appendix C presents an exemplar of a dramatization from Mary, Isaac, and Angel. These exemplars show the construction process I used to create the dramatizations that illustrate the findings generated from the participants’ data collected in interviews.

Story validity. This study aimed to gain and communicate insights concerning participants’ experiences in high school as well as their perceptions of inclusion and support in school through storytelling. Therefore, this research recognizes validity as the communication of findings in a way that illustrates the true essence of participants’ perceptions. In order to remain true to the data throughout the re-storying process, I kept the interview lines integrated in the dramatization to continuously remind myself of what participants said and communicated to me during our conversations. Additionally, after I finished writing each participant’s story I sent the participant a draft to review and ensure their dramatizations accurately captured the essence of their school experiences and what they wanted to communicate to me during our conversations. Through member checking data and interpretations, Creswell and Miller (2000) argue that participants can confirm the credibility of the information and the narrative account. Two out of three participant responded confirming their dramatizations accurately captured the essence of their school experiences.

Phase three analysis. In the third phase of analysis I thematically analyzed the narrative dramatizations of all three participants (Braun & Clarke, 2006). Thematic analysis began during the process of writing participants’ dramatizations as I became familiar with the
data and noted my initial thoughts, ideas and patterns evident across the participants’ data. I then
deductively analysed the narrative dramatizations and coded them according to the three research
questions: (1) high school experiences (RQ 1); (2) perceptions of inclusion (RQ 2); and (3)
perceptions of support (RQ 3). Finally, I conducted an inductive analysis to identify the themes
and sub-themes that emerged within each category.
Chapter 4: Mary’s Story

Introducing Myself

The biggest describer that I use when I am describing myself is that I am an artist who enjoys painting beautiful things. Right now I do art just in my room, but I would love to go on a camping trip where I just paint in the woods. That is the dream. I also like to read, go for walks, play with my cat, and listen to a wide variety of music from different genres and artists. But I am going to be honest: I am like addicted to my phone. I am always on YouTube and Instagram.

Yes, I’ve had psychosis, but I’m still a teenager. I still make mistakes and bad decisions simply because of that. I don’t want everything in my life to be blamed on my psychosis—it’s merely one factor. I also don’t want to be a sob story. I want for this to be a story of hope.

My psychosis was drug induced and it started the first semester of grade 11, when I was 16 years old. I first started smoking marijuana every day in grade 11. And then I was hospitalized for a week in January at the end of the first semester. So it was all pretty fast and happened in one semester. I didn’t start having delusions until like very close to when I got hospitalized. I didn’t know they were delusions—I thought they were real. So I thought, like, this is actually happening and I actually need help for it.

Coping after my psychosis has been really trial and error. I didn’t like opening up to my parents—especially my father—because of the content of my psychosis. It was a real sensitive topic, so I didn’t feel like I could talk to them. It has been easier to talk about my psychosis with my peer support worker and my treatment team with the early intervention program. But yeah. I don’t know, to cope I just dealt with it, I guess.

Transitioning back to school after my hospitalization was much easier. Although I decided not to have someone from school be there during my meetings at the hospital, the nurses at the hospital communicated with my guidance counselors to exempt me from my exams and get me set up with my timetable for the new semester.

I’ve come a far way in my recovery, but I still have a long way to go. After psychosis, I’ll never value academics like I did before. There’s so many more important things to me.

Using my experiences to help other people is really important to me. I just kinda wish I could help people more.

***

Mary’s storytelling began as Mary began to describe her school experiences during both her initial interview (referred to as m1) and follow-up interview (referenced to as m2). However, Mary’s story further developed through an open coding and in-depth re-storying analysis, which
identified narrative elements including story characters, settings, and actions, as well as the key findings related to the three research questions of this study: 1) how do students with early psychosis experience high school? 2) how do students with early psychosis perceive to be included at school? and 3) how do students with early psychosis perceive to be supported at school? Findings from analysis were used to craft and re-tell Mary ’s story through dramatizing her high school experiences.

In this section I present four in-depth dramatizations of Mary ’s school experiences. The first, “The Spiral” narrates the disruptions Mary experienced during the first semester of grade 11 right before she was hospitalized. The second, “Acting Normal,” focuses on both the challenges and support that Mary experienced when transitioning back to school after being hospitalized. The third, “Spotlight,” portrays some of the academic and social struggles Mary faced in her classes after she experienced psychosis. The fourth, “It’s Okay to Talk to Me” depicts Mary’s experiences of social inclusion and belonging at school. Each dramatization is followed by my commentary which deconstructs the key and secondary findings narrated in the dramatization as well as highlights other related findings that were uncovered in the data.

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The Spiral

I have been up for three hours getting ready for school. I really enjoy having that time to myself to relax and recharge before my school day begins. When it’s finally time to catch the bus I grab my stuff and head out the door.

Perfect timing! I see my bus in the distance and I continue to casually walk down to my bus stop. I have a half-hour to an hour-long bus ride so I use this time to think to myself and prepare for another school day.

I have always prided myself as a smart girl who gets straight A’s. But when I came into high school things weren’t as easy. Even though I was working harder I began getting like B’s, and sometimes even C’s.
Everything really began to change this year when I began grade 11; I really feel like a failure. Honestly, I don’t like going to my math or science classes because I am failing and it’s obvious the teachers like hate me because I am failing and they know that I am not smart enough to be in their class (11 308-). Lately I have been skipping class because I just can’t handle things. Like I become too emotionally upset or I don’t wanna like face a teacher? ‘Cause like they tell me I need to be more productive... But I felt like I just can’t.

I find myself losing motivation as my bus pulls beside Pauline-Rose Secondary School and I follow the other kids exiting the bus.

As I walk into my school and slowly head towards my first class I am surrounded by my school peers, but I don’t feel noticed by any of them. Lately, I just don’t seem to be myself and things just seem different. It’s hard to explain... Like, I have always had bad days where I feel like I am kinda just going with it, and it feels like no one really notices me. But lately I have been feeling really depressed. I don’t really know why. Maybe it’s my birth control making me depressed? I’m not doing so good in classes, like I hit a new low in my last few assignments, so maybe that is it, too? I don’t know, but, I have noticed that my mood is different. I have been isolating myself a lot lately even though I do have good relationships with my friends—I just would rather be alone at this point.

I silently enter my stage design class and look for the gazebo-shaped lantern I have been working on. This class is like art and construction put together, so we, like, build stuff. And honestly I am not very inspired in this class—I just can’t think. Every day I have been kind of just sitting here painting and painting this lantern over and over again.

I find my lantern and notice how the layers of green paint are so thick it is beginning to define the lantern’s shape. I don’t feel motivated to think of what else to do so I silently continue to glaze another layer of paint onto the lantern. I focus on the sticky sound and pungent smell of the fresh paint. My vision becomes a blurry green with the repetitive motion of my brush strokes while my mind dulls and my senses enhance. Slowly I become aware that my teacher is behind me watching me paint. When I look up at him he says,

“Mary, look, this isn’t productive—you need to do more than this.”

I can’t stop the rush of emotions and thoughts. Everything that I was containing inside hits me all at once: “You can’t do anything. You’re worthless if you can’t even pass stage design class, then what else can you do?”

My thoughts are spiraling and are becoming more and more suicidal. I can’t handle being in this class anymore. I just pack up my stuff and leave the classroom.

***

This dramatization illustrates three key findings about Mary’s experience of high school.

The first key finding portrayed is that Mary noticed two different changes in her academic
performance. When Mary began high school she started struggling academically and she “had to like work harder” (m1 1011). Mary also noticed a drastic change in her grades during the semester before she was hospitalized: “in that grade 11 first semester when I was sick . . . I was failing” (m1 390-391). When Mary experienced drastic changes in her academic performance it impacted both how she saw herself and her “self-esteem [because] if you define yourself as smart and then suddenly you’re not so smart, it’s like, who am I now?” (m1 1013-1014).

The second key finding is that Mary noticed disruptions in her mood during the semester before her hospitalization. Mary explains that “my mood was different obviously and I wasn’t responding to things normally” (m1 262). During our conversations Mary described how her mood fluctuated:

like everything was ten times worse or better than it actually was . . . I was basing my self-esteem mostly off of my school work at that point. So when I was failing I like hated myself but when I did decent on an assignment I was like ‘hey things are going to be okay.’” (m1 447-450)

During this time Mary felt like she wasn’t in control of her emotions, so she “just kind of went along with the ride” (m1 453-454). The disruption Mary experienced in her mood impacted her motivation and how she participated at school because she felt like she “just couldn’t, you know,” (m1 383-384) become productive.

The third key finding highlighted in this dramatization is that Mary started skipping more when she started experiencing psychosis: “When I had my psychosis I'd be skipping because I just couldn’t handle things… I was too emotionally upset, or I didn’t wanna like face a teacher” (m1 381-382).

Secondary findings in this dramatization include that Mary enjoyed time to herself to
relax and recharge. Mary explained that if she was not feeling social she “just needed that time to recharge. Especially on weekends because I spent the whole week [socializing] at school so I like to have a day or two where I just hangout in my room” (m1 217-219). Mary also described how having time to herself was a really effective self-support during bad days: “once I have cooled off I feel I can deal with it a lot better. So I do not always need someone” (m1 773-774).

Analysis also revealed related findings that are not represented in this dramatization. Mary described how her disruption in moods escalated into moments of crises and delusion. Mary explained that “when things were really bad… Um… I guess the delusions started, and I started having existential crises and just having these big thoughts that weren’t relevant to anything that was happening in my life” (m1 265-267). For instance, Mary described how “it seemed like the end of the world right before I had to become hospitalized” (m1 264-265). She also explained that during this time she felt isolated, and that “one else could relate. Because honestly they couldn’t know what I was going through” (m1 271-272). Mary also talked to me about how she still uses music to support her with her mood: “I listen to music when I don’t want my mind to wander . . . It also aids my mood. If I’m feeling sad, I can connect with a sad song, and know that I am not the only one going through this feeling. Likewise, an energetic song can pump me up” (m2 8-11). Another related finding is that feeling noticed was very important to Mary; it impacted her sense of inclusion. Mary explained that she feels like she belongs at school when she perceives that “I am supposed to be there and people are recognizing me and validating me and are grateful that I am there” (m1 512-513). However, on days she doesn’t feel like she belongs, “it feels like no one really notices me” (m1 513-514) and “I feel like I am kinda going with it” (m1 510).

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Acting Normal

I can see my breath as I exhale deeply before walking through the doors of Pauline-Rose secondary school for the first time since I was hospitalized. I feel anxious to be back at school, but even though I am anxious, I just want to go back to normal. So I am just going to try and act normal. I am not sure how many of my teachers will know the full details. Probably not many for, like, privacy reasons. I do know that guidance talked to nurses in the hospital to get my new timetable for me. Last week was exams, and I needed a doctor’s note to get out of them. So the nurses must have given some information on that note. But I think that’s about it.

I walk to my locker and put away my heavy winter coat, scarf and mittens and then look at my new timetable for the second semester of grade 11. I have Advanced Placement English, Art, and international law this semester. I am in university level courses as opposed to college... so my classes have more like reading, theoretical work, research and writing. I don’t have math or science this semester so I imagine my homework load will be okay. Like it won’t be unmanageable. I really find it hard not to procrastinate which can make school work overwhelming at times.

I start to walk towards my first class—international law—and I notice my guidance counselor pop his head out from his office.

“Hi Mary, how are you doing?”

I become conscious of all my school peers around me. I smile, trying to act normal as I hold up my timetable and respond, “I’m fine, just heading to my first class.”

“That’s good to hear. If you ever need anything you can stop by anytime, okay?”

Still smiling, I nod my head and then continue to make my way to international law class. I don’t get far before I hear a familiar voice calling my name. I look beside me to find Jake, a classmate from science class last semester, walking beside me. I see the door of my classroom as I take a deep breath and say, “Hello, Jake.”

“So you just skipped your exams?”

I hesitate for a moment and then decide to completely ignore him as I walk through the classroom door. Really it is none of his business.

The bell rings as soon as I sit in my seat and look up to see my new teacher, Ms. Blake. She begins describing the course goals and expectations of international law and I can tell right away from the tone Ms. Blake is taking that this is going to be a serious class. I will really have to push myself. This class is not like an easy A... But it is interesting to me, and it seems like I will actually learn real-world stuff for the first time in a long time. It doesn’t seem that this class will be like math or English where I feel like what I am learning probably won’t apply to anything. In law we will learn how to be a better citizen or like different morals—like learning
right and wrong, by having a ton of debates and writing a ton of assignments. It sounds like a lot of work, but this is right up my alley.

It kinda reminds me of the work we do in my lunch time club, the social justice league, which plans different initiatives for different social issues. It’s kinda like a gay-straight alliance, earth club, and like: make poverty history! It’s kinda all that in one. I guess club has more of a social lens, where international law has more of a legal perspective.

As the bell rings I hurry to finish writing the questions that Ms. Blake gave us for homework to prepare for next class’s discussion. When I finally finish and stand up to leave most of my classmates have left. Ms. Blake is standing by the door, but then she begins to walk towards me.

“Hey Mary, I just wanted to quickly talk to you before you leave.”

“Sure,” I said as I sat back down.

“When I went through attendance today I noticed there is a health concern symbol next to your name. I just want to know if there is anything that I need to be aware of to support you in my class.”

I am grateful she reached out to me, however, “I don’t want to get all into it... but sometimes I get, like, anxious.”

Ms. Blake smiles and says, “Okay. If you ever need anything, let me know.”

I feel relieved as I leave the classroom. After talking to Ms. Blake I feel like things are going to be okay. Like okay, it happened to me, I was hospitalized because I experienced psychosis, but people are going to help me.

***

This dramatization illustrates three key findings about Mary’s experience of high school. First, when Mary transitioned back to school from the hospital she “just wanted to go back to normal and didn’t want to tell anyone” (m1 846-847). Mary was not “sure how many of them [school personnel] knew the full details” (m1 530), but for the most part she wanted to keep the details of her hospitalization confidential. For example, when teachers reached out to her she was receptive but “didn’t want to get all into it” (m1 567). Mary also experienced difficulties navigating conversations about her absence with school peers who she didn’t want to know about her hospitalization or psychosis.
The second key finding demonstrated in this dramatization is that Mary felt more supported after she was hospitalized. Mary explained that during her psychosis “I could never have gone to guidance with any of my problems. It was only afterwards that they started, like, being a good support for me” (m1 793-795). After her hospitalization Mary felt that “Guidance has reached out to me a lot more” (m1 965-967) and that her “teachers were like keeping an eye on me a lot more” (m1 526-527). Mary explained that after her hospitalization her teachers “knew that, like, I was going through something . . . [so] I felt like they were a little more accommodating and I still feel that way” (m1 528-530). For instance, when Mary approached guidance because she was “having a rough time, they like again spoke to my teachers about like moving deadlines” (m1 829-830) and allowed her to complete “a credit by doing like independent work in guidance” (m1 945-946).

The third key finding highlighted is that Mary feels more supported and included when school personnel take the time to talk to her one-on-one. For example, Mary described how having more one-on-one time with teachers would aid her participation in class:

I just wish that I had more time to like talk to them one-on-one. Not about anything in particular… just so they know that, like, I can be smart and that I do have all these great thoughts from time to time. I just don’t feel comfortable sharing them in front everyone. (m2 972-975)

Mary believes that having one-on-one time with teachers will both support her learning in class and beyond academics. Mary explained that when she was experiencing psychosis teachers “never really talked to me one on one. It would always be in class, like ‘hey are you okay?’ To which—you’re in the middle of the class—you’re not going to be like: ‘no, my life is falling to pieces’” (m1 799-801). Instead, Mary suggests that when teachers notice something isn’t right
with a student, they talk to them after class or set up a meeting with other school personnel, like a guidance counsellor.

Secondary findings represented in this dramatization include that the nurses at the hospital supported Mary’s transition back to school by communicating with the school guidance counsellors. When Mary was preparing to transition back to school the hospital nurses both retrieved her timetable for the new semester and provided guidance with a “summary of what happened” (m1 836-837) so Mary could be exempted from her exams. Another secondary finding represented is that Mary naturally enjoys teachers and subjects in things she is personally interested in and finds meaningful. Mary explained that, “I like English and art a lot. So when I have a teacher who like likes English a lot, or who is passionate about art, I get along with them well” (m1 647-468). For instance, as depicted in the dramatization, Mary enjoys international law, even if it is “such a serious class” (m1 146-147), because she is interested in it and finds it meaningful.

Analysis also revealed related findings that are not narrated in this dramatization. During our conversations Mary described how she finds teachers who “understand that we [i.e., students] are people too, with lives outside of school” (m1 627-628) are both supportive and inclusive. For example, Mary explained that when she was struggling in her math class:

one day I broke down, ’cause I just couldn’t understand anything and I felt like a failure. And she [the math teacher] was not like a mom, but she was just understanding, in that math was not what I needed to focus on in that moment.

(m1 651-654)

Another related finding is that Mary does not feel comfortable talking to school personnel beyond academics. Mary explained that she doesn’t feel like she can open up to school
personnel, because of “past family history. But I always grew up feeling like I needed to not share things with people and then like I didn’t want to get my family in trouble” (m1 582-583). Mary described how this discomfort impacted how she responds to school personnel: “he'll ask me ‘how are you doing?’ But we never actually talk about it. I just say ‘I am fine’ and we move on to, like, academics” (m1 985-986). To support Mary to open up she suggested school personnel start by talking to her more casually. For instance, if school personnel begin by asking:

"How are you doing with your friends, how are you doing with your family, what hobbies do you have?” You know… once they open up the conversation I feel a lot more comfortable talking a little about my daily life and then maybe if I had any other problems, you know, in other aspects of my life, they could be of help to me. (m1 987- 990)

Other related findings include that Mary finds that it is helpful when teachers “rephrase a question . . . [provide] examples of like how I could answer a question . . .[or] give me extensions” (m1 618-620) when she is overwhelmed with school work and life.

***

**Spotlight**

Sitting amongst my classmates my attention is consumed by absorbing the surrounding debates about the pros and cons of legalizing marijuana. As I watch my classmates I can’t help but think, “how are you able to think a thought so smart?” To me the difference between me and them is obvious. Other students in my class can hold longer conversations, focus, debate and have original thoughts, but I am just sitting here blank.

I started to notice it was difficult to focus and expand on my thoughts after I was put on medication. Like before my psychosis I still didn’t participate often. I mean I show up, I listen, but I never really put up my hand and contribute in that sense. But I do have conversations with my friends about the topic on the side. But like, I won’t do a class-wide discussion. I get really anxious.

But now even that can be difficult. Like before I used to be able to keep up with what everyone
was saying. Even when I was experiencing psychosis I had so many thoughts I could talk about something for hours on end. But now I can only focus on absorbing the information. It takes way longer to process it.

My head shifts from rebuttal to rebuttal like I am watching a tennis game where I can barely keep track of the ball. Suddenly my head freezes as I hear a classmate say, “People can get psychosis or schizophrenia from marijuana.”

With this one comment I completely shut down. As my classmates continue the discussion they say negative things about people experiencing psychosis that make it obvious this isn’t an inclusive conversation where it’s okay if that has happened to you. I don’t want to look at anyone who is talking. I dread what is going to be said next, because I have no idea where the conversation is going to turn.

Our teacher casually adds, “marijuana triggering psychosis is a real issue—there have been people at our school who have gotten sick from it”.

Immediately I feel like I am under a spotlight. My face begins to burn and I avoid eye contact at all costs. I don’t know if the teacher knew that included me- that I experienced drug induced psychosis. If she did, I am grateful she didn’t call me out by name.

***

This dramatization illustrates three key findings about Mary’s experience of high school. First, Mary experienced difficulties concentrating and expanding on thoughts after she started taking medication for her psychosis. Mary explained that “Even as I write this, one-and-a-half years after my psychosis, I still have trouble having original thoughts . . . [and] my attention span may have also decreased” (m2 20-23). As depicted in the dramatization, since she began experiencing difficulties expanding on thoughts and paying attention, Mary often like she was “watching a tennis game” (m1 168) and that she couldn’t “keep up” (m1 169). Mary also described how her “medication makes me groggy in the morning so I just kinda do it really fast because I woke up late” (m1 60-61).

The second key finding is that Mary didn’t feel included when psychosis was talked about at school. To Mary, inclusion means “looking out for people—just making sure they feel comfortable and that if you’re discussing a topic, just think someone might have gone through
that” (m1 292-294). Mary explained that when psychosis was brought up in her international law class, she felt like she couldn’t talk about it,

because it wasn’t like an inclusive [conversation where] like it’s okay if that
has happened with you . . . [maybe] they would have talked about it differently
if they would have known that someone in that room had gone through what
they were talking about. (m1 882-885)

Mary talked to me about how psychosis “only really comes up in health class and that’s only if you take gym . . . it’s not like we have a mental health day where you can sit around and tell your story” (m1 876-878). This statement indicated that Mary may have felt more included if psychosis had not just been discussed in negative terms. For an example, as a deterrent for consuming marijuana, but in a way that positively represented the experiences of those who have psychosis. For instance, presenting psychosis as a disruptive experience that can be induced by varying factors, one being cannabis or other substance use, which could but might not develop into a psychotic disorder. She suggested that an inclusive conversation at school about psychosis could happen with a “Bell Let’s Talk Day, but about Psychiatry. Just to get the conversation started” (m2 87-88). For Mary, a space where the stories of individuals who have experienced psychosis are told is essential to creating an inclusive conversation about psychosis. For example, sharing outsourced stories of how youth with early psychosis may struggle with focusing in class, would enable a more humanistic discussion about psychosis in school settings.

The third key finding represented is that Mary finds it difficult to participate in class-wide discussions at school. Mary explained that participating in a whole-class discussion was “very hard for me and gives me a little bit of anxiety and makes my heart pound cause I am just so worried that it [i.e., her contribution] is going to be wrong, or no one is going to think it’s valid”
(m1 184-187). Written work, small groups and choosing group members supported Mary to actively participate in class. For instance, when Mary is:

with my friends then I am comfortable saying something that I am not sure is right. Or I am more comfortable arguing or debating with them on a point. But if I am with people that I don’t like, or don’t really know—why would I speak up?

(m1 19-192).

Mary also described how having the opportunity to socialize before class supports her to participate:

if I like had talked to friends and already started to socialize then I would probably feel a lot better about raising my hand. But if I have just done very little all morning then probably not, because I’d still be . . . like feeling contained. (m1 414-416)

For Mary, “it’s little victories . . . Like volunteering to go instead of like having to be selected and . . . just raising my hand and saying one thing” (m1 420-422). These things are really worth celebrating.

Secondary findings represented in this dramatization include that Mary tends to shut down or withdraw from conversations when she feels uncomfortable. She explained, “in moments of conflict I am not a person to stand there and get my point out. I’d rather go be sad somewhere else…and have time to think” (m1 221-223). By becoming distant from what is making Mary feel uncomfortable, she is supported.

Analysis also revealed related findings that are not narrated in this dramatization. Throughout our interview Mary talked about how she “feel[s] included to an extent, but I would be more included if I included myself” (m1 500-501). Mary explains that she feels “like teachers
are pretty good at like making us feel included . . . [But] I don’t really like participate in conversations and if I did I would probably be on teachers’ radar a lot more (m1 503-508).

Another related finding is that teachers make Mary feel more included by acknowledging her both in the hallways in in their classrooms. For instance, Mary described how “say[ing] ‘you did a good job today’ … that little thing will make me feel a lot better and . . . more confident” (m1 559-560).

***

**It’s Okay to Talk to Me**

*The lunch bell rings and I start heading towards the library were I have planned to meet my friend Sarah. It’s mostly at school that I hang out with my friends. A lot of us have jobs after school, or clubs, so we are often too busy to see each other. I really enjoy the social aspect of school, to be honest. I am kind of a home body and I don’t get out much so I really appreciate just like being in a situation where I can see my friends, where we can talk and socialize and catch up.*

*I can hear the happy chatter of my schoolmates as I walk past the Cafeteria. Since my psychosis, I’ve withdrawn, probably due to anxiety. Like, I can sit at a lunch table and talk to people, but if given the choice, I’d rather sit by myself in the library, or drive around in my car. I feel disconnected from kids my age. I feel like my peers see me as that weird quiet girl who used to get straight A’s and be fun to hang around but now we don’t see much of her.*

*On the other hand, my friends, they really know me. I tell them everything—they know why I’ve made the decisions that I have. They are just there for me emotionally and they are just good emotional supports. But, sometimes I wonder if my two friends are enough.*

*Lately I have been feeling fairly isolated, since I experienced psychosis. Word got around with my friends about what happened, but I feel like my close friends who do know I was in the hospital are like scared to bring it up. But I am kinda dying to talk about what happened. Even though it is uncomfortable I just want someone to be like, “it’s okay” and “you’re still my friend.”*

*When I finally meet Sarah we decide to grab a seat at the back of the Library. No one usually sits close to that area so we won’t bother anyone if we decide to chat. I pull out a book that I have been reading but before I open it I notice Sarah looks like she is holding her breath while looking at me hesitantly.*

*“What’s up Sarah?”*
“Well... I have been meaning to talk to you for a while.”

“Okay?”

“You know how I smoke a lot of weed? Like you used to before your psychosis? Well... lately I have been feeling like really off... I was hoping you could tell about it. Like, what did you go through?”

I am not grateful that she is going through this, but I AM grateful that she is coming to me for help. I talk to her about the symptoms of psychosis and who to contact if she needs help.

Being able to use my experiences to help someone else feels really great.

***

This dramatization illustrates two key findings about Mary’s experience of high school. The first key finding is that Mary has a close circle of friends and enjoys socializing with them at school. Mary feels like her friends know and understand her: “I tell them everything, they know why I’ve made the decisions that I have” (m2 54-55). When Mary is with friends at school or in class she feels “like more comfortable” (m1 534-535) and they are “the first people” (m1 701) she goes to when she has questions about school work. Mary also feels her friends are there to support her emotionally. For example, Mary described how a close friend supported her when her delusions escalated: “they picked me up, no questions asked. They had me shower, eat dinner, calmed me down, and got me to bed. When I expressed that I no longer felt safe in my home, they guided me towards Ontario Works and a guidance counselor at the school” (m2 103-106).

The second key finding portrayed in this dramatization is that Mary felt isolated when people who knew about her psychosis and hospitalization treated it like “forbidden territory” (m1 905-906). To Mary support means:

letting someone know that no matter what they are going through they are still a person who like deserves love and respect and is valid . . . [and] it’s okay to
ask what would make you feel better . . . ’Cause it is different for everyone.

(m1 994-999)

Other than Sarah, Mary ’s friends do not talk to her about her experiences with psychosis, but she doesn’t see “the point of bringing it up unless it is relevant” (m1 865-866). Mary wants her peers to know that:

there’s no need to tip toe around us [people who have experienced psychosis]…

it was probably a sensitive topic, but I felt really isolated. So please, talk to us, I know for me anyways, if I got uncomfortable, I would have let you know. (m2 113-116)

Secondary findings represented in this dramatization include that Mary prefers to be alone rather than surrounded by people, and has “withdrawn, probably due to anxiety” (m2 46). During our interview Mary indicated that she feels disconnected from “other kids my age” (m2 60). Another secondary finding is that having opportunities to support others is important to Mary. For instance, Mary “want[s] to be a mentor to younger students” (m2 57) and “wish[es] I could help people more with what I have gone through” (m1 978-979), as a high school student who has experienced psychosis.

Analysis also revealed related findings that are not narrated in this dramatization. During our interview Mary discussed how talking to peers supports her when they are “going through the same milestones at the same time or [have] the same assignments” (m1 661-662). This way Mary can check in with her peers if she has any questions or to see if she is on the right track. Mary also talked to me about her accomplishments becoming more social after her recovery: “before my psychosis I was pretty shy and I had my group of friends and them only. But now I get like excited and happy when I talk to new people” (m1 437-439).
Mary’s Narrative Findings Summery

These findings focused on Mary’s perceptions of school experiences, school support, and inclusion.

Mary’s narrations of experience illustrated her experiences of: a) being a typical high school student who loves art, is addicted to her phone, looks forward to socializing with friends at school and has favorite subjects; b) external factors which impacted school experiences such as of her family’s history with CSA and feeling disconnected from her parents; c) the disruptions Mary encounters when academic performance declines, change in mood patterns, as she begins to withdraw and skip classes more regularly; and d) the school struggles Mary faces concentrating and expanding on her thoughts which emerged after she started her medication.

Mary’s narrations of inclusion described her perceptions of: a) belonging in the classroom as she feels noticed and acknowledged as well as has friends in the class; b) participating in high school community through the social justice law club; c) social inclusion with her close group of friends, but disconnection with other school peers her own age; and d) the challenges impacting how they are included such as not being able to talk to her friends about her experiences.

Mary’s narrations of support describe her perceptions of: a) having access to community supports such as her peer support and the early psychosis intervention team; b) the emotional support she receives from her close group of friends; c) the support she receives from guidance and library environment which allows her to hang out in a quite space; d) the effective instructional supports of written options for participation, small groups, which aid her class participation and one-on-one instruction, having exemplars and extra time which aids her academic success in class; and e) perceptions of supportive school personnel who are flexible,
understanding and look out for her when she is not doing too well; and f) challenges that impact their experiences of support such as her anxiety and family history with CAS which makes it difficult for her to actively reach out for help or respond to support in front of other students.

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Chapter 5: Angel’s Story

Introducing Myself

I am 18 and I have already graduated high school but I dropped out of college. I grew up with my aunt, uncle, grandparents, my three cousins and my brother . . . because my mom couldn’t take care of us and my dad disappeared when I was little.

I’m sort of a musician and sort of an artist and I rode horses for nine years. As a musician, I play many instruments including the clarinet, trumpet, flute, alto sax, and base clarinet. I am also learning the violin and . . . the piano. As an artist, I do like animation style art . . . and I am currently in the process of creating a movie. I also like to watch anime and Fairy Tail is my favorite anime series.

I used to be a straight-A student and then I started struggling in Grade 9. Once I reached Grade 11 that is when my grades like dropped . . . very significantly and I just stopped putting effort into things. I started to really struggle when I moved to a new school halfway through grade 12. I just like hit a crash point in my life.

I’m not sure how the school could have been more supportive to me. I don’t know how the school could have better supported me when I was transitioning back to the school after I was hospitalized. I don’t know if the school could have done anything better to help me cope. And I am not sure what the school could have done to make me feel more supported. Did I feel supported in high school? - Not really... I just kinda felt on my own.

I spent a week in the mental hospital so I missed a lot of school. When I was transitioning back to school I was not provided with someone at school that I could turn to for help. The teachers knew why I was away, which helped because I didn’t feel pressed to do things. When I first went back to school I found it hard to respond to my school peers when they asked me why I missed class or where I was. To reduce my work load, I dropped out of all of my other classes and I focused on English because that was the only class I needed to graduate. So I was only going to school for one class a day. I still struggled at school and had to listen to music throughout the entire class otherwise I would not pay attention. After my psychosis it was less enjoyable in the classroom. I started getting more frustrated thinking that I was just going to fail.

I wish my teachers knew that not everybody has a good life. If the school wanted me to feel more included they should not judge a person so quickly . . . they shouldn’t assume that someone is not doing the work because they don’t want to and instead ask them why they are not doing the work.

***

Angel’s storytelling began when Angel describe her school experiences during her interview (referenced to as a1). However, Angel’s story further developed through an open coding and in-depth re-storying analysis, which identified narrative elements including story
characters, settings, and actions, as well as the key findings related to the three research questions of this study: 1) how do students with early psychosis experience high school? 2) how do students with early psychosis perceive to be included at school? and 3) how do students with early psychosis perceive to be supported at school? Findings from analysis were used to craft and re-tell Angel’s story through dramatizing her high school experiences.

In this section, I present four in-depth dramatizations of Angel’s school experiences. The first, “Noise” focuses how sounds impact Angel’s school experiences. The second, “Kindness and Understanding” illustrates some of the external struggles Angel experienced and her beliefs on what she views a supportive teacher to be. The third, “Keeping my Distance,” demonstrates some of the social and academic challenges that Angel experienced as she tried to make herself feel safe at school. The fourth, “Loner in the Back Corner” portrays Angel’s experiences of social inclusion and belonging at school. Each dramatization is followed by my commentary which deconstructs the key and secondary findings narrated in the dramatization as well as highlights other related findings that were uncovered in the data. Finally, findings from all four dramatizations are summarized and organized and summarized according to the three research questions guiding this study.

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Noise

*Beep, Beep, Beep…*

*I keep my eyes shut as the annoying sound of my alarm clock wakes me up an hour before the bus comes. Like every morning I hit the snooze button and let myself sleep for 30 more minutes…*

*Beep, Beep, Beep.*

*I finally open my eyes. I get dressed and then just hang out in my room for a little bit where everything seems more quiet. I like to just be in my room reading, writing, drawing, or watching*
videos on my phone. Being alone in my room at home I can just avoid being yelled and screamed at all the time.

It is time to catch the bus to go to my school: Penny Secondary School. As I walk on the bus the noise of my schoolmates penetrates my brain. There isn’t much that I like about school. Like I have very few friends and I just—I don’t do well in school. My favorite class is English, but the class that I am best at is Art. But I never was good at Math or Science. I always struggled in those subjects.

Up until the middle of grade 12, when I moved to Penny Secondary School, my school days were kinda regular. I rarely missed a day of school. But once I moved schools that’s when I started struggling and skipping. I was at school every day... but I was not always on time or in class.

When I get to school I slowly make my way to my English class. I always come to class a bit late and leave as fast as I can. I walk in the door, and like usual my classroom is very loud. Each classroom has between 20 to 30 students and the group of people I’m with tend to be loud. I sit at my desk and stare at the front of the classroom and try to blend into the background. Sometimes I try and participate by answering a general question that is asked to the class, but I always get the answer wrong. Usually there is very little that I do in class.

I put my head down and try to listen to what the teacher is saying through all the noise. The noise increases with the background noise in my head and the voices around me became louder. Shifting focus from sound to sound I don’t know what to listen to anymore. Thankfully my teacher has written instructions on the board and I figure out we are supposed to be reading a poem and then doing some paper work about the poem. I enjoy reading so I keep my head on my desk and read the poem. But when I look at the paper work I need to do the background noises and loud voices pierce my brain and I blank out.

I long for the sound of music and to be in band practice. I find music very enjoyable. During band class the music is pretty loud so it blocks everything out. The loudness of music helps because it has more of like a rhythm and a calming tone then the shouting and screaming that is in the classroom and in my head.

The bell rings and my classmates began handing in their completed paperwork to the teacher as I look at my blank page. I take a deep breath as I go to hand in my untouched paperwork. I know I am going to get in trouble again for doing nothing in class. I’ve been struggling to keep up with everybody else but I never ask for help. I’ve always felt like I have to do everything on my own.

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This dramatization illustrates three key findings about Angel’s experience of high school. First, loud noises in the classroom and inside her head made it difficult for Angel to focus or listen to what people were saying. Angel spoke of having a “loud head” which she
described as “hearing different voices or like… something else would be going on” (a1 853-857) in her head. Angel explained how her loud head affected her school performance: “I would be listening to one thing in my head and then I would not be listening to what the teacher said. . . . So just like I didn’t know what to listen to” (a1 104). Angel’s classrooms were also often loud which made everything worse. When describing her difficulties with the loud noise levels in art class, she explained: “like it is so loud you can’t concentrate on what you are doing, you have no vision … it’s just paint splattered on a piece of paper” (a1 399-340). However, quiet classrooms made everything in Angel’s head louder, and were equally challenging for her. For example, Angel described how in science class often “the teacher was trying to describe something and everyone was so quiet that it was just . . . I had the background noise going on [inside my head]. And it overpowered what the teacher was saying” (a1 395-402).

The second key finding this dramatization illustrates is that having written notes or instructions supported Angel’s ability to focus and learn when she was experiencing a loud head. Angel explained that “my French teacher would always have us write notes off the smart board [which were easy to follow], but like whenever she was describing something I was not able to pay attention to her” (a1 144). Angel talked to me a lot about how different types of posters with written text in her classes supported her in her classrooms. Angel found that effective posters were specific to what she was learning, detailed, and legible. Angel described having challenges in math class, where the posters were often handwritten and “sometimes you couldn’t read the handwriting” (a1 729). She also found it challenging when classes had too many posters where she would “look at one thing and then you look at another and you look at another. Not knowing what you are supposed to be focusing on” (a1 733-734). Other times classes didn’t have enough posters specific to what she was learning at the time. For example, a class might only have one
poster “but it only focused on one topic and then you are [working on] a completely different topic” (a1 736-737).

The third key finding narrated in this dramatization indicates that music supports Angel in blocking out her loud head. In this dramatization Angel describes the difference between the smoothness and rhythm of music compared to the chaotic background noises that are in her classrooms and head. Angel found music to be an important classroom support which aided her in her learning and academic function. Angel explained that when she started experiencing psychosis, “I had to listen to music throughout the entire class otherwise I would not pay attention” (a1 413-414).

Secondary findings illustrated in this dramatization include that Angel was more social before her psychosis, but after she started experiencing psychosis she tried to shrink into the background. Angel explained that she would “just keep my head down and I didn’t want to be called on and I would pretend to be working on something” (a1 368-369). Angel also described how she was more likely to shrink in the background in classes that she struggled in such as “math… or science class, anything . . . with calculations and that kind of stuff. Or even in geography” (a1 371-374).

The analysis also revealed related findings that are not narrated in this dramatization. For instance, Angel described how she struggled to write down her thoughts and preferred to participate orally with classmates. Angel explained that she “liked to be with others like in a classroom because I found individual work very difficult. Like I needed someone to bounce ideas off of” (a1 229-230). Angel talked about how she would do “a lot of social input on people’s work [in class] . . . Like if we had to proof read something for someone else then [I would] just describe what was like . . . needed to [be fixed] or like what I like [about their work]
that kind of stuff [where I am contributing] verbally instead of writing down . . . my thoughts” (a1 352-357).

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Kindness and Understanding

Trying to blend into the background I silently pack up my clarinet after band practice. I feel my spirits dropping even more as I walk out of band room and head toward my French classroom. The band room is the only place where I feel like I can be myself and where I am a little more comfortable. A lot of the time we are sitting in our rows playing our instruments. So, like there isn’t much social going on. But when we aren’t playing, I often get up and talk to other people or I try someone else’s instrument to see if I can play it. But today I am not trying so hard. All my energy is consumed with ignoring the bad things and just focusing on the one good thing of the day—the comfort of playing music.

I sit through my French class with my head down still trying to blend into the background. In French class I used to participate a lot more and normally I would put effort into this class. Like I would speak French. But now since I started experiencing early psychosis I am just struggling—struggling reading it, speaking it, talking it... just like anything to do with French. So now I just stop making any effort.

Yesterday we had an assignment due that I haven’t even started yet. I just... I don’t have the energy nor do I have the motivation to do any of my work. Any assignment I have I submit it a few days late, or maybe like a week late, or sometimes even a month late.

I have been having a lot of bad days lately which makes doing work harder. Often during bad days like today I withdraw more... I stop, like, trying so hard. I don’t go to anyone for support. I just push past it. I don’t focus on the bad things of the day—I just focus on the one good thing of the day, and just ignore everything else.

As I sit there with my head down my French teacher walks up to me and softly says,

“Angel, let’s talk after class today.”

I look at her and nod.

When class ends she sits down and actually asks me why I haven’t handed in my project. I tell her that things aren’t going great at home and that I am struggling to do things. She takes the time to listen to me and figure out what is wrong so she can help me. She is the only teacher that I have that asks me this—she actually like has a normal conversation with me and encourages me, instead of being like “just do it. I don’t need excuses”.

We have had many conversations like this before both inside and outside of class. Often they are more of an encouraging uplifting conversation or sometimes like today it can be like kinda a
depressing conversation, when we talk about what is going on at home... Even though they are not maybe the happiest conversations, I feel content... and supported in these moments.

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This dramatization highlights two key findings. First, Angel struggled with motivation and finding the energy to do work: “I had a pretty heavy [school] workload. I just didn’t do the [school] work. Like especially for math class we get like 20 questions every night and I just never did it” (a1 115-116). Angel often pretended to do work in class, rarely did homework and always handed in school work late. When Angel did do homework it was for subjects that she found enjoyable such as Art or English. “Sometimes [my school work] was fun like art pieces or stuff I would do at home… But that is only because I voluntarily like art” (a1 128-129).

The second key finding illustrated is that Angel felt more supported with teachers who were more understanding and flexible, and this motivated Angel in her studies. Angel found that certain qualities make a teacher understanding. For instance, when teachers are “good listeners” (a1 557), take the time “to figure out what is wrong …[to] help you” (a1 660), as well as when they “encourage you” (a1 663), and treat you “like a normal human being” (a1 709). Angel described how she felt more supported with her French and English teachers because she “could tell them what is going on or … explain yourself more… anytime there was a problem I could just go to her and be like ‘this is why I am not doing my work. I am sorry, I will have it in as soon as I can’” (a1 623-635). Other people who were supportive included Angel’s cousin and vice principal, as well as her foster care worker. Whenever Angel needed anything she would “text my foster care worker and she is there” (a1 753).

Secondary findings illustrated in this dramatization include that school struggles escalated when things were not going well at home for Angel. Angel described how sometimes she got depressed about her family and had “no” (a1 860) support at school and “no one” (a1
757) to go to at school if she was having a bad day. Another secondary finding is that the only place Angel felt a little comfortable was the band room, because it was the only place she “could be me” (a1 531).

Analysis also revealed related findings that are not narrated in this dramatization including her characterization of unsupportive teachers as “figures that were like there to teach me things, but they were never there for anything else. So like they were there to do their job and that was it” (a1 700-701). Moreover, even though she found her French teacher kind and supportive because she treated her “like a normal human being” (a1 708-709), Angel did not see this teacher as having mentoring qualities. Mentors to Angel are “someone who works like personally with you to help you succeed” (a1 703). Another related finding in analysis was that Angel was given an Informal IEP which allowed her to have more time to complete her assignments. Angel explained that the Informal IEP helped her a little bit, but “most of the teachers kinda expected things to be on time instead of [letting me have an extension] . . . [but] they [i.e., school assignments] were always [late anyways]” (a1 642-649). If Angel’s IEP became official she could have had more time to find the motivation to do her school work at a pace that worked for her, instead of always being punished for handing things in late.

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**Keeping my Distance**

*Walking to my computer science class I try to stay in my own bubble and keep to myself. I don’t really talk to many people since I started experiencing early psychosis. I used to talk to almost everybody. Before I just saw people as someone I could just say hi to. Now I kinda feel like everybody is out to kill me... So I just kind of try not to get physically close to anybody. If I talk to them, I try and keep a really big distance. Or I just turn away and walk away if I feel like I am in danger.*

*I am also more like cautious about walking up to a teacher and being like “I need help with this.” At school I am now, like, if I can handle this myself—don’t bug me. I try and do school*
work on my own. I tend not to ask for help when I need help. I just feel like I can’t ask for help, and any time I do ask for help people explain it in a way that I just don’t understand. Teachers tend to not be very helpful. They are kind of just like: "Do this work. I expect it done by this day, do it!".

I take a deep breath and enter my computer science class. I am a month behind in this class which makes me very stressed. I don’t really know what I am doing. I have never taken a class like computer science before. So, I am just kind of struggling. To be honest, I am behind in most of my classes. The only class I am never behind in is English. Because I love reading, it’s the only homework I can manage to do—I am usually always too far ahead in English class.

I sit in class feeling like I don’t belong here. Being behind I just kind of feel like that I am not... It just kinda makes me feel stupid, because I am not getting it. I feel out of place. I kinda feel like I am the only one who is struggling, and I just never really talk to anyone about it. I look up as my teacher Mr. Anders walks up to me.

“Angel, I told Mr. Pike that you would be working in the resource room today, so you can focus on completing your assignments that are overdue. Mr. Pike can help you with anything that you are struggling with.”

Without saying a word, I get up and start heading towards the resource room. When I get to the resource room Mr. Pike isn’t there. So I open my laptop to the project I am struggling with. As he walks in I try to explain what I need. He cuts me off and yells,

“YOU’RE A F**KING MONTH BEHIND, DON’T GIVE ME F**KING BULLSHIT.”

As he continues to yell at me I slam my laptop shut and try to go to the cafeteria. He follows me to the cafeteria still yelling at me, as I try to get away from him. I can’t stay here...

I run out of the school.

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This dramatization highlights two key findings. First, a physical distance supported Angel by making her feel safe. To cope with transitioning back to school after her hospitalization Angel, “just kinda kept to myself” (a1 819). After Angel started experiencing psychosis she became more cautious walking up to teachers and others to ask for help. The second key finding illustrated in this dramatization is that Angel often didn’t reach out when she struggled with school work. Throughout high school, Angel “tried to do it all on my own. I tend to not ask for help when I need help” (a1 689). Angel had difficulties understanding what people were
explaining to her which made her feel like it was pointless to seek help academically. When Angel felt like she needed support she would go to her “foster care worker” (a1 804) but felt like she had no support system at school and this deterred her from seeking help when she needed support. Even after her hospitalization, Angel described struggling to find supportive people when she was transitioning back to school: “the principal at the time [didn’t] believe in mental health issues so he was not supportive at all” (a1 831-832).

Secondary findings portrayed in this dramatization illustrate that Angel was constantly behind in the majority of her classes and was seriously struggling academically. Angel often talked about her experience with “struggling to keep up with everyone else” (a1 112-113). Even when Angel felt supported by her French teacher she still struggled academically: “She was . . . a really good teacher. I just fell behind” (a1 658). Being behind in class made Angel feel stressed and “stupid” and out of place, like she did not belong in the class.

Analysis of the data also revealed related findings that are not narrated in this dramatization. For instance, conflicts with teachers made Angel feel like she couldn’t trust teachers, which impacted the way she felt included and supported in school. Speaking of the conflict she faced, Angel said: “I felt belittled” (a1 534). Before Angel’s conflict with her resource teacher, “I was kind of nicer to the teachers, like I would joke around with them and then I was always trying to ask them for help. But ever since that experience that just stopped” (a1 550-551). Angel described how after her conflict with the resource teacher she felt, “there are a lot of nice teachers, but it’s just that experience made me not want to talk to teachers” (a1 544-545), “it just made me not trust them” (a1 542). After this conflict Angel really began to feel like she didn’t belong in her classrooms and “that’s when I started skipping classes” (a1 559). Angel experienced other conflicts at school that impacted the way that she felt included and supported
at school. During our conversation Angel described how her principal “literally told me ‘I am going to fail this class so I might as well drop it’ . . . and just made me feel like I was just stupid” (al 587-589). She also mentioned her struggles interacting with her art teacher who put Angel on the spot by jokingly embarrassing her “in front of everybody” (al 328-332).

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**Loner in the Back Corner**

*I am sketching an animation I have been working on as I wait for the bus to go home. At school I am mostly on my own so I often read, write, and draw by myself. I never feel like I belong at school or with a particular social group. I don’t really have a social life — especially since I moved to Penny Secondary School. I have like one friend, and I barely even talk to her. I am now only in and out for one period a day so I don’t really see her very much, because she is not in that one class.

As I sit alone drawing I remember how at my old school during lunch I used to have a group of friends I would just sit with and like be existent there. I would be invited to join a social group and like I would hang out and talk for a bit, but then after a while I would be like okay I am done talking to you — “Goodbye.”.

Last year at my old school I found a friend in grade 11 and I was more close to him, and like anytime I could I was with him. This friend, he was someone I could tell everything to. He was also someone I could joke around with . . . like carelessly, without like offending him. I would always be with him in between every single break. He was a grade younger so he was never in any of my classes, but like any time there was a break or anytime it was lunch I would instantly find him. We would often walk down the street towards the local store and just make fun of each other. I mostly bought my friend chicken wraps and then I would buy myself a sandwich or like I would buy myself butter tarts or a bagel — like it wasn’t always healthy. But I was always buying my friend food because he was homeless, so he had no money and nowhere to go. So I was always trying to be, like, here take this, eat this, you need this.

Even though I have found people that I can talk to at school, overall at school I don’t at all feel included. Before and after I started experiencing psychosis I have always been the loner in the back corner.

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This dramatization portrays two key findings. The first key finding is that Angel didn’t feel included in high school and had very little social life: “I have very little friends” (al 92) and “I was always kind of a loner” (al 518). Angel only really saw those few friends at school.
and “rarely if not ever” after school. However, at school Angel “like[ed] being more social and like I jumped from friend group to friend group” (al 158). But she never felt like she belonged when she was with these school peers. Angel also didn’t really feel like she was included or belonged in her classes or at school— “I just kinda felt not wanted nor needed there, and that it was not necessary for me to be there” (al 558-559). Her view of her state of inclusion didn’t change after she started experiencing psychosis; she always identified as being a loner at school.

The second key finding illustrated is that Angel preferred interacting and participating when she had agency and could decide when to interact with others. Angel preferred to talk to peers when she felt like it, and leave when she felt like she was done socializing. Similarly, during extracurricular activities, Angel preferred to choose how and when she would participate. For example, when Angel was a props person for the drama club she “just kind of said ‘I’ll help you with this...and that’s all I am doing.’” (al 180-182). Sometimes Angel would feel social during her classes, but that didn’t work out so well. “I would be more social in a classroom and then my teacher would get a little bit annoyed with me… Because I would want to talk” (al 230-233). Angel was more likely to choose to participate socially when she felt comfortable, confident and had agency in how she was participating. This did not always work with her teachers’ expectations.

Secondary findings demonstrated in this dramatization include that Angel had two different types of friends, distant and close friends. Distant friends were school peers that she could talk to but either didn’t want to, or did not want to get too close to. Some distant friends included a friend from drama club who she kept distant because he would cross her boundaries “but he was still a friend that I could talk to” (al 460), and a casual friend that Angel would
“randomly walk up to . . . and talk to . . . for five minutes and walk away” (a1 468-474).

Angel’s close friends were school peers who she could joke around with and tell anything, like the friend she hung out with during lunch in grade 11.

Analysis also revealed related findings that are not narrated in this dramatization. Angel’s friends supported her emotionally if she needed someone to talk to and have a cheerful conversation with. When Angel needed someone to talk to during bad days, “I would just talk about something completely different” (a1 781). She felt like she could tell her close friend everything, but she felt like she couldn’t reach out to him about being “depressed about my mom and step dad, that kind of stuff. I just never went to anybody about that” (a1 789-790).

Angel enjoyed working with peers to support her learning. For example, during band her and the senior band members created a mini band to support the development of music skills: “we didn’t like really do much, but like we were just like seven people trying to, like, advance our music skills” (a1 210-211). Similarly, Angel preferred to work with her classmates to bounce ideas off of and learn with in class.

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Angel’s Narrative Findings Summery

These findings focus on Angel’s perceptions of school experiences, school support, and inclusion.

Angels narrations of experienced illustrated her experiences of: a) being a typical high school student who loves art and music, enjoys anime, is socially driven, as well as had favorite subjects and teachers; b) external factors which impacted school experiences, such as her struggles with her family life; c) the disruptions Angel encountered with a decline in academic performance, teacher conflicts, as she begins to withdraw and skip classes more regularly; and d)
the school struggles that Angel experienced, focusing and listening which emerged after she started experiencing a loud head.

Angel’s narrations of inclusion described participants’ perceptions of: a) not belonging at school and trying to blend into the background; b) Having agency in how she participated in the high school band, drama club and school community; c) feeling disconnected from her school peers even when hanging out with groups of friends; and d) the challenges impacting how Angel felt included, such as her conflict with school personnel and not feeling safe around other people.

Angel’s narrations of support describe her perceptions of: a) having access to the community support of her foster care worker; b) the social support that she received from her one close friend, c) the environmental support of the sound of music which helps her focus with a loud head, and d) effective instructional and academic supports including written notes, extensions, small group discussions, and having agency; e) perceptions of supportive school teachers are flexible, understanding, and treat angel like a human being; and f) challenges that Angel experiences of support such as her conflict with her guidance teacher and the fear she feels around other people which prevents her from reaching out.
Chapter 6: Isaac’s Story

Introducing Myself

I want people from Westlyn High to know that you can’t bring me down. Like you can’t, I don’t know, I felt like particular friends, peers, and teachers tried to bring me down. But you just can’t. I am still here, I graduated high school and I am returning to college next year. I live and work here at the community residence. I clean, just like around here. I enjoy talking to people who are around when I clean and that my job is very flexible. I like art, swimming and I am going to start running with my dad and give triathlons a try when the weather gets better.

I am hoping that my story can be used as an advocate or support for others. Maybe my story might help someone to tell a counselor, doctor, or parent that they don’t feel right, that their grades aren’t doing well, or that they are not as they used to be. They could just simply say “I don’t feel right”. Maybe they will be able to reach out earlier than I did. I think it would be important for others to know that when you experience mental illness or psychosis to seek help early—the earlier the better I would say—because it prevents a lot of things from happening. Then maybe they can prevent or have a better chance of preventing it from happening to them. But please just tell somebody... it can be literally anybody.

I started to notice changes in my academic performance pretty early, probably early in the second semester of grade 11—in January. I really struggled in school, which made me feel depressed. I felt like I couldn’t perform well in school. But I didn’t reach out for help, I just kind of kept going, by myself. At the beginning of the second semester in grade 11 I think I was experiencing stuff, but I didn’t know and then it got progressively worse as time went on. I noticed I started having difficulties concentrating—probably in that April to June area. During this time, I also began to withdraw more and more. And that’s when things started to get really worse. I began feeling maybe like... suspiciousness, a little bit. I experienced psychosis, a particular delusion, during the very last day of school in grade 11. I only experienced hallucinations the night before I was hospitalized in the summer before grade 12.

When grade 12 started I wasn’t experiencing psychosis anymore but still adjusting to having a mental illness, and taking my medication, its side effects—like feeling drowsy. During the first semester of grade 12 I attended school part-time, and then full-time during the second term. I didn’t have a transition team at school and don’t think the school knew I was hospitalized, but I believe I transitioned pretty well. My treatment, especially my medication, as well as my treatment team made school a lot easier! And I got into all the courses I wanted. The hardest part about going back to school was going back to the same social environment that I believe was the root of my psychosis. Although cognitive behavioral therapy helped me socially at school, I felt like I needed to figure out how to transition back into that environment myself. After grade 12 I transitioned into an alternative education classroom because I felt I was not getting the support I needed in my mainstream school. This classroom was easier for me because it was more quiet as well as flexible both in terms of school work and attendance. I also had a really great teacher who helped me both academically and socially.
To me inclusion means helping people who feel down, as well as recognizing and supporting people reach their own goals. Inclusion also means having someone to talk to. Support means being there for people, but it also means being able to give back too.

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Isaac’s storytelling began as Isaac described his school experiences during both the initial interview (referenced as i1) and follow up interview (referenced as i2). However, Isaac’s story further developed through an open coding and in-depth re-storying analysis, which identified narrative elements including story characters, settings, and actions, as well as the key findings related to the three research questions of this study: 1) how do students with early psychosis experience high school? 2) how do students with early psychosis perceive to be included at school? and 3) how do students with early psychosis perceive to be supported at school? Findings from analysis were used to craft and re-tell Isaac’s story through dramatizing his high school experiences.

This study presents four in-depth dramatizations of Isaac’s school experiences. The first, “High School Is Scary” focuses on the social stressors Isaac encountered in high school. The second, “Someone Noticed” illustrates what inclusive and supportive teaching looks like to Isaac. The third, “Please Just Help Me” highlights the academic and school struggles Isaac faced, while the fourth, “All That Drama” portrays the shift in social life Isaac experiences right before his psychosis started. Each dramatization is followed by my commentary, which deconstructs the key and secondary findings narrated in the dramatization and also highlights other related findings uncovered in the data. Finally, findings from all four dramatizations are summarized and organized according to the three research questions guiding this study.

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High School Is Scary

The morning light fills my room as I wake up to get ready for another school day. I get out of bed, get showered, get dressed, brush my teeth, get my stuff ready, and then I’m off to school. Some days I take the bus to school but today my parents are driving me, as they often do.

Sitting in the back seat I feel my muscles slowly get tighter and tighter as we approach my school. I start thinking about how stressful school can be. I feel that I have too much on my plate maybe like three times a week, and the stress usually lasts for a few hours. Most of the stress that I feel comes from two things: school work and the social aspect of high school. I am working too, so everything together can become quite a bit.

I don’t find a lot easy about high school. I mean my school day is okay, but I know I won’t want to do it all over again when the day is over. I mean I don’t mind the academic part of high school. I love anything to do with science, like biology and chemistry. I’ve always had a passion for science ever since I was little and science classes are still my favorite. I also like English, but math I just never liked. It’s just hard... I just don’t feel like I have a math brain with like logic and stuff like that. But honestly the social part of high school is the worst.

I don’t feel like I belong in high school. I don’t know, it’s just... like the high school life is just not for me. High school life is like, the drama and... I don’t know, it’s just drama. Like stuff that goes on that I don’t really know how to explain. I really don’t like the whole social structure of high school or the high school life. I find high school very, like almost, I don’t know... cliquey. It’s very much like you have to fit into a group, and if you don’t then you’re an outcast. The social part of high school is the worst. It’s not easy in high school. It’s not something I ever want to do over again.

But here I am looking at Westlyn High School’s sign out of my parents’ vehicle. The sign reminds me about being in the art club when we made a board for the school’s sign. For a moment, as I walk to the school doors, I allow myself to reminisce about a time when I was slightly more content and adjusted to high school.

I spent a lot of time in art club last year, in grade 10. My favorite thing we did was make models of the mascot out of glass on a wooden board. The process for this was really cool, like it was kind of like stained glass. You had to chop up pieces of glass, then we chilled the pieces of glass and then we had to sculpt it together on like a wooden slate and... it was interesting. I decided to join art club because I knew I had one friend in there—well I knew a couple of people, but they were kind of acquaintances. I stopped being a part of art club when I began grade 11 because I wanted to focus on my courses, specifically my biology and chemistry courses, and work hard. Although I am not getting the greatest grades... but that’s just what I wanted to do. I’m still trying to focus on my academics but everything seems to be getting harder and harder lately.

Everything hits me when I walk into the school building. I don’t feel like I belong. Like the high school life is just not for me... I always feel scared walking in the school hall. I feel like these hallways are full of the worst people. As I walk to my first class I know they are talking about
me, and they probably think the worst about me. There’s something about high school that brings out the worst in people.

“Isaac, you just need to get to class. You don’t need to linger,” I tell myself as I begin to walk more quickly. I see my biology classroom door and stare at it and get there as fast as I can. I feel relief as soon as I enter the classroom. The social structure in my classroom is different than in the school hallways. Like I feel connected to my classmates academically—but not much outside of class. You have something to relate to with the students in your classes. Like I’m interested in science, so it’s easier to speak to people in science class. For an example, I really enjoy the experiments. Last week we did a dissection in biology and it was good. During the lab I had a few conversations where my classmates would say something like “I really like this lab” and I would say “oh I do too” and then we would talk about what we thought was interesting. The conversation, like... made sense. So, I only interact with the social structure of school by talking to peers like inside of class. I would never... like I had some friends that I would talk with outside of class, but I didn’t make new friends outside of class. The only place I really talk is just inside my classes, where we can talk about our common academic interests.

But I never felt that my peers or friends really knew me as a person.

***

This dramatization illustrates two key findings about Isaac’s experience of high school. The first key finding portrayed is that Isaac felt like he had a lot on his plate during high school, which led to periodic feelings of severe stress. Isaac explained that “most of the stress came from the two things, like school work and the social aspect of high school” (i2 450-451). A particular social stressor that Isaac experienced was the ‘drama’ of high school, which he associated with ‘clique’ social groups. For instance, Isaac talked to me about how he never felt adjusted to high school and that his social anxiety began “on the first day [of high school] and it [social anxiety] fell upwards” (i2 130), where his social anxiety became more extreme. Isaac also describes how the stress caused by the drama of high school impacted the way he interacted with his peers and teachers: “I was more outgoing in grade 9, [but] then in grade 10 [that] changed...I kept being like [more and more] withdrawn, like [I was] more quiet” (i2 113-114). He told me that he experienced a tipping point of both academic and social stress during the second semester of
grade 11, the semester before he was hospitalized, which felt “scary and it was stressful
obviously” (i2 456).

The second key finding described in this dramatization is that Isaac felt anxious and
uncomfortable in school hallways and non-class contexts and found it easier to interact with
peers inside of class. Isaac found it easier to participate in class and felt more included when he
was doing group work or other class activities with his classmates, which were removed from the
drama of high school. For an example, Isaac found that gym class “was really inclusive like
everyone was doing the same . . . activities and stuff (i1 037-308). Other classes that Isaac found
more inclusive included biology, chemistry and art because “it’s very easy to interact with
people, so like the seat structure and everything” (i2 677) was designed to be collaborative.
These interactions in Isaac’s classes did not however lead to deep relationships. Isaac also talked
about how he thought things would be different if the social structure of school did not revolve
around drama, but instead showed people taking interest in people for who they were. “I think I
would have acted [and] interacted differently, I would have done better… I think… I would have
done better academically, maybe socialized more, maybe got [real] friends” (i2 184-188).

This dramatization also illustrates some secondary findings. For example, Isaac had a
good experience in art club because he experienced a purposeful activity that he felt competent
and interested in. Similarly, this dramatization highlights that Isaac liked science and English but
not math because he didn’t feel competent, interested, or included in math. Math class and
English class did not seem inclusive to Isaac because they appeared “more independent where
you’re at your own desk” (i2 674) where it was harder to collaborate and socialize with peers.
However, Isaac talks about his passion for science and doing experiments as well as reading his
favorite books: A Series of Unfortunate Events. Isaac also mentioned that his favorite teachers
were “an English teacher, she was really nice, my biology teacher … [and] another English teacher from grade 9” (i 369-371). These teachers made Isaac feel more included and supported then other classroom teachers. Both Isaac’s personal interests and having supportive teachers in English and science may have contributed to Isaac’s positive feelings towards these subjects, while Isaac didn’t feel the same interest or support in his math class.

Most importantly, the dramatization illustrates what the analysis of Isaac’s data revealed: that his feelings of anxiety were rooted in his discomfort with the social aspect of high school and his perceptions of his peers. Isaac describes these feelings as he became “more anxious [and] probably more depressed, it all rooted in high school. The social structure of high school” (i 180-181). For example, Isaac shared that he became suspicious of his peers in the hallways, and that his social anxiety and discomfort turned to fear. Isaac describes what it was like walking in the halls, when he started experiencing psychosis, right before the summer when he was hospitalized— “it was like, I was kinda like, walking around. I felt like everyone was out to get me, like everyone was looking at me. Like I was… scary it was scary” (i2 391-391).

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Someone Noticed

I feel my body shaking a little bit as I wait for English class to begin. My desk is next to my English Teacher, Mrs. Zuniga, at the front of the class because I have an IEP that says that’s where I need to be. Not all teachers follow my IEP so I am grateful that Mrs. Zuniga always does. My IEP helps me because I have semantic pragmatic disorder and since we have a lot of writing in English class, my laptop really helps me to type and put language into context.

Today I am supposed to present in front of the class and that is terrifying. I am confident in my assignment—Mrs. Zuniga took the time to sit down and explain the assignment and grading to me. Other classroom teachers won’t sit down with me so I am really grateful that Mrs. Zuniga does. I am just really nervous about this presentation—I just don’t feel right. I look up and notice everyone coming in the front door. My head spins around as I hear laughter at the back of the classroom, then to another classmate yelling at her friend at the front. Yup—I really don’t feel right. As I continue to look around I realize that my body is still shaking and my head is beginning to twitch.
Mrs. Zuniga looks at me. She leans in a little closer. “Are you okay?”

I tell her I am fine, but my body is still shaking. I am really not okay.

“You don’t look okay. Are you nervous for your presentation?” she asks softly.

She noticed.

Mrs. Zuniga is the only one who notices. I don’t know what she noticed exactly—maybe the shaking, looking around, my head twitching and stuff like that. But because she noticed I am nervous and is talking to me she is able to help me even before class starts today. We arrange a time when I can present to her not in front of the whole class. This makes everything a lot better.

I feel much more calm as English class finally starts. I look up at the front of the classroom as Mrs. Zuniga asks us to discuss our thoughts in small groups on the chapter we read for homework. I start feeling a little tense again, but I feel relief as soon as Mrs. Zuniga tells us what our prearranged groups are. Sometimes finding someone to work with can be difficult. I really appreciate it when teachers assist you in finding someone to work with or socialize with if you are more quiet.

I feel like I belong in this classroom because Mrs. Zuniga actually takes the time to help me more than my other teachers do. She really helps me be successful.

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This dramatization illustrates two key findings about Isaac’s school experiences. The first Key finding in this dramatization demonstrates that Isaac felt supported by teachers who were able to recognize when something “didn’t seem right” with him, such as his anxiety before a presentation. Isaac also talked about other things teachers noticed such as, “a drop in grades…[or] maybe if you were social and then you weren’t they could help and notice that and they could maybe contact somebody or something” (i2 580-584). Isaac found it helpful that Mrs. Zuniga not only noticed that he was not okay, but also talked to Isaac about what was going on so that she could learn how to help him. Isaac also mentioned that his social anxiety caused from the drama of high school made him “not be able to ask for help” (i2 105) from teachers, which
may be why having a teacher who notices something that “doesn’t seem right” is important to Isaac.

The second key finding narrated in this dramatization is that Isaac appreciated when teachers followed his IEP by: letting him sit near the front, use his computer, and have extra time for completing tests and assignments. Isaac’s IEP supports him with school struggles related to his semantic pragmatic disorder. Isaac has always struggled to “put language into contexts… [for example] when [someone says] the fish is ready to eat, like it could be a fish ready to eat, or it could be a human eating fish” (i1 487-489). Having a laptop helped him with his struggles in writing and he found it especially helpful in English, but it also helped him to do research projects in science class. Even though the IEP was not designed to support Isaac with the specific challenges that arouse right before, during, and after his psychosis, Isaac found that his IEP helped him negotiate these challenges. Isaac explained that his IEP “helped me navigate them [i.e., challenges caused by psychosis] because it provided me with a lot, like if you didn’t have it you would like wouldn’t get the support” (i2 493-494). Without his IEP Isaac would not have extra time to do tests or be able to easily access the resource centre, student services, and or be already on a teacher’s radar.

Secondary findings illustrated in this dramatization included the fact that Isaac appreciated when teachers helped him participate socially in their class. For example, “if you didn’t have a partner or something, they could assist you with that too if you were more quiet” (i2 565-566), such as when Mrs. Zuniga pre-arranged groups instead of forcing Isaac to find peers to work with on his own. Isaac also talked a lot about how another teacher—his teacher in his alternative classroom—gave him more opportunities to talk in class because he was “a really good teacher . . . he helped me with the math and [to] socialize” (i2 170-172). Isaac talked about
other teaching strategies he found helpful, such as written instructions for class activities and assignments. For example, “It really helped if [teachers] provided a rubric… and you can see the breakdown of the marks. Stuff like that, that would help me a lot” (i2 537-539). Isaac also described how written class notes became helpful when they were accompanied with demonstrations. For instance, when “there is a lab and like they gave you like stations [and] instructions on what to do at each station. [It helps when] they would go and like show you physically what they do at each station…before [students] actually did it” (i2 551-553).

Analysis of the data also revealed related findings that are not illustrated in this dramatization. Responding to teachers who notice that something “doesn’t seem right” becomes challenging for Isaac when he can’t explain what is wrong. Isaac described how at the beginning of his experiences with psychosis he didn’t know that something was wrong with him. “You don’t know because you never experienced those feelings before” (i2 352-353). Teachers tried to talk to Isaac when he was experiencing psychosis during the last day of his school before summer started but Isaac “didn’t . . . know what was wrong, so I kind of let on that I was fine (i2 400-401). Isaac didn’t open up this time because he didn’t understand and couldn’t explain what was happening. He also felt that with those “scary experiences that nothing would help, I wouldn’t let anyone [help] anyway” (i2 313-314) because he didn’t realize something was wrong with him at that moment. Isaac only began to understand he was “losing touch with reality” (i2 371) the night before he was hospitalized when he was experiencing hallucinations.

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Please Just Help Me

_I am staring at my math teacher, Mr. Facca, as he is talking in front of the class. Lately I have found it especially hard to concentrate. It’s almost like... I know that people are talking, but I can’t hear what they are saying, or I know they are talking to me, but it is hard to process the information. I don’t really have trouble concentrating while I am reading, but I find it is harder, like if a teacher is talking in front of the class like Mr. Facca is now, but if they are talking to me_
one on one it is easier. My struggle to concentrate impacts my school experiences because I can’t process it—I just can’t get the information.

I am really struggling in school which makes me feel depressed because I just feel like I can’t perform well in school. I have always struggled but it seems everything is getting worse. But I don’t really reach out for help, I just kind of keep going, by myself.

We are supposed to be solving a new type of math equation, but I just don’t get it. I just can’t process my teacher’s instructions. I could ask my classmates for help, but they don’t help me very often. Like I mean classmates are not all that helpful, but I guess helpful in certain ways like if somebody in the class knows something and you don’t then it would be helpful or if it was a group project we would help one another. But as I look around the class no one looks like they would be helpful today.

So, I decide to try and ask my teacher for help. I raise my hand and my teacher just ignores me as he works at his desk. So, I decide to walk up to his desk to ask for help.

“Isaac I am too busy right now.”

Silently I walk away, a little annoyed because I don’t understand the math and the only thing I can do is wait for help. I sit at my desk, wasting time, staring at my page, hoping it will make sense to me.

I look up as Mr. Facca gets up from his desk, but he is walking over to another student to help them. This is really frustrating because I feel like every time I ask him for help he either says he is too busy, or he is with somebody else at his desk, or something. I just don’t feel like I get the help that I need in this class. It makes me feel like I do not belong in classes when I don’t get help from teachers, especially when I ask. Or when teachers don’t provide more time on tests, so when they won’t follow my IEP. Or if you need a partner, they don’t help you find one, you just have to figure it out yourself. So really I don’t feel like I belong when I don’t feel supported by my teachers.

Finally, I have Mr. Facca’s attention. Class is almost over but I can ask for help. I start to talk, but Mr. Facca interrupts me, saying, “Isaac, listen. You should probably just drop the class, go down a level”. And then he walks away and the class ends. I feel like screaming at him. I am so frustrated because he is telling me to drop to the lowest level of math, but he won’t even help me! Just please help me… But he won’t help. I probably won’t be able to go to college because I can’t get this math credit. I can’t seek the help I need. Even though I keep asking he doesn’t help. I feel kinda, like not angry but, like, hopeless—that is all I can feel. I don’t belong at this school. I don’t really want to be here anymore; I am just sick of everything...

I decide not to tell anyone about what happened, not even my family, I just keep it to myself. I don’t talk to anyone that much in high school anyway... And there certainly isn’t anybody that I want to talk to at school if I am having a bad day. I do not really feel supported outside of academics at school. I kinda feel like... nobody cares or... that nothing would help. So why bother like tell anybody?
***

This dramatization illustrates two key findings about Isaac’s school experiences. The first key finding was that Isaac experienced declining academic performance as his psychosis advanced. “It changed the grades” (i1 252) he achieved. Isaac explained that “In grade 9 I was getting 70 to 80s and then it got worse in grade 10; [I was getting] around 70s and 60s” (i2 357-358). And then Isaac experienced a drastic decline in academic performance in grade 11. Isaac talked to me about how his psychosis impacted his school performance right before he was hospitalized in the summer before grade 12. “I couldn’t perform as well as if I was treated and on medication, like it impacted my grades too . . . [For example,] we did an accommodating project with my biology class and . . . I would have done better on it if I was treated” (i2 406-408).

The second key finding highlighted in this dramatization is that Isaac felt unsupported by some teachers, and unsupportive teachers made him feel that he didn’t belong. Isaac described how he “felt like they [i.e., unsupportive teachers] tried to bring me down” (i1 623) and that he couldn’t be successful in their classes, as represented in this dramatization. During another conflict with a teacher Isaac described how he was unsure of how to respond in the moment: “[I felt] nervous at the time because I didn’t know what to do. I thought she [i.e., my business teacher] was like helping [me but then] she decided to throw, [or] kinda like mess up my stuff, but it’s like, I guess, I don’t know” (i2 272-290). Isaac also felt like nobody cared about his conflicts with his teachers and therefore there was no point in trying to reach out for help. Looking back now, Isaac thinks “it would have helped more [if I did tell someone]. I think it would have been better if I [was able to] channel my emotions outwardly, instead of keeping all [of] that in. [Holding all of my emotions in] feels terrible and I think that is part of what led to the hospitalization” (i2 302-304).
A secondary finding illustrated in this dramatization showed that Isaac found that classmates were not helpful unless they were directly working with one another in class (i.e., on-one or group work). Isaac felt it was easier to collaborate with peers when classes were “very easy to interact with people so like the seat structure and everything” (i2 677). But in independent classes like math class he felt more “alone and isolated” (i2 645-646). Isaac found group work helpful because “you can share things with each other, like your ideas, and um maybe they look at it from a different perspective then you do” (i2 635-636). Group work was also helpful with relieving Isaac’s school stress because “you could split [the work] like half and half… [so] it wasn’t [so] stressful and stuff (i2 652-654).

***

All That Drama

The lunch bell rings and I begin to walk to the cafeteria. My social life, it isn’t good. I don’t really have many friends in high school… I just kind of keep to myself quite a bit.

I see my friends at a table in the cafeteria laughing and chatting happily. I sit down next to them and decide to silently eat while they joke around with one another. Normally during lunch I just eat and relax a bit. I mostly go home for lunch, and I don’t often stay at the school. I only hang out with friends on days like today, I guess when my parents can’t pick me up. Then I just kinda hang out with my friends.

One of my friends at the table is someone I have known since elementary school. The rest I met in my classes. When I met my friends, they seemed to be people that I could talk to (i2 690) because they were funny and humorous. They had kind of a warped sense of humour which started out as jokes that everyone thought were funny and then it kind of escalated to like more mean or ruder jokes. I used to feel connected to my friends at the beginning of high school but less so now. Like I would hang out with them after school, but I kinda stopped doing that once they offered me drugs one time and I am not into that. Lately, it seems like they are more into drugs than like helping me and being a friend. Which isn’t, it isn’t what I need. I just don’t feel like I belong when I am with my friends.

I finish eating my lunch and I realize that I am not feeling like hanging out with my friends right now. Maybe I should go to the resource centre and get some help with the math work I have been struggling with. The resource teachers are really nice; I have been having a lot of trouble with math and science and the resource teachers help me a lot with my school work. Classroom
teachers don’t normally sit with you one-on-one, like in a regular classroom. Well I guess some would if they were known for it, but in the resource centre they like always help you.

I tell my friends that I am going to study in the resource room to try and improve my grades for college.

My friends laugh at me. “You will never get into college or anything like that.” Their words get to me. I really don’t like that they said that.

As I walk away I think “maybe I shouldn’t… I shouldn’t let those people like get me down, and… maybe I would be better off not being around them”. For a while now they have been really bringing me down and so I decide to basically cut ties with them. Like, yeah, I will probably talk to them when they approach me at school, but I will stop being friends with them slowly. Like I think this is already happening. Now that I think about it, at the beginning of this year I saw them like five times a day… but the amount of times I see them now just keeps going down. I think I kinda knew deep inside before today that I was going to cut ties with them. I feel mixed emotions about cutting ties with my friends, but honestly it is more hard being their friend because they are into drugs.

Now that I have made this decision, I feel good about myself, but I also feel a little bit sad too. Like I feel guilty that I am leaving them, but it’s for the better I think. I think maybe they still want to be my friend, but I don’t.

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As in the first dramatization, “High school is Scary,” this dramatization also highlights that Isaac does not feel comfortable interacting with peers outside of his classes. A key finding illustrated in this dramatization is that it was at the beginning of Isaac’s high school experience, when he had just started classes and was more outgoing, that he built his few social connections. Isaac described how his friendships started off seeming more positive as “sometimes [my friends] would make fun of me, but it was like in a friendly way. I don’t know how to describe it, but [later on] it . . . be[came] like mean jokes and stuff.” (i2 710-713). This dramatization also emphasized how it was Isaac’s friends’ humour that made them seem approachable, but as their humour seemed to shift, they became less approachable to him. As Isaac lost the connection he felt with his friends he began to withdraw socially from the school community. Looking back at their friendship Isaac now describes the people he
used to called his friends as “people that I wouldn’t really call my friends . . . They were just more like acquaintances” (i1 338-339) that Isaac would only really hang out with when he had nothing else to do.

This dramatization also illustrates some secondary findings. For instance, Isaac found that one-on-one instruction and quiet environments were effective for him because they help him focus and learn. Isaac described how homework was easier for him because “it’s quiet at home; you get to have a quiet environment to work—it’s not like a loud classroom” (i1 118-119). Other quiet environments include student services and the resource centre. When Isaac wanted to be alone at school he would go to “the resource center and I would go there a lot” (i1 153), about three times a week. Isaac had positive experiences with the resource teachers who were supportive to Isaac and “they would always be there like always to help you” (i2 600). The resource teachers would work with Isaac one on one which supported Isaac when he was struggling in his classes.

Analysis of the data also revealed related findings that are not illustrated in the dramatization. Isaac described the changes that he experienced a few months before he was hospitalized as he began to withdraw more. He said that he felt he “changed… like I found that people were… I was suspicious of everybody. Like kinda paranoid and like my grades weren’t as good” (i2 88-89). It was around the same time that Isaac noticed he was experiencing tipping points of stress, major changes in his social life and academic performance, and the beginning of his experience with things related to his psychosis. He explained, “In grade 11 [everything started] a little bit before I was hospitalized, for like four months [before] or so but then I, it got really worse. [Everything] peaked and they [i.e., my family] brought me to the hospital” (i2 836-835). Isaac cutting ties with his friends and withdrawing from school was a drastic change
in social behaviour, which Isaac noted as something a teacher could notice doesn’t seem right:

“Maybe if you’re social or like and then you weren’t they could help and notice that and they could maybe contact somebody or something” (i2 583-584).

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Isaac’s Narrative Findings Summery

These findings focus on Isaac’s perceptions of school experiences, school support, and inclusion.

Isaac’s narrations of experienced illustrated his experiences of: a) being a typical high school student who dislikes high school drama, loves science, enjoys interacting with his peers in class, and has favorite teachers; b) the external factor of living with a pre-existing learning disorder which impacted ability to put language into context; c) the disruptions Isaac encounters with a decline in academic performance, extreme school stress as well as social anxiety and fear, as he begins to withdraw both academically and socially; and d) the school struggle to concentrate and process information which emerged before he started experiencing early psychosis.

Isaac’s narrations of inclusion described his perceptions of: a) feeling more included in collaborative classrooms that have structured social opportunities and with supportive teachers; b) participating in the school community during art club in grade 10; c) a shift of social inclusion as he began to feel disconnected with his friends in grade 10 and 11; and d) the challenges impacting how he is included such as the alienating drama centered social structure of high school and his escalating social anxiety.

Isaac’s narrations of support describe his perceptions of: a) having access to the community support of his treatment team; b) the social support he received from school peers
going through the same milestones as him; c) the quiet environment of the resource centre and student services which helped him focus; d) effective academic and instructional supports such as his IEP, one-one-one instruction, group work, class notes, and demonstrations; e) perceptions of supportive school teachers who help Isaac, care, and notice when things ‘are not right’; and f) challenges that impact Isaac’s support such as his social anxiety and conflicts with teachers which make it difficult to reach out for help.
Chapter 7: Thematic Analysis

This chapter discusses the themes found in the final thematic analysis conducted across all of Mary, Angel, and Isaac’s data. Data was first organized within three categories defined by the three research questions: high school experiences (RQ1), inclusion at school (RQ 2), and support at school. Thematic analysis was then conducted on each of these categories and emerging themes were identified.

High School Experiences (RQ 1)

Three themes of high school experiences were found: (a) typical high school, (b) external challenges that impacted school, (c) school challenges related to psychosis, and (e) social challenges.

**Typical school experiences.** All three participants had typical social and academic school experiences. Typical social experiences included socializing with varying friendships, social conflicts and teenager drama. Typical academic experiences included having academic passions, disliking particular subjects, favorite teachers, school success, and academic pressure.

**External challenges that impact school.** All three participants experienced varied external challenges which impacted their school experiences. Mary discussed how her family’s history with Child and Youth Services made her hesitant to talk to school personnel about things beyond academics. Similarly, Angel talked about how she struggled with her family life which impacted her motivation to do work at school or be social. Isaac briefly mentioned how living with a learning disability caused him to experience school struggles.

**Academic challenges related to psychosis.** Mary, Angel, and Isaac discussed both functioning disruptions and school struggles they perceive to be related to their psychosis.
**Functioning disruptions related to psychosis.** All three participants discussed disruptions in functioning which occurred a few months before their onset of early psychosis. Mary, Angel, and Isaac all experienced a drastic decline in academic performance a few months before they were hospitalized, however they also experienced other varied co-occurring disruptions which led to withdrawing and isolating behaviours at school. During these premorbid experiences all three participants reported that, even though they were struggling, they did not reach out for help. Instead, participants sought to cope by withdrawing socially and skipping school. All three participants also described how when they first started experiencing these disruptions they didn’t understand why they were struggling, which led to self-blame or isolation. Mary discussed how first semester she experienced a change in mood, lost control of emotions, and had negative thoughts. When Mary felt like she couldn’t handle things she began skipping classes more regularly. Similarly, Angel started skipping classes more when she began struggling and hit a crash point before her psychosis. Isaac on the other hand experienced social anxiety at school. When he realized his friends were not supportive, his social anxiety escalated into social fear and he began to withdraw and isolate himself socially.

**Academic school struggles.** All three participants identified varying school struggles which emerged prior to or after they started experiencing psychosis. All three participants discussed how they experienced difficulties focusing and processing information, however the perceived causes and occurrence of these challenges varied. Mary discussed how she began experiencing difficulties concentrating, as well as processing information and expanding on her thoughts after she started taking medication. Isaac noticed he was struggling focusing and processing information a few months before he experienced psychosis, around the same time that he experienced a decline in academic performance. Similarly, Angel talked about how she
struggled focusing and listening when she started to experience a “loud head.” Additionally, Mary and Angel discussed how these academic school struggles impacted their academic function, as they described an obvious difference between what they could achieve compared to their classmates. When Mary, Angel, and Isaac began to understand how psychosis impacted them, they still did not to reach out for help. When Angel and Isaac finally did ask for assistance, they encountered frustration when things were explained to them in a way that they didn’t understand.

**Social challenges.** All participants discussed experiencing social challenges related to their psychosis and other social components at school.

**Social challenges related to psychosis.** All three participants discussed social challenges they experienced when transitioning back to school after they were hospitalized. Both Mary and Angel talked about struggling with navigating conversations with school peers when they asked about their absence from school. Isaac on the other hand discussed how the drama centered social structure of school was the root of his social anxiety and psychosis. To Isaac the hardest part about transitioning back to school was re-entering the social structure that he believed caused his psychosis.

**Other social challenges.** All participants also experienced difficulties participating in class and other social components at school. Both Mary and Isaac identified to have social anxiety, while Angel felt like she was on her own and tried to blend in the background at school. All participants stated they didn’t participate in class-wide discussions at school. Mary talked about how participating in class discussions made her anxious, while Angel mentioned how she always got answers wrong on the odd occasion she did try to participate in class. Additionally, Isaac also talked about having difficulties navigating other social components of
class such as finding class partners for paired or group assignments.

**Transition challenges.** All three participants discussed challenges with varying transitions, particularly with the transition of re-entering school, after their hospitalization. For instance, although Isaac identified his transition back to school as smooth, because he got into all of the classes he wanted academically, he also described the lack of support he received from his main stream school as a key factor to failing math class and a key component to deciding to switch to alternative education. Similarly, Angel discussed how the teachers helped her cope after her hospitalization by being more flexible, but she didn’t feel like she had anyone at the school to help her transition back to school. Mary became overwhelmed with work as she tried to get back to normal school life, but felt fairly supported as she transitioned back to school, as her guidance counselor continued to check up on her and advocated her needs to her teachers. Both Isaac and Angel discussed other transition challenges as Isaac struggled adjusting to high school in grade 9 and Angel began to really struggle when she moved schools in grade 12.

**Inclusion at High School (RQ 2)**

Four themes related to inclusion at high school were found: (a) belonging in the classroom, (b) community participation, (c) social inclusion, and (d) challenges that impacted inclusion at school.

**Belonging in the classroom.** Findings of belonging in the classroom were varied amongst the three participants. Mary described mixed feelings about being included at school because sometimes she felt like she was just going with it and other times that she belonged. Mary was more likely to feel like she belonged in the classroom when she was noticed and acknowledged by teachers, had a chance to socialize with school peers, and had friends in the
class. Mary also felt like she would be more included if she included herself by participating more in class. Isaac felt more included and comfortable talking to his classmates in his classroom rather than his school peers in the hall. Isaac also described feeling more included in classrooms that are collaborative and have structured socializing opportunities such as gym, art, and science classes. Isaac didn’t feel included in classrooms where teachers were unsupportive and didn’t help him when he was struggling. Angel, however, didn’t feel included or that she belonged at school at all. Instead, Angel identified to be the loner at the back of the classroom who comes to class late and leaves as soon as possible.

**Community participation.** All three study participants described taking part in extra-curricular activities within the school community. They participated in activities that were meaningful and interesting to them. Angel described being more likely to participate when she felt she had agency in how she participated or socialized in the high school band, drama club and school community. Isaac participated in his art club in grade 10 but decided not to continue so that he could focus on academics and his science classes, which were more meaningful to him. Mary participates the social justice league, where she feels like a contributing member who is active and making a difference in the community.

Participants also discussed wanting to contribute in their community by using their experiences to help others in a meaningful way. Both Mary and Isaac discussed how they wanted to tell their stories to be advocates for other students who experience psychosis, in the hope they would seek help early and not feel alone. While it is uncertain why Angel decided to share her story she discussed wanting teachers to know that not everyone has a good life and there might be reasons why students have difficulties doing school work.
**Social inclusion.** Feelings of social inclusion were varied amongst all three participants. However, they all felt disconnected from their peers in the school community. Mary felt very close to a small group of people who validated her as a person. However, she began to feel isolated when she couldn’t talk about her experiences with her friends who knew she was hospitalized for psychosis. Isaac never felt adjusted to high school and found the social part the worst. Similar to Mary, Isaac felt connected to a small group of friends when he started high school but started feeling disconnected from them before his psychosis. Conversely, Angel always felt like a loner and tended to keep to herself. When she did hang out with groups of peers she never felt like she belonged. In grade 11 Angel found a peer she could connect with but moved schools that year.

**Challenges that impacted inclusion at school.** All three participants faced challenges that impacted how included they felt at school. Mary experienced social anxiety which impacted how she interacted socially and academically at school. Mary explained that when she starts to feel uncomfortable she tends to withdraw and shut down. Similarly, Isaac also experienced social anxiety that escalated during high school. Isaac felt alienated from the drama-filled social structure of high school. Conflicts with teachers and unsupportive teachers also impacted the way Isaac felt included. Similarly, Angel’s conflict with her guidance teacher made her feel less included at school. Moreover, after her onset of psychosis Angel didn’t feel safe around people which impacted both her sense of belonging and how she interacted with others at school.

**Support at High School (RQ 3)**

Five themes of support at high school were found: (a) feelings of support, (b) environmental supports, (c) supportive people, (d) supportive actions, and (e) challenges that
impacted how they felt supported at school.

**Feelings of support.** The perceptions of support varied amongst all three participants. For the most part Angel didn’t feel supported at all in school and felt like she had to do everything on her own. However, Angel did feel supported when she had conversations with her French teacher. Both Angel and Mary discussed how they felt more supported and accommodated after they were hospitalized because teachers and school personnel knew they were struggling with something outside of academics. Isaac, on the other hand, described feeling supported sometimes and unsupported others. Some teachers, like his resource teachers, were very nice and would sit down and help him with his school work, but other teachers wouldn’t help him when he was struggling which made him feel like they were trying to bring him down.

**Environmental supports.** All three participants discussed varying environmental supports they found helpful as a high school student. Mary found the quite spaces within the guidance office and library helpful when working or when she wanted a quite space to hang out during lunch. Similarly, Isaac mentioned how the quiet environments of the resource centre and student services helped him focus when he was doing school work. Isaac also found the positive and flexible environment of the alternative education classroom supported him in becoming more successful in school. For Angel, a quiet environment was not any better than a loud environment, but the sound of music helped her focus when she had a “loud head.”

**Supportive people.** Mary, Isaac and Angel discussed receiving support from school personal, external community supports, and peer social supports:

**Supportive school personnel.** All three participants identified supportive teachers as those who were understanding and flexible. Both Angel and Mary talked about how supportive
teachers don’t judge their students or make assumptions but treat students like human beings and can have a normal conversation with them. For an example, Mary found that one-on-one conversations with caring and understanding teachers supported her to share information about the specific challenges that impact her academic functioning in class without having to disclose her experience of psychosis. Additionally, Isaac and Mary explained that supportive teachers notice when things aren’t right, look out for students when they aren’t doing well, and try to help students who are struggling.

**External community supports.** All three participants discussed the support they received from community supports that were external from their high school. Mary described having access to community supports such as her peer support and the early psychosis intervention team. Mary also discussed feeling more comfortable talking about her experiences with these supports compared to her family and friends. Isaac emphasized the impact that his treatment team has had on his social and academic functioning at high school. Angel talked about how her foster care worker was always there for her if she needed anything for school.

**Peer social supports.** The helpfulness of the emotional and social support of peers varied amongst the three participants. Mary discussed how her friends supported her emotionally and validated her as a human being outside of academics. However, she also mentioned that she doesn’t always listen to her friends’ advice, but takes it into consideration. Angel talked about the emotional support that she received from her one close friend. Both Mary and Isaac discussed how school peers can be helpful social supports when they are going through similar milestones or are working on the same assignment in class. However, Angel didn’t find her school peers supportive at all. Instead, she described how peers became very unsupportive when she was struggling in class.
Supportive actions. Mary, Isaac and Angel discussed effective school supports which were helpful when navigating challenges related to psychosis, as well as with classroom participation and learning.

Supporting students navigate challenges related to psychosis. Participants identified instructional supports that they found helpful for mediating the challenges they experienced related to psychosis. Mary, Isaac, and Angel all discussed how they found flexibility and extra time to be supportive when navigating challenges related to their psychosis. Angel also discussed how having access to written notes, and wearing headphones supported her learning when she has a “loud head.” Isaac discussed how already having an IEP was supportive when he was experiencing school challenges related to his psychosis because he had access to more supports than he would have without an IEP.

Supporting students with classroom participation and learning. Other effective instructional supports included helpful teaching strategies that aided students with participation and general classroom learning. All three participants discussed how small-group discussion supported them to participate more in classes. Mary also mentioned that having different options for participation—such as participating through writing—as well as having friends in her class also supported her to participate more in class. Other supports for general learning in class were varied amongst all three participants. Both Mary and Isaac perceived one-on-one support as beneficial to their learning in class. Mary also talked about how providing exemplars for assigned school work aided her academic success. Similarly, Isaac discussed how having teachers provide physical demonstrations, written instructions and rubrics helped him successfully complete assignments. Although Angel didn’t feel she had much academic support during high school she noted that she found having agency in how she completes assignments
and having an unofficial IEP supportive to her learning.

**Challenges that impact support.** All three participants discussed challenges that impact how they have felt supported at school. Mary’s family had a history with Child and Youth Services which made her uncomfortable reaching out to school personnel beyond academics. Both Mary and Isaac experienced social anxiety or fear which also made it difficult for them to actively reach out for help or respond to support in front of other students. Meanwhile, both Angel and Isaac experienced conflicts with teachers which made them feel unsupported and unwanted in class. Additionally, the constant fear that Angel felt made it even more difficult to reach out for support.

**Summary of Thematic Analysis**

Themes emerged from the thematic analysis conducted within each category of school experiences (RQ 1), inclusion at high school (RQ 2), and support at high school (RQ 3).

Within the first category “school experiences (RQ 1)” three themes were identified including: (1) typical academic and social high school experiences that are not abnormal for high school students such as socializing, social conflicts, school success and academic pressure; (2) external challenges participants faced within life and impact school function such as struggles with family life, family history with Child and Youth Services, living with a learning disability, (3) academic challenges related to psychosis such as disruptions in academic function and school struggles of focusing and processing information; and (4) social challenges such as navigating social interactions after hospitalization or onset, as well as regular social components such as participating in class discussions.

Four themes were found within the second category ‘inclusion at high school (RQ 2)’, which included: (1) feelings of belonging in the classroom which were varied amongst all
participates, but tended to be impacted by teacher and peer acknowledgement and interactions;
(2) community participation within varying meaningful and interesting extra-curricular
activities, (3) social inclusion, which varied amongst all three participants, however they all felt
disconnected from their peers in the general school community; and (4) challenges which
impacted how they felt included at school, such as alienation, teacher conflicts, as well as social
anxiety and fear.

Five themes of the third category ‘support at high school (RQ 3)’ were found: (1) Feelings of support, which were varied amongst all participants but could be impacted by
understanding conversations, providing accommodations, and teachers knowing something was
wrong; (2) environmental supports including quite spaces, flexible learning structure, and the
sound of music; (3) supported people including supportive school personnel such as
understanding and flexible teachers, external community supports such as treatment teams, and
peer social supports such as close friends; (4) supportive actions that are helpful to support
participants navigate challenges related to psychosis such as flexibility, providing extra-time,
written notes, headphones, and having access to supports, as well as actions that support general
class learning and participation such as small group work and one-on-one instruction; and (5)
challenges that impacted how they felt supported at school, such as discomfort sharing personal
background information, social anxiety limiting their ability to reach out, and conflicts with
teachers.
Chapter 8: Discussion

The purpose of this study was to explore how high school students seeking treatment for early psychosis experience secondary school. Specifically, the research questions guiding this exploration were: RQ (1) how do students seeking treatment for early psychosis experience high school? RQ (2) how do students seeking treatment for early psychosis perceive to be included at school? and RQ (3) how do students seeking treatment for early psychosis perceive to be supported at school? These guiding research questions direct the discussion in this chapter. First, I discuss the research findings related to each research question and in relation to other literature. Second, I use the insights gained from this study to provide implications for educators, policy makers, and students with early psychosis. Finally, I conclude the chapter will by outlining the limitations of this study, suggestions for future research, and concluding thoughts.

Revisiting the Research Questions

This chapter discusses the key and secondary findings that emerged from stories of Mary, Angel, and Isaac, students who experienced psychosis during high school. The purpose of this research was to learn from the voices and experiences of high school students living with early psychosis, focussing on participants’ perceptions of high school experiences (RQ 1), inclusion (RQ 2), and support (RQ 3). Because there is little published research that specifically addresses the school experiences of individuals with early psychosis, findings from the present study are discussed in relation to previous research that investigated the experiences of psychosis and recovery generally. Additionally, findings from the present study are discussed in relation to previous research with participants identified to have early psychosis, a psychotic disorder, or individuals with a psychiatric disability. Although research
on psychiatric disability arguably includes a broader perspective, I believe it is useful to consider and discuss these studies’ findings in relation to the experiences that Mary, Angel and Isaac describe in the present study.

**School experiences (RQ 1).** Understanding the perspectives and experiences of students seeking treatment for early psychosis is important in meeting their unique needs. Insights gained from this research can be used to develop the sensitivities and tact necessary to support students experiencing similar needs. Specifically, when educators understand what disruptions and school struggles students seeking treatment for early psychosis encounter at school, they can begin to identify when something might “not be right” with students, and also, within an educational role, how to support students in navigating these challenges and help them to become more successful at school. Four themes of high school experiences emerged: (a) typical high school, (b) external challenges that impacted school, (c) school challenges related to psychosis, and (d) social challenges. In discussing these findings, I focus on the disruptions to academic function, as well as academic and social struggles that participants encountered at school.

**Disruptions to academic function.** Consistent with previous findings, participants in this study noticed disruptions in their academic achievement before their onset of psychosis (Rannikko et al., 2015; Strauss et al., 2012; Tempelaar et al, 2016) Similar to qualitative studies exploring the progression of an onset of psychosis, participants in this study also experienced other varied co-occurring disruptive shifts which led to withdrawing and isolating behaviours (Corcoran et al. 2007; Mäki et al., 2014; Tan & Ang, 2001; Yung & McGorry, 1996). Specifically, Mary, Angel, and Isaac described experiencing academic disruptions corresponding to personal challenges, changes in motivation and mood, disruptive or
depressive thoughts, and feelings of isolation, which made school seem unmanageable. During these premorbid experiences all three participants reported that, even though they were struggling, they did not reach out for help. Instead, participants sought to cope by withdrawing socially and skipping school. For example, both Angel and Mary described leaving in the middle of class at overwhelming moments. Similarly, in Yung and McGorry’s (1996) qualitative study of individuals with early psychosis, 30% of the participants who experienced premorbid social withdrawal identified depression as a key factor in the withdrawal. Angel also described premorbid motivational disruptions, which are consistent with the accounts of primary caregivers of 16-24 year olds with a first episode of psychosis in Corcoran et al.’s (2007) study. The caregivers described that before their dependent’s onset of psychosis the dependent experienced not only an academic decline, but also depression and a lack of motivation to go to school. In this study, Isaac experienced social anxiety that escalated into social fear, leading him to withdraw from the school community. Similarly, primary caregivers in Corcoran et al.’s (2007) study described the premorbid social withdrawal of their dependent as relating to being uncomfortable with other people or afraid of being in public. Additionally, Mäki et al. (2014) found that 35% of their participants who developed psychosis reported uncertainty or difficulty when making contact with others.

The disruptions that Mary, Angel, and Isaac experienced emphasize how the onset of psychosis can impact their premorbid school functioning and success. However, all three participants also described how when they first started experiencing these disruptions they didn’t understand why they were struggling, which led to self-blame or isolation. For example, Angel described that when she started struggling in school she felt alone, like she was the only one not understanding the school work, and so was less motivated to attend classes. This
finding is consistent with findings of Campellone et al., (2016), who found that greater defeatist performance beliefs were linked to more severe symptoms of psychosis and particularly with motivational challenges.

The stories that Mary, Angel, and Isaac shared regarding the academic disruptions they faced provide insight into how vulnerable students experience school prior to and during an onset of psychosis, and highlight the importance of continuing to investigate what different challenges students face, and how educators, caregivers and others can support students in navigating these disruptions in academic and everyday function.

**Academic school struggles.** Mary, Angel, and Isaac’s stories also provide insight into the complexities and challenges that students with early psychosis can experience in relation to their learning and academic achievement in class. All three participants noted difficulties concentrating, paying attention, and processing information. Similarly, Laurence et al.’s (2009) study identified attention difficulties, anxiety and a lack of energy as key challenges that prevented students with psychosis from performing successfully in post-secondary contexts. Mary, Angel, and Isaac also described how these academic school struggles impacted their school performance and function, consistent with Zimmerman’s (2002) findings that undergraduate students with psychiatric disabilities struggled to stay afloat academically because they had to do a lot more to achieve at the same level as their peers. Moreover, when Mary, Angel, and Isaac began to understand how psychosis impacted them, they still did not to reach out for help. When Angel and Isaac finally did ask for assistance, they encountered frustration when things were explained to them in a way that they didn’t understand.

Accordingly, it is important that effective strategies are developed to help students with early psychosis navigate the difficulties they can experience when concentrating, paying attention,
and processing information.

Although there were similarities in the participants’ experiences of school struggles related to psychosis, it is interesting to note that they varied in what they perceived caused and when they noticed these school struggles. Isaac noticed he was having difficulties concentrating and processing information before his onset of psychosis. This finding is consistent with various clinical studies which found premorbid cognitive difficulties in knowledge acquisition, (Reichenberg et al., 2010), attention and concentration (Caspri et al. 2003; Gur et al., 2014; Reichenberg, 2010; Seidman et al., 2013). However, Angel’s experiences are consistent with Wright et al.’s (2019) and van Schalkwyk, Davidson, and Srihari’s (2015) studies, in which participants with early psychosis described how hallucinations made it hard to tell what was real and not, and impacted their ability to focus. Additionally, similar to participants in Wright et al.’s (2019) study, Mary noticed she was having difficulties with attention when she started taking medication for her psychosis. Similarly, in Werner’s (2001) study a college faculty participant described how medication affected the “window of learning” of college students with psychiatric disabilities because as a result of their medication they often could not stay up later than 8 pm. Therefore, there seem to be varying perceived factors that impact academic function among students with early psychosis, which are important to further investigate.

**Social school struggles.** To gain comprehensive knowledge on how to be supportive and inclusive to students seeking treatment for early psychosis, it is important to not only explore the academic struggles but also the social challenges that these students can face at school. All three participants discussed social challenges they experienced when transitioning back to school after they were hospitalized. Previous literature has explored the varying
challenges students face when transitioning back to school after psychiatric hospitalization (e.g., Blizzard et al., 2016; Clemens et al., 2010; Iverson, 2017; Preyde et al., 2017, 2018). Both Mary and Angel talked about struggling while navigating conversations with school peers who asked about their absence from school. This finding is similar to previous findings identifying the challenges students face when navigating peer communications after a psychiatric related hospitalization (Iverson, 2017; Preyde et al., 2017, 2018). Research also has described how mental health stigma or relational bullying negatively impacts the social and academic adjustment of students transitioning back to school after a psychiatric hospitalization (Iverson, 2017; Preyde et al., 2017, 2018). With Isaac, the hardest part about transitioning back to school was re-entering the negative social environment that he believed caused his psychosis. Therefore, as students re-enter school after hospitalization they are not only managing recovery and adjusting to life after psychosis, but also getting back to school, often with no or little support. Considering the social challenges that students face with navigating confidentiality while integrating with both peers and teachers, it is important to learn how to create a supportive and inclusive school environment which is both conscious of and responsive to these challenges.

All participants also experienced difficulties participating in class and other social components at school, consistent with previous research which found deficits or disruptions in social functioning (Goulding et al. 2010; Joa et al., 2008; Helling et al. (2003). Both Mary and Isaac identified having social anxiety, while Angel felt like she was in danger, alone, and tried to blend into the background at school. This is consistent with previous literature examining the prevalence of social anxiety (Romm et al., 2011; Stain et al., 2012) and social isolation (Laurence et al., 2009) among individuals experiencing psychosis. This present study also
highlighted how these social struggles impacted participants’ academic function, as they struggled to participate in class discussions or other social components of class. The participants’ perspectives on social challenges provide insight into factors that could prevent students with early psychosis from doing well in class academically, but also factors that prevent them from contributing within their classroom in a way that is meaningful to them.

**Inclusion at high school (RQ 2).** In order to understand how to support students’ sense of belonging to their school community it is important to understand what it means for students seeking treatment for early psychosis to be included as well as the potential challenges that can impact how they are included at school. Research has indicated how social integration, engagement, and attachment to a community of friends are important for students with psychosis and other psychiatric disabilities (Kampsen, 2009), as a means of supporting their recovery (Bjornestad et al., 2017; Windell, Norman, & Malla, 2012), academic functioning (Salzer, 2012), and social functioning (Chudleigh et al., 2011). However, there is limited research that explores what individuals with early psychosis perceive to be inclusive. In this study four themes related to inclusion at high school were identified: (a) belonging in the classroom, (b) community participation, (c) social inclusion, and (d) challenges that impacted inclusion at school. The following discussion focuses on perceptions of belonging in the classroom, social inclusion, and the challenges that impacted inclusion at high school.

**Belonging in the classroom.** Insights into how students with early psychosis perceive to be included at school can be used to support the inclusion and integration of students with early psychosis. Jones, Brown, and Keys (2015) found that campus engagement (participation in campus sports, clubs, and organizations) and psychosocial integration (perceived quality of relationships, opportunity, and sense of exclusion) accounted for 58% of the variance that
predicted the sense of belonging on campus for university students with psychiatric
disabilities. Similarly, this study’s participants’ perceptions of belonging in the classroom
were impacted by: having meaningful opportunities to socialize, being noticed, understood and
accommodated. For example, Mary described feeling like she belongs more in classrooms and
participates more when she is noticed and acknowledged by teachers, and when she has
opportunities to socialize with school peers. Similarly, Granholm et al. (2013) found that both
interaction appraisals and perceived performance beliefs had a positive effect on the social
functioning of individuals with schizophrenia.

In Zimmerman’s (2014) qualitative study students with psychiatric disabilities
described academics as easier than social aspects of high school. Similarly, in this study, Isaac
described feeling more included and comfortable talking to classmates in his classroom than
with his school peers in the hallway. On the other hand, Angel did not feel included or that she
belonged anywhere in the school context, identifying herself as the loner at the back of the
classroom who comes to class late and leaves as soon as she can. Correspondingly, Salzer
(2014) found significant relationships between perceived discrimination, poorer social
relationships, less use of campus facilities, and less program satisfaction among college
students who have psychiatric disabilities. Findings from this study indicated Mary, Angel,
and Isaac all struggled to relate to their school peers at some level, as well as engage in
meaningful social interactions with close friends or classroom peers. Their experiences
provide some insight into how and why students with early psychosis feel included or not.

**Social inclusion.** In Windell et al.’s (2012) study, 53% of participants identified
meaningful engagement, and 40% identified social participation as important elements of
recovery from psychosis. Consistent with Salzer (2012) all three participants of this study
identified to be either unsatisfied with their social life or have a small amount of close friends. Specifically, both Angel and Isaac discussed how they struggled socially, consistent to findings in MacDonald et al.’s (2005) study, while Mary felt very close to a small group of people who validated her as a person. Mary, Angel and Isaac all, however, described valuing social activities. Both Angel and Mary described enjoying the social aspect of school, while Isaac, although claiming to dislike the social part of school, nevertheless shared stories of positive interactions with peers while engaged in structured activities that he found meaningful.

However, Killaspy et al.’s (2014) study noted a significant change in participants’ social integration and activity after they were diagnosed with psychosis. Similarly, participants in MacDonald et al.’s (2005) study described feeling misunderstood and spending less time with friends. The present study’s participants also shared stories of disruptive shifts in friendships, connection and relatability. For example, after Mary’s onset she began to feel isolated, unable to talk about her experiences with the friends who knew she was hospitalized with psychosis. Students with psychiatric disabilities in Zimmerman’s (2014) qualitative study similarly described the social backlash of disclosing to friends, with friends distancing themselves. Additionally, Mary, Angel, and Isaac discussed feeling disconnected from peers within their school community.

Challenges impacting inclusion. Not only is it important to understand what inclusion means to students with early psychosis, and how they experience it, but also the potential challenges that may impact how they feel included at school. Past qualitative research on undergraduate students with psychiatric disabilities and psychosis has described how limited social engagement and contact with friends, as well as bullying, non-positive
friendships, avoidance, isolation, lack of motivation or energy, and psychotic symptoms can be challenges that disrupt participants’ social lives (Laurence et al., 2009; Zimmerman, 2014). Mary, Angel, and Isaac also discussed the challenges that impacted how they felt included at school, which included experiences of alienation, teacher conflicts, as well as social anxiety and fear. For example, both Mary and Isaac experienced social anxiety that impacted how they interacted socially and academically at school. Similarly, Stain et al.’s (2012) study found that individuals with early psychosis who struggled with social function were more likely to report avoiding social situations due to anxiety. Findings from the present study also indicate how academic disruptions can also impact inclusion. For instance, Angel felt she was the only one not understanding her school work, and that made her feel isolated. Similarly, Monte, Goulding, and Compton’s (2008) study found a decline in both academic and social functioning before participants first episode of psychosis. Moreover, after her onset of psychosis Angel no longer felt safe around people, which impacted both her sense of belonging and how she interacted with others at school.

Although Mary, Angel, and Isaac did not discuss stigma specifically, they all discussed how they felt alienated from the general student population and in particular experiences with teachers and peers. Other research discusses the role that stigma has on the social inclusion of individuals with psychosis or other psychiatric disabilities. In Salzer’s (2012) study 27% of college students with psychiatric disabilities reported being treated differently most of the time, while 47% reported being treated differently sometimes at school. Moses (2010) found that 44.6% of the study’s participating high school students experiencing mental health difficulties felt rejected or devalued by some peers, while 10% felt socially isolated. Krupa, Woodside, and Pocock (2009) described the emotional challenges
that individuals with psychosis can face after disruptive behaviour they exhibited during their onset of psychosis, which can lead to feelings of embarrassment. These findings emphasize the importance of addressing the stigmatizing elements of school, in order to support students seeking treatment for early psychosis.

**Support at high school (RQ 3).** Although some research investigates the challenges that individuals with early psychosis face during an onset of psychosis, or in academic settings, there is very limited research on specific educational supports and instructional strategies for students seeking treatment for early psychosis. Wery and Cullinan (2016) also note the lack of research, however they also suggest that “education practitioners assume that management, instruction, and intervention practices recommended for students with ED [emotional disturbance] or behavior problems also apply to students with SS&PD [schizophrenia spectrum and other psychotic disorders], until there is scientific evidence to the contrary” (p. 24). Considering the vast research emphasizing the disruptions individuals with early psychosis experience that impact cognition and everyday function it is vital to learn what exactly supports the classroom learning of students with early psychosis. In this study five themes related to support at high school emerged: (a) feelings of support, (b) environmental supports, (c) supportive people, (d) supportive actions, and (e) challenges that impacted how participants felt supported at school. The following discussion focusses on perceptions of support, helpful supports at school, and the challenges that impacted how participants felt supported.

**Perceptions of support.** All three participants perceived mixed feelings of support from school teachers and personnel. For example, although Angel felt alone and generally didn’t feel supported at school, she did feel supported when her French teacher took time to listen to
and accommodate her. Correspondingly, Werner’s (2001) study findings emphasize the impact teachers can have on students’ adjustment to school. Fortunately, both Angel and Mary felt more supported, noticed and accommodated after their hospitalization. However, in Iverson’s (2017) study participants described mixed experiences of support from their teachers and school after their psychiatric hospitalization. These findings indicate the importance of understanding and responsive teachers for students with early psychosis.

**Helpful supports at school.** When describing helpful supports, participants in this study and elsewhere identify environmental supports, supportive people and actions.

**Environmental supports.** Participants in Woodside, Krupa, & Pocock’s (2008) study described how select environments—often more structured, predictable, and less demanding—foster success both in work and academic settings. Correspondingly, all three participants in this study described varied helpful environmental supports including quiet spaces, flexible learning structure, and the sound of music. For example, although Angel described finding both quiet and loud learning environments equally challenging when she has a “loud head,” the rhythm and sound of music helps her to focus. Similarly, in Solli and Rolvsjord’s (2015) study, individuals experiencing psychosis described how music therapy provided them relief from disturbing thoughts, as well as voices, and visual hallucinations.

**Supportive people.** Werner (2001) discusses the importance of individuals with psychosis being able to reach out, ask for help, and develop support resources. Similarly, participants in McDonald, Sauer, Howie, and Albiston’s (2005) study described how they value being around and socializing with understanding people. Correspondingly, all three participants from this study shared stories about supportive people including school personnel such as understanding and flexible teachers, external community supports such as treatment
teams, and peer social supports such as close friends. Specifically, both Angel and Mary explained that supportive teachers don’t judge their students or make assumptions but treat students like human beings and have a normal conversation with them. Isaac and Mary also discussed that supportive teachers notice when things aren’t right, look out for students when they aren’t doing well and try to help students who are struggling. Additionally, consistent with findings of Woodside et al. (2008), Mary, Isaac, and Angel described the emotional support they received from close friends and other social relationships. Spaniol et al. (2002) found that one or more supportive persons who provide hope, encouragement, and opportunities are essential for supporting recovery for individuals living with schizophrenia.

Supportive actions. In order to effectively provide students with tailored supports which meets the individual needs of students seeking treatment for early psychosis it is important to understand what students find helpful. In this study, the supports participants found to be helpful varied according to the challenges the participants were facing. For example, Angel found having agency and choice in how she completes assignments supportive to her learning in class. Correspondingly, Underhill (2014) explains that individuals with psychosis who experience disturbing or threatening thoughts often benefit from opportunities for self-assertion in order to gain control and feel safe. Participants in Windell et al.’s (2012) study reported that, after psychosis, gaining control of their own experiences was important to their recovery process.

In this study, Isaac described how having an IEP was supportive when he was experiencing school challenges related to his psychosis because it afforded him greater access to supports. However, Ball et al. (2018) found that IEPs did not improve the attendance or academic performance among children and adolescents with early onset schizophrenia.
**Challenges that impact support.** Participants in this study reported various challenges that impacted how they felt supported at school, such as discomfort sharing personal information, social anxiety limiting their ability to reach out, and conflicts with teachers. For example, consistent with Zimmerman’s (2014) study, Isaac experienced challenges with teachers who did not follow the accommodations on his IEP. Angel and Isaac experienced conflicts with teachers that made them feel unsupported and unwanted in class. Additionally, the constant fear that Angel felt made it difficult to reach out for support. Underhill (2014) similarly found that participants experiencing threatening thoughts socially withdrew for various reasons including trust issues and safety.

Other research has identified challenges of stigma and disclosure and support. For example, in Zimmerman’s (2014) study participants explained that receiving accommodations compromised their choice to disclose and resulted in experiences of stigma. Varying research discusses how many students with psychosis or other psychiatric disabilities choose not to disclose fear of stigma (Werner, 2001). These findings demonstrate the importance of building relationships in order for students to feel comfortable to seek help and develop communication skills and a network or support.

**Shared and varied experiences.** Looking back across this discussion of findings it is worth noting that there were both similarities and marked differences in Mary, Angel, and Isaac’s reported experiences of school. They shared a decline in academic achievement, social withdrawal and social disruptions and disconnection, hesitant or avoidance of asking for or responding to help, as well as difficulties in attention and processing information. These shared stories suggest what may be common experiences, challenges, and disruptions that high school students with early psychosis encounter at school. However, what is more
telling is the differences in the described contexts and sequences in which these shared experiences arose. It is important that educational practitioners, administrators, policy makers and researchers understand these variances exist as early psychosis is a broad term which includes four stages: (a) a pre-psychotic stage; (b) the first episode of psychosis; and (c) the critical early years of a psychotic disorder (McGorry et al., 2008).

Additionally, psychosis can produce a broad range of symptoms such as delusions, hallucinations, disorganized thinking, abnormal behaviour, as well as varying negative symptoms which can impact emotional expression, motivation and social participation (American Psychiatric Association, 2013). Even though all three participants identified as having at least one episode of psychosis, the progress and variance of psychotic experiences varied across all three participants. Mary described her experiences with marijuana consumption, leading to a shift of mood, paranoia, and delusions. Isaac identified the root of his psychosis experiences to be related to his social anxiety, which turned to social fear and then delusions. Angel described loud voices and sounds in her head as well as constantly anticipating threats. Although there do seem to be common experiences, psychosis impacts everyone differently, and the effectiveness of treatment is also different for each person (early psychosis intervention, 2019). Therefore, it is not surprising that all three participants described varying supports that they find helpful in navigating academic and social challenges. On the other hand, it is also not surprising that common conditions for all three participants that facilitate inclusion and support involve understanding, caring, and flexibility that is responsive to their varying needs without judgment or stigma.
Implications

The findings of this research, generated from listening to and analyzing the stories of Mary, Angel, and Isaac, have valuable implications for education practitioners, policy makers, and other students with early psychosis.

Practical implications for supporting students. In a scoping review of story-telling in mental health De Vecchi et al. (2016) found that sharing the stories of mental health service users created more empathy, a shared perspective, and reduce stigma as it supported all key players to connect on a human level. This research similarly offers educational practitioners such as teachers, guidance counselors, administrators and other school personnel with in-depth insights into the disruptions and challenges that high school students with early psychosis may encounter at school.

By sharing in the experiences of students with early psychosis, educational practitioners are enabled to conceive and visualize how to be supportive and empower students seeking treatment for early psychosis, while they are navigating educational institutions. For instance, by listening to Angel’s story I came to understand Angel’s challenges in both loud and quiet learning environments, as well as how the sound of music was different to the loud noises Angel usually hears and how it helps her focus. Moreover, through Mary’s storytelling I learnt about how she felt uncomfortable asking for help and disclosing her experiences of psychosis. However, I also learnt how one-on-one conversations with caring and understanding teachers support her to share information about the specific challenges that impact her academic functioning in class, such as her anxiety, without having to disclose her experience of psychosis. Additionally, during Isaac’s storytelling I learnt how important structured and meaningful opportunities for socializing were to support both his social
engagement and sense of belonging at school. These insights may be useful for educational practitioners as they reflect on their own practice and visualize how to support other students’ learning who may be similar to Angel, Mary, or Isaac.

**Implications for educational policy.** Jones and Brown (2013) highlights three consequences of not including the voices of psychiatric consumers, survivors and ex-patients within mental health discussions, research and policies. Without including the perceptions of individuals experiencing mental health challenges, conceptions of mental illnesses maintain a pathologizing image, restrict the language and understanding of individual experiences within a clinical setting, as well as prevent the combatting of stigmatic environments which prevent individuals from receiving support (Jones & Brown, 2013). By creating school mental health policy and guidelines that is shaped by the stories and experiences of students experiencing early psychosis and other mental health challenges, it is possible to create a framework of support and inclusion which directly reflects the experiences of students. For example, guidelines for discussing psychosis in class may be informed by lessons learned from Mary’s negative experiences of how psychosis was talked about in classes, making her feel alienated. Instead, psychosis could be discussed in a more inclusive manner, where it is okay if you have experienced psychosis.

Moreover, administrators and policy makers may take into account the complexities involved with confidentiality and self-disclosure, and the disruptions noise can create for students experiencing loud heads, when creating policy that restricts the use personal devices or listening to music at school. It is imperative that educational policy makers consider the perceptions of students who live with psychosis. Without this involvement educational policy makers risk alienating, impeding and discounting students living with early psychosis.
**Implications for students with early psychosis.** This study’s findings may also be useful to students who either find it difficult to articulate their experiences, or who are just beginning to learn how to support themselves with psychosis at school. One of the benefits of utilizing a narrative study is that individuals who are more likely to participate in this study, are those who are more comfortable as storytellers, and can articulately describe their experiences and perceptions. Considering the impact that cognitive impairments related to psychosis can have on executive functioning (Brickman et al., 2004; Cuesta et al. 2015), attention (Brickman et al., 2004; Cuesta et al. 2015), memory (Bachman et al, 2012; Brickman et al., 2004; Cuesta et al. 2015; Wannen et al., 2012), processing speed (Bachman et al., 2012; Brickman et al., 2004; Cuesta et al. 2015), and semantic/verbal fluency (Bachman et al., 2012), arguably the challenges this study’s participants faced could be much greater for other students experiencing early psychosis. Therefore, hearing the stories of students with early psychosis may provide other students with insight into their own experiences of school.

**Study Limitations**

There are three major limitations of this research which include: (a) the small amount of participants and focus on perceptions, (b) the potential selection bias of participants included in this study, (c) the scope of methods, and (d) my subjectivity and position as researcher.

The small number of participants allowed me to conduct an in-depth exploration of Mary, Angel, and Isaac’s perceptions of their experiences, inclusion, and support at high school, which have emphasized the varying complexities that are similar and differ between participants. However, it is important to note that these findings are specific to the perceptions
of Mary, Angel, and Isaac, within their particular contexts. Moreover, including the perspectives of other key players such as school personnel, guardians, and medical professionals, may have led to a more comprehensive knowledge of the high school experiences of these and other students with early psychosis. Therefore, this study’s findings cannot be generalized to all students experiencing psychosis. Instead of generalizing findings, they should be used to aid the understanding of what high school students with early psychosis may experience and support the identification of possible ways for educational practitioners, administrators and policy makers to support these students.

As mentioned in the implications section, the individuals who chose to participate in this study were likely those amongst the targeted population who were more comfortable as storytellers, and felt comfortable describing their experiences and perceptions. Therefore, an agreement to participate probably represents a selection bias towards individuals who experience less symptoms and have higher functionality. The disruptions and challenges that Mary, Angel, and Isaac described at school probably do not represent the entirety or the extent to which other students with psychosis experience secondary school. It is important that researchers and educational communities continue to acquire a more comprehensive understanding of what disruptions individuals with early psychosis face, which includes the experiences of those who may be less willing to participate as storytellers.

The flexibility employed in this study allowed me to accommodate the specific needs of the participants of my study. However, the scope of a singular data collection method (interviews) may have limited how detailed the collected insights were in this study. The initial design of this study, which utilized multiple methods of collecting data, may have led to a deeper understanding of the experiences of Isaac, Mary, and Angel—for instance,
beginning data collection through participants creating dairies on their school experiences to create a more individual exploration by creating targeting interview guides that were unique to each participant’s understanding of school experiences, inclusion, and support. Without this insight the interview questions may have become too broad, as the concepts of school experience, inclusion, and support can be broad in nature. This may have limited how detailed the collected data were, especially for participants who decided not to participate in a follow-up interview or experienced difficulties articulating their experiences in words.

The final major limitation of this study is my subjectivity and position as a researcher. Although a secondary aim of this this study is to empower the voices of students with early psychosis, this study’s analysis and interpretations were influenced by my own perspectives, subjectivity, and past experiences. It is possible that another researcher conducting a similar study could arrive at different findings and interpretations. Moreover, my position as a novice researcher may have influenced the quality of data collected and interpretations of findings. For instance, as a novice researcher I am still learning how to utilize different strategies and phrasing of follow-up questions. Therefore, another researcher with more experience and expertise may have been more effective at collecting quality data.

Although I have employed varying strategies to improve the trustworthiness of this research such as including a participatory focus group to aid the development of the protocol used in this study, constantly referring to my participants words when dramatizing their stories, and sending participants their stories to confirm it describes their experiences accurate, with the study’s limitations of a small number of participants with a potential selection bias, single data collection method, and my subjectivity and position as researcher, its findings should be interpreted thoughtfully and with caution. This research was designed
to start building educational knowledge as well as a conversation on how to support students experiencing early psychosis. Through further discussions and research, we can gain a better understanding of how to be inclusive to and support these students within our educational system.

**Recommendations for Future Research**

Considering the lack of pre-existing literature on high school students with early psychosis and the variance within the experiences of the present study’s participants, it is important to gain a more comprehensive understanding of all the factors impacting academic function for individuals with early psychosis. Therefore, I suggest that future research examines the academic and social struggles students with early psychosis face, as well as the effective supports they access to navigate these challenges within a larger sample size.

Researching a larger sample size, researchers may be able to identify varying patterns amongst the experiences, challenges, and supports which could support a greater understanding of how to support and include students with psychosis at school. For example, different strategies may be more effective to help students focus in school depending whether students are experiencing difficulties because of hallucinations, medications, or other factors. I particularly believe it is important that future research both identifies and assesses the effectiveness of current supports used for students with early psychosis. I also believe it is necessary to further research in detail what students with early psychosis perceive to be meaningful participation, function, social engagement and integration at school and within other communities. I also suggest that future research gains more knowledge from including the perspectives of other key players such as the social supports, educational practitioners, and mental health professionals who are involved in supporting students with early psychosis.
Concluding Thoughts

This research provides educational practitioners, policy makers, and researchers with in-depth insights into how students with early psychosis may experience as well as perceive to be included and supported at school. Specifically, this study highlights the varying disruptions and challenges that students with early psychosis can encounter at school, as well as effective supports participants found helpful when navigating these challenges. It is hoped that Mary, Angel, and Isaac’s stories will be used to enable educational practitioners such as teachers, guidance counselors, administrators and other school personnel to conceive and visualize how they can be supportive and empower students with early psychosis while they are navigating our educational institutions. It is also hoped that this study’s findings will be expanded on by researchers to gain a more comprehensive understanding of all the factors impacting academic function for individuals with early psychosis. Finally, I hope hearing the stories of Mary, Angel and Isaac can potentially benefit other students with early psychosis by providing some insight into their own experiences and how they might become supported at school. Therefore, I hope the stories of Mary, Angel, and Isaac will contribute to a more inclusive discussion about mental health in education, that is informed by the voices of students who have experienced psychosis.
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### Appendix A: Phase One Interview Guide

**Interview Guide Used in Mary, Angel, and Isaac’s Initial Interview**

<table>
<thead>
<tr>
<th>Introductions</th>
<th>review and discuss participant’s roles and rights</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RQ1: gathers data on how student’s experience school</strong></td>
<td>What is your normal school day like?</td>
</tr>
<tr>
<td></td>
<td>- How do you get ready for school?</td>
</tr>
<tr>
<td></td>
<td>- What classes are you taking?</td>
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<tr>
<td></td>
<td>- What do your classrooms look and sound like?</td>
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<tr>
<td></td>
<td>- What do (don’t) you like about school?</td>
</tr>
<tr>
<td></td>
<td>- What is easy (hard) about school?</td>
</tr>
<tr>
<td></td>
<td>What is your school workload like?</td>
</tr>
<tr>
<td></td>
<td>- How much school work do you do during class?</td>
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<tr>
<td></td>
<td>- How much homework do you have?</td>
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<tr>
<td></td>
<td>- What do (don’t) you like about your school work/ homework?</td>
</tr>
<tr>
<td></td>
<td>- What is easy (hard) about your school work/ homework?</td>
</tr>
<tr>
<td></td>
<td>How do you like to participate in school?</td>
</tr>
<tr>
<td></td>
<td>- What activities do you like to do?</td>
</tr>
<tr>
<td></td>
<td>- When do you like to be alone? Why?</td>
</tr>
<tr>
<td></td>
<td>- When do you like to be with others? Why?</td>
</tr>
<tr>
<td></td>
<td>- How has the way you participated in school changed since you started experiencing early psychosis?</td>
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<tr>
<td><strong>RQ2: gathers data on how Students’ perceive to be included at school</strong></td>
<td>What are your roles as a high school student?</td>
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<tr>
<td></td>
<td>- What kind of extra-curricular activities are you apart of at your school?</td>
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<tr>
<td></td>
<td>- What do you like to do for lunch?</td>
</tr>
<tr>
<td></td>
<td>- How often are you at school?</td>
</tr>
<tr>
<td></td>
<td>- How do you participate in your classrooms?</td>
</tr>
<tr>
<td></td>
<td>- How has your role in school changed since you started experiencing early psychosis?</td>
</tr>
<tr>
<td></td>
<td>What is your social life like?</td>
</tr>
<tr>
<td></td>
<td>- What different types of relationships do you have at school?</td>
</tr>
<tr>
<td></td>
<td>- How often do you get to see your friends after school?</td>
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<tr>
<td></td>
<td>- What do you like to do with your friends?</td>
</tr>
<tr>
<td></td>
<td>- How has your social life changed since you started experiencing early psychosis?</td>
</tr>
<tr>
<td></td>
<td>How included do you feel at school?</td>
</tr>
<tr>
<td></td>
<td>- How has the way you have felt included changed since you started experiencing early psychosis?</td>
</tr>
<tr>
<td></td>
<td>- How has your friends/peers impacted the way you feel included?</td>
</tr>
<tr>
<td></td>
<td>- How has your teachers impacted the way you feel included?</td>
</tr>
<tr>
<td></td>
<td>- How has your school administrators (principles) impacted the way you feel included?</td>
</tr>
<tr>
<td><strong>RQ3: gathers data on how Students’ perceive to be supported at school</strong></td>
<td>How are you supported in your classroom?</td>
</tr>
<tr>
<td></td>
<td>- How helpful do you find your teachers?</td>
</tr>
<tr>
<td></td>
<td>- Who is your favorite teacher and why?</td>
</tr>
<tr>
<td></td>
<td>- How helpful do you find your peers in class?</td>
</tr>
</tbody>
</table>
- Who do you ask for help when you have a question about school work?
- How has a mentor helped you overcome school struggles?
- What kinds of support do you find helpful in the classroom?

How are you supported in your school and community?
- Who do you ask for help when you have a question about life?
- If you are having a bad day who do you talk to for support?
- How do your friends support you at and after school?
- What options do you have to go to when you want support?

How were you supported when transitioning back to school?
- How much contact did you have with friends/teachers while you were away?
- How were you supported while you were away from school?
- Did you feel welcomed when transitioning back to school?
- How did you cope when transitioning back to school?
- Who could you turn to for support?
- What else could the school could have done to better support you when transitioning back to school?

Do you feel supported in school?
- Has the way you feel supported changed since you stated experiencing early psychosis?
- What do you wish that your teachers knew about you?
- What do you wish that your peers knew about you?

What could the school do to make you feel more supported in school?

Concluding thoughts: provides an opportunity for participants to expand on the interview
- How would you expand on this interview?
- What else would be important for me to know about your school experiences?
- Do you have any feedback or comments you would like to make about this interview or my interviewing procedures?
Appendix B: Follow-up Interview Guides

Mary’s Follow-up Interview Guide

*Interview Guide Used in Mary’s Follow-up Interview*

<table>
<thead>
<tr>
<th>Introductions</th>
<th>review and discuss participant’s roles and rights</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interests</td>
<td>- What type of music do you listen to? &lt;br&gt; - When do you decide to listen to music?</td>
</tr>
<tr>
<td>Disruptions Caused by Treatment or psychosis:</td>
<td>- You mentioned that your medication makes you groggy in the morning. What do you mean by Groggy? &lt;br&gt; - How does your medication impact your other school experiences? &lt;br&gt; - Has any other type of treatment impacted your school experiences? If so how? &lt;br&gt; - How has psychosis impacted your school experiences?</td>
</tr>
<tr>
<td>School Struggles:</td>
<td>- You mentioned that expanding on thinking can be difficult for you especially after you started experiencing psychosis. Can you describe the difference from before the onset to after? &lt;br&gt; - How has this challenge affected your writing, speaking, or other school work? &lt;br&gt; - When did you first notice you were having difficulties expanding on your thoughts? &lt;br&gt; - For Math everything became theoretical in high school. Can you share an example of how math became theoretical? Do you think this is related to psychosis? &lt;br&gt; - Do you have any other school struggles that you think is related to psychosis?</td>
</tr>
<tr>
<td>Belonging:</td>
<td>- We talked a lot about how your interactions and mood had impacted you both academically and socially. I have a few questions about the differences you feel now from the first semester of grade 11. &lt;br&gt; - Who did/do you feel notices you? &lt;br&gt; - Who did/do you feel knows you? &lt;br&gt; - Who did/do you feel doesn’t notice you? &lt;br&gt; - Who did/do you feel disconnected from? &lt;br&gt; - How do you think your peers see you? &lt;br&gt; - How do you think your teachers see you? &lt;br&gt; - Do you believe your peers misunderstand psychosis or those seeking treatment from it? &lt;br&gt; - Do you believe your teachers misunderstand psychosis or those seeking treatment from it?</td>
</tr>
<tr>
<td>Law Class Discussion:</td>
<td>- How was psychosis talked about during this discussion? &lt;br&gt; - How were you feeling during this moment? &lt;br&gt; - What were you thinking during this moment? &lt;br&gt; - How has this moment impacted you and your other school experiences? &lt;br&gt; - How and where can you have an inclusive conversation about psychosis in school?</td>
</tr>
<tr>
<td>Painting a Lantern:</td>
<td>- How would you have liked to be treated in this moment? &lt;br&gt; - How were you feeling during this moment? &lt;br&gt; - What were you thinking during this moment? &lt;br&gt; - How has this moment impacted you and your other school experiences?</td>
</tr>
</tbody>
</table>
### Helping Others:
- You mentioned that a friend and her mother were really great supports during moments of crisis. Do you feel comfortable describing how they supported you and how it helped?
- We previously discussed how you wanted to use your experiences to help others and mentioned how rewarding helping your one friend who reached out to you.
- What do your peers need to know about psychosis and those seeking treatment for it?
- What do your teachers/principles/guidance need to know about psychosis and those seeking treatment for it?

### Concluding thoughts
- How would you like your story to be told?

### Angel’s Follow-up Interview Guide:

#### Interview Guide that would have been used in Angel’s Follow up Interview

<table>
<thead>
<tr>
<th>Introductions</th>
<th>review and discuss participant’s roles and rights</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interests</td>
<td>During our last interview you mentioned that you have been riding horses for 9 years.</td>
</tr>
<tr>
<td></td>
<td>- Do you still ride?</td>
</tr>
<tr>
<td></td>
<td>- What is/was that like?</td>
</tr>
</tbody>
</table>

| School Details | During high school when were you a part- or full-time student? |
|               | - How did this impact how behind you were in classes? |
|               | - Were you always in a mainstream classroom?     |
|               | - Why was English your favorite class?          |
|               | - Why did you move schools?                     |
|               | - Were both schools French Immersion?           |
|               | - How did moving schools impact your school experiences? |
|               | - Did you feel comfortable in your school?      |
|               | - What school stress have you experience in high school? What tipping points of stress have you experienced? How often did you have too much on your plate (both at and out of school)? |

| School Struggles: | - You talked about how having a loud head impacted your ability to focus. Can you describe what is a loud head? how you feel during these moments? |
|                  | - Can you tell me a little bit more about the difficulties of a loud classroom? |
|                  | - Can you tell me a little bit more about the difficulties of a quiet classroom? |
|                  | - Can you share a story of when music helped you with your loud head? |
|                  | - When did you start experiencing a loud head? How long after that did you start receiving treatment? How did you reach out for help? |
|                  | - Did you find it hard to focus before you started experiencing a loud head? |
|                  | - Can you describe what you were feeling when you were re-entering school from the hospital? |
|                  | - You also mentioned that after your onset you felt like everyone is trying to kill you. When did you start feeling this way? |
### School Struggles:
- You quickly mentioned that you had trouble writing down your thoughts can you describe this a little bit more?
- When did you first notice you were having difficulties writing down your thoughts?
- What other symptoms have you experienced?
- How have these symptoms has impacted you in high school? Do you have any other school struggles that you think is related to these symptoms?
- Has any of the treatments that you have received impacted you in high school?

### Friendship, Inclusion, and Support:
- Before your onset you mentioned you had a group of friends that you were existent with. What do you mean to be existent?
- What does inclusion mean you?
- What does it mean to belong?
- What does support mean to you?
- What made your foster care worker become supportive to you?
- How did your friend at the school you moved to support you?
- Do you want to be more connected to the school? Why?

### Guidance teacher conflict:
- You mentioned that you felt belittled when the guidance teacher yelled at you. What other emotions were you feeling in this moment?
- How did these feelings change when he started to follow you?
- Can you describe what you were thinking during this moment?

### Concluding thoughts
- How would you like your story to be told?

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### Isaac’s Follow-up Interview Guide:

*Interview Guide Used in Isaac’s Follow up Interview*

<table>
<thead>
<tr>
<th>Introductions</th>
<th>- review and discuss participant’s roles and rights</th>
</tr>
</thead>
</table>
| Interests     | - During our last interview you mentioned that you clean what do you enjoy about your job cleaning around the residence?  
- What do you like to do on your spare time? |
| Social Structure of School | - Last interview you talked about how high school wasn’t for you and how college was more for you. Can you describe what is the difference between high school and college to you?  
- How were you connected to the social structure of school?  
- How did your friends impact the social structure of school?  
- How did you teachers impact social structure of school?  
- How did you interact in the social structure of school?  
- Did the way you interacted with this social structure change after you started experiencing early psychosis?  
- How did the social structure of school impact you and your school experiences?  
- You mentioned that the social structure of high school was the root everything. Can you describe what you mean?  
- What were you feeling when you returned back to the environment of high school after your hospitalization?  
- For you what would be an ideal social structure for high school?  
- If things were different how would you have liked to interact in high school? |
**School Struggles:**
- You mentioned that it all happened in early January in grade 11. What were you experiencing during that time? What changed during that time?
- You mentioned that before you started experiencing psychosis that your grades started dropped. When did you start to notice that you were struggling in school? How did these school struggles make you feel?
- What was it like to have psychosis?
- What experiences of psychosis did you experience in high school?
- How did these experiences impact your school experiences?
- How did these experiences impact your school work?
- Has any type of treatment you received impacted your school experiences? If so how?

What school stress have you experience in high school? What tipping points of stress have you experienced? How often did you have too much on your plate (both at and out of school)?

**School Supports**
- Did you find your IEP to be a helpful after you started experiencing early psychosis?
- How did your IEP help you navigate school struggles related to psychosis?
- What teaching strategies did your teachers use that you found helpful when they were helping you on assignments and other school work?
- How did teachers impact your sense of belonging in the classroom?
- You mentioned that teachers could support you by noticing when something was not right. What is an example of when something wouldn’t be right that a teacher would be able to notice and support you with? Has one of your teachers in high school ever helped you in this way?
- How did often did your teachers work with you one on one to help you with school work?
- How often did your peers help you with your school work?
- How did group work impact your sense of belonging? How did group work impact your academic performance?
- Do you prefer to do school work independently or with classmates?
- How did a quiet environment support you at school?

**Friendship, Inclusion, and Support:**
- Friendship, Inclusion, and Support:
- You mentioned that gym class felt more inclusive then some other classes. What other classes did you find to be more inclusive? What classes did you find were less inclusive then others?
- What is the difference between an inclusive classroom and one that isn’t?
- Why did you decide to call the group of people you hung out with at school your friends at the time?
- You mentioned that these friends made you feel down? How did they make you feel this way?
- During high school who did you feel knew you as a person? Who didn’t know you?
- How connected did you feel to your friends?
- How connected did you feel to your peers in your classrooms?
- How connected did you feel to your peers in the hallway?
- You talked about the strong relationship you have with your family. What makes your family such a great support for you? What do they do that you find helpful?
| Math teacher conflict | - you describe how you were feeling in this moment?  
|                       | - Can you describe what you were thinking during this moment?  
|                       | - How did this moment impact your school experiences?  
|                       | - How did this moment impact the way you felt included at school?  
|                       | - How did this moment impact the way you felt supported at school?  
|                       | - Did you have other similar experiences with teachers before or after this moment? |
| Concluding thoughts   | - How would you like your Story to be told?  

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Appendix C: Dramatization Exemplars

Mary: The Spiral

I have been up for three hours getting ready for school. I really enjoy having that time to myself to relax and recharge before my school day begins (il 60-62). When it’s finally time to catch the bus I grab my stuff and head out the door.

Perfect timing! I see my bus in the distance and I continue to casually walk down to my bus stop. I have a half-hour to an hour-long bus ride (il 64) so I use this time to think to myself and prepare for another school day.

I have always prided myself as a smart girl who gets straight A’s. But when I came into high school things weren’t as easy. Even though I was working harder I began getting like B’s, and sometimes even C’s (il 1008-1014).

Everything really began to change this year when I began grade 11; I really feel like a failure. Honestly, I don’t like going to my math or science classes because I am failing and it’s obvious the teachers like hate me because I am failing and they know that I am not smart enough to be in their class (il 308-). Lately I have been skipping class because I just can’t handle things. Like I become too emotionally upset or I don’t wanna like face a teacher. ’Cause like they tell me I need to be more productive... But I felt like I just can’t (il 381-385).

I find myself losing motivation as my bus pulls beside Pauline-Rose Secondary School and I follow the other kids exiting the bus.

As I walk into my school and slowly head towards my first class I am surrounded by my school peers, but I don’t feel noticed by any of them. Lately, I just don’t seem to be myself and things just seem different (il 254-256). It’s hard to explain … Like, I have always had bad days where I feel like I am kinda just going with it, and it feels like no one really notices me (il 510-518). But lately I have been feeling really depressed. I don’t really know why. Maybe it’s my birth control making me depressed? I’m not doing so good in classes, like I hit a new low in my last few assignments, so maybe that is it, too? I don’t know, but I have noticed that my mood is different (il 260-269). I have been isolating myself a lot lately even though I do have good relationships with my friends—I just would rather be alone at this point (il 441-442).

I silently enter my stage design class and look for the gazebo-shaped lantern I have been working on. This class is like art and construction put together, so we, like, build stuff. And honestly I am not very inspired in this class—I just can’t think. Every day I have been kind of just sitting here painting and painting this lantern over and over again (il 309-400).

I find my lantern and notice how the layers of green paint are so thick it is beginning to define the lantern’s shape. I don’t feel motivated to think of what else to do so I silently continue to glaze another layer of paint onto the lantern. I focus on the sticky sound and pungent smell of the fresh paint. My vision becomes a blurry green with the repetitive motion of my brush strokes.
while my mind dulls and my senses enhance. Slowly I become aware that my teacher is behind me watching me paint. When I look up at him he says.

“Mary, look, this isn’t productive—you need to do more than this.”

I can’t stop the rush of emotions and thoughts. Everything that I was containing inside hits me all at once: “You can’t do anything. You’re worthless if you can’t even pass stage design class, then what else can you do?” (il 309-400).

My thoughts are spiraling and are becoming more and more suicidal. I can’t handle being in this class anymore. I just pack up my stuff and leave the classroom (il 785-789).

Angel: Noise

Beep, be ep, Be ep...

I keep my eyes shut as the annoying sound of my alarm clock wakes me up an hour before the bus comes. Like every morning I hit the snooze button and let myself sleep for 30 more minutes...

Beep, Beep, Beep.

I finally open my eyes. I get dressed and then just hang out in my room for a little bit where everything seems more quiet. I like to just be in my room reading, writing, drawing, or watching videos on my phone. Being alone in my room at home I can just avoid being yelled and screamed at all the time (216-218).

It is time to catch the bus to go to my school: Penny Secondary School. As I walk on the bus the noise of my schoolmates penetrates my brain. There isn’t much that I like about school (90). Like I have very few friends and I just—I don’t do well in school (92). My favorite class is English, but the class that I am best at is Art. But I never was good at Math or Science. I always struggled in those subjects (383-384).

Up until the middle of grade 12, (430) when I moved to Penny Secondary School, my school days were kinda regular. I rarely missed a day of school. But once I moved schools that’s when I started struggling and skipping (54-56). I was at school every day… but it was not always on time or in class (319-320).

When I get to school I slowly make my way to my English class. I always come to class a bit late and leave as fast as I can (520-521). I walk in the door, and like usual my classroom is very loud. Each classroom has between 20 to 30 students and the group of people I’m with tend to be loud (139). I sit at my desk and stare at the front of the classroom and try to blend into the background. Sometimes I try and participate by answering a general question that is asked to the class, but I always get the answer wrong. Usually there is very little that I do in class (121-122).

I put my head down and try to listen to what the teacher is saying through all the noise. The
noise increases with the background noise in my head and the voices around me became louder.

Shifting focus from sound to sound I don’t know what to listen to (107) anymore. Thankfully my teacher has written instructions on the board and I figure out we are supposed to be reading a poem and then doing some paper work about the poem. I enjoy reading so I keep my head on my desk and read the poem. But when I look at the paper work I need to do the background noises and loud voices pierce my brain and I blank out (110-113).

I long for the sound of music and to be in band practice. I find music very enjoyable (176). During band class the music is pretty loud so it blocks everything out (292). The loudness of music helps because it has more of like a rhythm and a calming tone then the shouting and screaming that is in the classroom and in my head (345).

The bell rings and my classmates began handing in their completed paperwork to the teacher as I look at my blank page. I take a deep breath as I go to hand in my untouched paperwork. I know I am going to get in trouble (112) again for doing nothing in class. I’ve been struggling to keep up with everybody else but I never ask for help. I’ve always felt like I have to do everything on my own (689).

Isaac: High School Is Scary

The morning light fills my room as I wake up to get ready for another school day. I get out of bed, get showered, get dressed, brush my teeth, get my stuff ready, and then I’m off to school (11 35-36). Some days I take the bus to school but today my parents are driving me, as they often do (11 38).

Sitting in the back seat I feel my muscles slowly get tighter and tighter as we approach my school. I start thinking about how stressful school can be. I feel that I have too much on my plate maybe like three times a week (12 459-465), and the stress usually lasts for a few hours (12 469). Most of the stress that I feel comes from two things: school work and the social aspect of high school (450-451). I am working too, so everything together can become quite a bit.

I don’t find a lot easy about high school. I mean my school day is okay, but I know I won’t want to do it all over again when the day is over (11 32-33). I mean I don’t mind the academic part of high school. I love anything to do with science, like biology and chemistry. I’ve always had a passion for science ever since I was little and science classes are still my favorite (11 46). I also like English, but math I just never liked. It’s just hard... I just don’t feel like I have a math brain with like logic and stuff like that (11 92-97). But honestly the social part of high school is the worst (11 73).

I don’t feel like I belong in high school. I don’t know, it’s just... like the high school life is just not for me. High school life is like, the drama and... I don’t know, it’s just drama. Like stuff that goes on that I don’t really know how to explain (11 326-327). I really don’t like the whole social structure of high school or the high school life. I find high school very, like almost, I don’t know... cliquey. It’s very much like you have to fit into a group, and if you don’t then you’re an outcast (12 35-38). The social part of high school is the worst (11 73). It’s not easy in high school. It’s not something I ever want to do over again.
But here I am, looking at Westlyn High School’s sign out of my parents’ vehicle. The sign reminds me about being in the art club when we made a board for the school’s sign (i1 139-140). For a moment, as I walk to the school doors, I allow myself to reminisce about a time when I was slightly more content and adjusted to high school.

I spent a lot of time in art club last year, in grade 10 (i1 135-137). My favorite thing we did was make models of the mascot out of glass on a wooden board (i1 139-140). The process for this was really cool, like it was kind of like stained glass. You had to chop up pieces of glass, then we chilled the pieces of glass and then we had to sculpt it together on like a wooden slate and… it was interesting (i2 194-197). I decided to join art club because I knew I had one friend in there—well I knew a couple of people, but they were kind of acquaintances (i2 201-205). I stopped being a part of art club when I began grade 11 because I wanted to focus on my courses, specifically my biology and chemistry courses, and work hard. Although I am not getting the greatest grades… but that’s just what I wanted to do (i2 213-214). I’m still trying to focus on my academics but everything seems to be getting harder and harder lately.

Everything hits me when I walk into the school building. I don’t feel like I belong. Like the high school life is just not for me… I always feel scared walking in the school hall (i2 775-776). I feel like these hallways are full of the worst people. As I walk to my first class I know they are talking about me, and they probably think the worst about me (i2 778-779). There’s something about high school that brings out the worst in people.

“Isaac, you just need to get to class. You don’t need to linger,” I tell myself as I begin to walk more quickly (i2 791-792). I see my biology classroom door and stare at it and get there as fast as I can.

I feel relief as soon as I enter the classroom. The social structure in my classroom is different than in the school hallways. Like I feel connected to my classmates academically—but not much outside of class (i2 769). You have something to relate to with the students in your classes. Like I’m interested in science, so it’s easier to speak to people in science class (i2 84-85). For an example, I really enjoy the experiments. (i1 48) Last week we did a dissection in biology and it was good (i1 44). During the lab I had a few conversations where my classmates would say something like “I really like this lab” and I would say “oh I do too” and then we would talk about what we thought was interesting (i2 771-772). The conversation, like… made sense. So, I only interact with the social structure of school by talking to peers like inside of class. I would never… like I had some friends that I would talk with outside of class, but I didn’t make new friends outside of class. The only place I really talk is just inside my classes, where we can talk about our common academic interests.

But I never felt that my peers or friends really knew me as a person (i2 756-759).