A Narrative Exploration of Sense of Belonging of Persons Living with Schizophrenia in the Community

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ABSTRACT

This narrative inquiry consisting of an interview and a series of walkabouts with three persons living with schizophrenia identified five experiences: (1) feeling something was wrong, (2) being diagnosed, (3) a turning point, (4) their life starting over, and (5) achieving a feeling of peace or acceptance. All three narratives identified *sense of belonging* as the key to understanding movement through these stages. The implications for mental health practitioners are the need for patient access to peer social interactions during the early stages of diagnosis, opportunities for self-determination in care practices, and a greater focus on belonging within hospital settings.

Keywords: belonging, schizophrenia, self-determination, walkabouts

RÉSUMÉ

Cette étude narrative basée sur une entrevue et une série de promenades de socialisation organisées avec trois personnes schizophrènes a permis de mettre en évidence cinq étapes de leur expérience : (1) le sentiment que quelque chose ne va pas ; (2) le fait de recevoir un diagnostic ; (3) la prise de conscience d'être à un point décisif ; (4) le fait de réaliser la possibilité d'un nouveau départ ; (5) la manifestation d'une sensation d'apaisement ou d'acceptation. De ces trois récits, le «sentiment d'appartenance» est ressorti comme le fil conducteur du cheminement à travers ces différentes étapes. L'enseignement qui en résulte pour les professionnels en santé mentale est le besoin pour le patient d'avoir accès : aux interactions sociales avec leurs pairs au stade précoce de la maladie, aux opportunités d'autodétermination en matière de soins, et à l'importance de mettre l'accent sur le sentiment d'appartenance au sein du milieu hospitalier.

Mots clés : appartenance, schizophrénie, autodétermination, promenades de socialisation

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According to *The Human Face of Mental Health and Mental Illness in Canada* (Public Health Agency of Canada, 2006), schizophrenia is one of Canada's most serious mental health disabilities. Positive symptoms of schizophrenia include hallucinations, delusions, and abnormal motor behaviours listed in the DMS-V (APA, 2013); however, negative symptoms frequently include asociality (lack of interest in socializing with others), diminished emotional expression, and alogia (diminished speech output). These negative symptoms of schizophrenia influence speech and expression and affect how a person communicates and connects to others. Furthermore, the report found that 60%–70% of persons with schizophrenia have limited social networks or supports.

As persons diagnosed with mental illness were deinstitutionalized, the hope was that community-based health services would expand to address the needs of people now living in a non-hospital setting (Hutchison & Potschaske, 1998). Decades later, challenges remain to secure adequate support for community integration and autonomy for persons with schizophrenia living independently (Ogden, 2014). Prince and Gerber (2005) found that simply having a physical presence in the broader community is associated with greater overall life satisfaction. Gerber et al. (1994) found that when persons were placed in the community, their living standards and social skills improved, leading to a drop in hospital re-admissions and overall length of hospital stays. Gerber et al. (1994) failed to identify what supports were provided or how and why they were effective.

As a recreation therapist (lead author) who had worked in both hospital and community-based mental health settings, I heard some persons diagnosed with schizophrenia referred to as "revolving-door" patients because they would frequently be readmitted into a hospital after being discharged. As a researcher, I wanted to explore how some persons with schizophrenia were able to successfully stay out of the hospital and thrive in their community.

Being in a community is not necessarily a panacea. In some cases, communities could not accommodate the increasing needs of persons living in local neighbourhoods and cities (Warner, 2004). In rare cases, persons experiencing a psychotic relapse requiring a brief hospitalization were discharged to no fixed address (Warner, 2004). Many anticipated outcomes of deinstitutionalization, such as a decrease of dependence, were not achieved.

Community can be a place (e.g., a neighbourhood or city) or physical space (e.g., a house). For some individuals, community is a feeling of connection to others. Townley et al. (2009) noted a lack of understanding of what the *community* means to persons with a mental health disability. Işık and Ergün (2019) found that persons sometimes feel a meaningful connection to a particular place, person, or institution. Persons who share common values or beliefs establish a community when they come together (Işık & Ergün, 2019; Mahar et al., 2013). A sense of belonging can be an important factor in feelings of trust and hope for persons with schizophrenia (Işık & Ergün, 2019). Harmony between group members is necessary for belonging to occur (Mahar et al., 2013).

On the other hand, Wastler et al. (2019) found that negative stereotypes of mental illness could lead to isolation from others—people thinking of themselves as burdensome to others. Isolation from others can lead to feelings of being an outsider (Barut et al., 2016). Persons with mental health disabilities who have a low sense of belonging are more likely to have internalized stigma, which increases suicidal ideation (Wastler et al., 2019).

The purpose of this article is to explore how a *sense of belonging* (Mahar et al., 2013) affects persons living with schizophrenia in their community. The authors use narrative inquiry to explore in-depth stories of three persons living in Ontario, Canada. Narrative inquiry creates opportunities for persons to story (i.e., describe) their own lives and, in doing so, to make meaning and construct identity or sense of self. Danforth (1995) advocates narrative inquiry for persons who have been marginalized, as this methodology is not limited to the pathological conditions by which they have been labelled.

Conceptual Framework: Sense of Belonging

Feeling a sense of belonging to a place, a group of people, or an identity (e.g., schizophrenia) can significantly impact persons with disabilities. Although not a specific focus of the initial research, a sense of belonging emerged as a theme throughout the data collection and analysis process. A sense of belonging has been linked to the core dimensions of social inclusion (Mahar et al., 2013), can increase feelings of trust and hope (Işık & Ergün, 2019), and can reduce feelings of loneliness (Işık & Ergün, 2019; Wastler et al., 2019) for persons with disabilities. The conceptual framework of *sense of belonging* (Mahar et al., 2013) will guide this examination of the narratives of persons living with schizophrenia. Based on a transdisciplinary review of existing definitions, themes, and components, Mahar et al. (2013) identified five central elements for a sense of belonging:

1. Subjective perception of feeling valued, respected, and "fitting in."

2. A feeling of groundedness, feeling anchored in belonging to something.

3. A reciprocal relationship of shared understandings, experiences, or feelings with others or with something.

4. The interplay of physical and social enablers and barriers.

5. Self-determination, which is having power and control in one's decision-making.

NARRATIVE INQUIRY

Roe and Davidson (2005) suggest a fluid approach to gathering information that engages persons with schizophrenia in conversation about which experiences were vital and how they influenced their lives. In having these conversations, the research needs to ensure the narrative captures the essential experiences relevant to the story under construction (Coles, 1989). The narrative process is an inquiry into human experiences organized in sequenced, meaningful episodes (Polkinghorne, 1988) and can "highlight both the individuality and the complexity of a life" (McCormach, 2000, p. 282). Schizophrenia is complex, and individual experiences are often not well represented through dominant research narratives of schizophrenia.

Participants

After receiving research approval from the Tri-Council Ethical Conduct for Research Involving Humans (TCPS 2) of the University of Waterloo, the authors contacted participants through a local mental health housing agency in Southern Ontario. Inclusion criteria at the time of the study, required participants be over the age of 18, formally diagnosed as having a schizophrenia spectrum disorder according to DSM-V (APA,

2013), and living in a community-based setting (e.g., independent housing, group home, etc.). All participants received social assistance through the Ontario Disability Support Program (ODSP) and had lived in their community for several years. Three persons participated in the study (2 females, 1 male). The value of a case study approach provides more detailed information from each participant and therefore a deeper understanding of their lived experiences (Creswell & Creswell, 2018).

This article uses pseudonyms to protect the identities of the participants and the persons in their stories. Whitney is divorced, in her fifties, a mother to one daughter, and lives on her own with one cat with support from a local mental health housing agency. Ryan is single, in his late thirties, and lives with his parents. Tina is in her forties, in a committed relationship, and lives independently with support from a local mental health housing agency. The authors did not ask the participants to identify their ethnicity, but they appeared to be of European descent.

Interviews and Walkabouts

The participants completed an audio-recorded interview (60–90 minutes) in a closed room at the local mental health agency, as well as participation in a series of walkabouts (5 or 6) which created opportunities to co-construct conversations in the participant's leisure spaces, such as snowshoeing, walking around town, visiting a horse stable, and going for coffee at a local café. This walkabout strategy was adapted from Angrosino's (1994) *On the Bus with Vonnie Lee,* in which the research participant was given the opportunity to structure his narrative around bus routes and so tell "his life story without specific prompts" (p. 22).

Asking the participants to listen to their narrative is another technique used in qualitative research (Creswell, 2009). Qualitative researchers frequently engage their respondents in validating the researchers' interpretation of the narrative (Richardson, 1990). In this study, the lead author summarizes the participant's initial narratives during follow-up walkabout conversations. Richardson (1990) discusses "(re)narrativizing" as a way of reconstructing a person's biography, allowing different meanings and systems of meanings to develop. For example, during a walkabout with Tina, a follow-up discussion clarified that her motivation to participate in the walking groups was a social need rather than a physical need, in contrast to her initial statement in the audio-recorded interview that the physical need was primary. Tina hearing her narrative through the walkabout discussion made this realization possible.

The lead author conducted all the interviews and walkabout conversations. Story notes recorded details from the walkabout conversations as soon as they ended. Participants were provided a gift card for participating in this study and a transcript of their recorded interview. The lead author attempted to fit walkabouts into participants' previously scheduled activities to reduce the intrusion. When the stories repeated with no new information emerging, the lead author determined saturation had been reached and discontinued the community walkabouts.

Data Analysis

From the narrative segments gathered from both the interviews and walkabouts, the authors applied descriptive narrative analysis (Polkinghorne, 1988) to identify the "story he or she uses to interpret others' actions and which functions to inform the understanding of his or her action in normal contexts" (p.

162). Descriptive narratives often come from oral forms such as an interview or conversation. Following Polkinghorne (1988), the fragmented information (stories) that each participant shared were combined to create a master narrative of each participant's journey. Each narrative consisted of the audio-recorded interview transcripts (transcribed verbatim) and the lead author's notes written immediately following the walkabouts.

RESULTS

A new thread of narrative emerges from stories about the lived experiences of persons with schizophrenia. Analysis of narratives provided by Ryan, Tina, and Whitney reveals a process and unique experience of (1) feeling something is wrong, (2) being diagnosed with schizophrenia, (3) a turning point, (4) life starting over, and (5) a feeling of peace or acceptance.

Feeling Something Is Wrong

Whitney started to experience symptoms related to schizophrenia after her divorce while caring for her daughter. Whitney and her daughter lived in a small apartment in the city. She discussed the moment that she felt something was not right:

> When I got sick, I was sick for two weeks at home, and I didn't know what was wrong. I knew something was wrong, but I didn't know what. I wasn't taking care of her [Whitney's daughter], and I wasn't taking care of myself. I finally decided I couldn't stay at home anymore. I thought something was wrong.

For Ryan, he noticed that he was tired all the time. This meant that he isolated himself from his friends from school, going straight home to rest. Ryan explained, "no one knew what was wrong with me, but my parents noticed that something was up because my grades were slipping." He was formally diagnosed with schizophrenia at the age of 21.

Tina's experiences were similar to Ryan's. She noticed some difficulties beginning sometime during high school. Tina mentioned how difficult it was to attend class with her social anxiety. She would often skip class to avoid those intense feelings. She said there was no support and only received counselling at the age of 18. Tina explained:

> Skipping school, I fell behind too far that I just couldn't do it anymore, so I was kicked out at sixteen. So that was hard on me. I think that was the first time I tried suicide, but nobody found out, nobody ever knew about it, so I never said anything. I was forced to go into the hospital by my mom because I wouldn't leave the home very often. I wouldn't do a lot of things with the family, go down to the beach, I would hide a lot.

Both Ryan and Tina resisted the diagnosis of schizophrenia in the beginning. For Tina, she thought, "Why? Why did this have to happen to me?" Ryan struggled with the idea and his perception of schizophrenia. He resisted the label because he associated schizophrenia with the serial killer and serial rapist Paul Bernardo. He struggled to understand the medical language attached to schizophrenia, such as "break from reality," "psychotic," and "delusions." One significant moment in Ryan's life was when he described his life kind of ended:

> My family doctor kept saying I had schizophrenia. I didn't want to listen, so my life kinda ended. I stopped talking to people. I spent all my time in my room. I really lost all my friends from high school. They really didn't understand.

Being Diagnosed with Schizophrenia

All participants shared their first experiences with being diagnosed with schizophrenia. The participants described these experiences as primarily negative, as they either unsuccessfully received support from care providers or had some internal stigma towards the label of schizophrenia. For example, Ryan resisted a diagnosis of schizophrenia in the beginning because of what he thought he knew about schizophrenia from the media.

Whitney, Ryan, and Tina described negative experiences with seeking support from care providers in the beginning. They discussed that they felt something was wrong and attempted to find the help they needed. Whitney described her troubled experience navigating the care for her mental health:

> The doctor on call decided that there was nothing wrong with me. She was gonna send me home, and I said, "I can't go home like I have no food. I haven't been taking care of myself." So I told the doctors, "Well, I don't know why you won't let me in." They said, "This isn't a hotel, we're not here to take care of you," and that was at [City A hospital], so [the doctor] kicked me out of there, and I got a taxi and took myself to [City B hospital], which doesn't have a psych ward, but at least they admitted me to [the] Emergency [unit].

Ryan did not have a strong relationship with his family around the time of his diagnosis. During a fight over laundry with his mother, he allegedly grabbed her arm, and the police arrested him. After his arrest, Ryan sought support from a mental health emergency unit outside of his city. The mental health emergency unit admitted Ryan to two different hospitals for eleven months in total. The extended amount of time in hospital led Ryan to question his decision to seek help in the first place.

The side effects of the medications caused several issues with Tina's eyes. Tina shared, "I was too afraid to go into a big shopping centre where there were people. Because of my eyes, like, they used to blink so much." She tried to discuss reducing the side effects with her doctor but without success. Tina described staying home for years after her diagnosis because of the issues with her eyes.

A Turning Point

Each participant shared a moment that was a turning point for them in having been diagnosed with schizophrenia. Tina described a period of social isolation, such that she thought she might be agoraphobic due to the high anxiety and panic attacks that kept her from leaving her room. The turning point for Tina was meeting a new doctor, Dr. Kenneth. Tina was experiencing severe negative side effects from the medications she was on, and Dr. Kenneth put her on new medications that decreased the side effects. This changed Tina's life:

> I knew I had to switch doctors, so I did, and that's when I had Dr. Kenneth and he really dug me out of a hole, out of my anxiety. The vision cleared up, I could see again, then I got my driver's [license] back.

She stated that she was able to date again and quickly met Bob, her partner. Tina mentioned that Dr. Kenneth is "an awesome doctor. He's the only one that got me the way I should really be."

The hospital shuffled Whitney around from shelter to inadequate living spaces. Whitney stated, "I couldn't stay in the hospital, so they put me in respite, and I went to respite for two weeks." After several attempts to seek the appropriate care, a local hospital referred Whitney to a local mental health housing agency to meet her needs. Connecting to this housing agency created a sense of belonging and safety for

Whitney, who had struggled with finding and securing housing after being in and out of hospitals for years. She had her own place to call home with her cat. This was Whitney's turning point in her story. She stated, "I was seeing the outreach worker and the [local mental health housing agency] worker because they were worried that I would go back again because I had been in so many times."

Ryan stated that during his hospitalization he regained his life, returning to his pre-illness self. Ryan has grown from the experiences he encountered in the hospital and out in the general community. Ryan described his experience:

> The hospital for me was sort of like a journey of healing. It was when the healing started. I don't know if the staff realize this, but people with mental illness talk to each other, so they know a lot about other people's mental illnesses and all that too. That's where the peer support started. The recreation therapist was one of the keys in my recovery because he drove me into town and got me connected into the [local support] community.

> I was always very popular in the hospital because my mom visited so much. I made a lot of new friends even in the hospital, and since then and so a lot of my friends have schizophrenia, and they are doing really well too. There's a myth out there that people with schizophrenia don't get better, which isn't true at all.

Life Starting Over

After a diagnosis of schizophrenia and a turning point in the participant's story, the sense of life starting over was significant to each participant's narrative. Life started to change from primarily negative experiences of a schizophrenia diagnosis to a positive way forward.

Whitney found solace in mental health and addiction groups by hearing other people's stories and sharing her story with others. "I've realized how calm my life is compared to what it used to be," which she attributed to her time spent with these groups. Sometimes participants in these groups called Whitney a "guru" because of that calmness. Whitney was connecting to others in a meaningful way—something she missed for years.

Similarly, Ryan is also connected to people in his life. The hospitalization connected Ryan to his family and the other patients on the unit. Ryan went on to describe his life starting over:

> When they [his parents] would come to visit, everyone would want to talk to them and be like, "oh Ryan, you have visitors, your parents are here!" And so that was good too, sorta helped me patch things up with my parents. It was kinda like having to start over again since when I wasn't well. I was like 'I'm gonna keep doing this', 'keep getting jobs and keep going out', and then I got so tired, it just got easier to start over.

For Tina, finding someone to love meant everything to her. She focused on overcoming her social anxieties with support from Dr. Kenneth. This opened an opportunity for Tina to find a person with whom she felt comfortable being herself. Tina found unconditional love with Bob, which provides stability for Tina, balance in her daily life.

> I get up. I do my appointments. I do what I have to do, and I get things done now. Finally met Bob and we've been together for 11 years. It's been good. I love him so much. I never [thought] I [would] love anybody like him before that much, that I'd could see myself with him forever. I don't know what I would do without him. He can hear anything, and I can hear anything, and that's so great that he accepts me.

A Feeling of Peace or Acceptance

Toward the end of the conversations with each participant, the stories ended with a feeling of peace or acceptance. This was a drastic change from the start of each participant's narrative. Whitney now describes herself as at peace in her life. Whitney described this peace as a gradual process that did not come all at once:

> It's something that I have acquired since going to [support centre]. I don't react with anxiety anymore. Unless something is really troubling me, then I don't find my moods go up and down and, and vary, I find them very stable, and I'm able to deal with things, and it's not like I'm not stopping my feelings. I'm just relaxed.

For Ryan, acceptance came in the way he described feeling like his former self before developing schizophrenia symptoms. He was social and making new friends again for the first time since the diagnosis. He was able to stay out of the hospital system since his 11-month stay when initially diagnosed—having a circle of friends he trusts and feels safe with has given him a purpose in life and a sense of belonging.

For Tina, the change in medication from Dr. Kenneth lowered her anxiety, strengthened her ability to communicate, and restored her relationship with her family.

> I noticed that my talking is better. I just don't say a couple words and look away. I can have a normal conversation the way I should be. My relationship with my family is very good. They love me. I love them. They support me and the things with mental health.

DISCUSSION

This study highlights the importance of belonging, to the participant's ability to navigate living with schizophrenia. The sense of life starting over indicates that Ryan, Whitney, and Tina thought that life had ended at some point. In each narrative, conflicting feelings of no longer belonging relate to this idea of life ending. The feeling that life was ending, particularly around the diagnosis of schizophrenia, speaks to the current lack of appropriate support persons with schizophrenia receive leading up to, and immediately following, the initial diagnosis. Each narrative has a turning point that relates directly to feeling as if they belong to something in their life. A sense of belonging seems to influence how each participant found a turning point, which led to a feeling that life started over, and eventually to peace or acceptance in his or her life.

Fitting In and Connection: Begins in Clinical Settings

When initial symptoms occurred, both Ryan and Tina resisted the diagnosis and label of schizophrenia. Ryan lost most of his high school friends as he isolated himself in his room and was not listening to anyone in his life. Tina also resisted the diagnosis at first. The participants' experiences in our three case studies illustrate that many of our fundamental assumptions about the nature of social support are wrong. We know that persons with schizophrenia have limited social networks (Public Health Agency of Canada, 2006); however, over time, Ryan was able to feel valued and fit in with the other persons with schizophrenia in hospital, and Tina felt respected by her new doctor. Counter to dominant narratives of isolation and lack of close relationships for persons with schizophrenia (APA, 2013), Ryan stated he made many new friends and obtained a sense of belonging as a patient in the hospital. The hospital space, space not often associated with connection, became the source for his sense of belonging and his life starting over. This notion challenges the

dominant narratives (Sealy & Whitehead, 2004) that community, rather than the hospital, is the ideal place that can accommodate Ryan's needs. The hospital setting seemed to ground Ryan—anchoring his subjective feeling of belonging (Mahar et al., 2013) to his identity with schizophrenia. He became more comfortable with his identity of schizophrenia by meeting people with schizophrenia and other mental health diagnoses. Ryan's narrative explains the importance of social opportunities and connections within hospital settings (i.e., access to social interactions).

Farone (2006) emphasized that people with schizophrenia define community as a space of security. As heard in Ryan's narrative, developing community integration opportunities and building social networks offer trust in his community. The Public Health Agency of Canada (2006) found that high levels of social engagement and integration in the community lead to trusting relationships between people. This is confirmed if we look more closely at what Ryan described in his experiences of safety and trust. He holds a great deal of confidence in his mother about his treatment decisions. He even mentioned how he would be ahead of where he is now if he had listened to his mother earlier. Browne et al. (2019) found that awareness of an illness and attitudes toward treatment are important factors in the person's experiences of the therapeutic relationship. Persons with better social support, quality of life, and lower perceived stigma felt more connected to the therapeutic alliances (i.e., mental health services; Browne et al., 2019). When Ryan's family had access to him during his hospitalization, this strengthened his relationship with his family, especially his mother, and strengthened his therapeutic alliances and created an opportunity to develop friendships in hospital.

Trusting Relationships: Shared Experiences with the Mental Health Community

Ryan described how some of the symptoms of schizophrenia caused him to have trust issues with his high school friends—creating a barrier that restricts belonging—which is consistent with the findings of Barut et al. (2016) and Mahar et al. (2013). Negative symptoms of schizophrenia can compromise a person's ability to function in their community (Insel, 2010; Aubin et al., 2009). People at the local mental health housing agency created a safe space for Ryan to share important parts of his life: "It's a safe community that you can trust people that aren't going to go and tell everyone." Ryan sees two distinct communities: the mental health community (persons with a mental health disability and mental health practitioners) and the non-mental health community (the general public). Ryan further described his conflicting sense of belonging to the non-mental health community:

> There's people in other communities, but I don't really interact with them. I might say hi to them on the street or something. Some of them know my name, but I don't really think we are part of the same community.

Some persons with schizophrenia distance themselves for self-protective reasons, which can lead to feelings of not belonging (Barut et al., 2016). For Ryan, his trust was for those with similar experiences to his own, highlighting the need for early use of peer support services for a sense of belonging for some persons with schizophrenia.

Self-Determination: Whose Job is it to Care?

As Ryan becomes able to take control of what he does in his leisure time, he regains that all-important sense of self-determination. For example, Ryan described how he and his friends found a way to continue to

create social events that community services were not able to provide: "There's a bunch of us at the bowling group that kept that going too. But it's [a] separate thing that we just do on our own that's not part of any organization." This highlights the importance of self-determination in understanding a sense of belonging (Mahar et al., 2013) for Ryan to continue to hold membership in his community.

In Whitney's narrative, we hear a lack of care highlighted. Frustrated and still unwell, Whitney left the hospital to take a taxi to another hospital in the area. At this facility, they were able to provide the help Whitney needed; however, they could not provide longer-term care. Whitney was then transferred out of the city, out of her interpersonal network. Her city lacked the available resources to provide care for her. Hutchison and Potschaske (1998) described this as a common experience for people with a mental health disability with deinstitutionalization, the shift from specialized mental health services institutions to general care provided at general hospitals (Sealy & Whitehead, 2004). In theory, the deinstitutionalization movement could create less dependency on mental health services and provide more opportunities for those with schizophrenia to choose their own local options, allowing for more self-determination and a greater sense of belonging.

Groundedness in Routine

Tina's sense of self and belonging is present now that she can communicate more efficiently and form meaningful relationships with others. Tina described her restored sense of confidence, which she attributes to the work that Dr. Kenneth has done with her. She described she still experienced anxiety when attending group functions or meeting new people; however, that did not deter her from attending. She pushed herself to go, as she knows that she will overcome the anxiety and not allow herself to become isolated. Marcus and Westra (2012) stress the importance of routine for persons with a mental health disability. Tina follows a routine every day by focusing on what appointments and meetings she needs for her optimal treatment, providing a feeling of groundedness.

Contextualizing Community through Walkabouts

The walkabouts allowed contextual insight into the participants' perspectives, who ascribed meaning to words in a new way. There was a significant difference in the meaning of hearing Whitney say, "I have no close connections," when Whitney said it at a horse stable while smiling and grooming a horse, compared to the interpretation the authors had when hearing it said in a closed interview room. In the room, Whitney's words felt cold and full of despair; however, at the stable, the exact words were a statement of fact, surrounded by a sense of purpose and love for the horses. We must further develop our understanding of how persons with schizophrenia conceptualize community (as stated by Townley et al., 2009) and choose different methods of gathering insight into these experiences (i.e., the walkabouts). For example, the horse stable is a place that relaxes Whitney and brings forth renewed energy to share her narrative. Changing the physical and social environment could involve a collaborative approach, which authentically engages people as active community members to foster empowerment (Arai & Pedlar, 1997).

Limitations

Although this paper's exploration of sense of belonging was limited to the three participants, the rich detail of the narratives illustrate the feelings and conflict around this key concept. For example, Ryan and Whitney discussed feelings of belonging to mental health communities versus non-mental health communities. Other factors such as age, race, and ethnicity could impact a person's ability to belong to their community, an aspect that was not explored in this article. In addition, further research should focus on how internalized stigma creates barriers to maintaining existing or developing new feelings of belonging, something heard in Ryan's narrative. Wastler and colleagues (2019) discuss how such relationships are vital in reducing suicidal ideation for persons with serious mental illnesses.

CONCLUSION

As demonstrated in this article, the walkabout strategy is an effective tool for investigating a sense of belonging. The findings show three different examples of the experiences of belonging, demonstrating how schizophrenia changed each participants' life and how each person and his or her community also shaped experiences of belonging. The stories heard in this study contribute to our understanding of the complexity of how people with schizophrenia experience a sense of (or lack of) belonging. The three participants in this study shared their experiences with feeling isolated, disconnected from their communities, and navigating their mental health care. Numerous points in their narratives showed that various types of communities were not meeting the participants' needs.

This paper adds to the existing theory of belonging developed by Mahar et al. (2013) by applying the framework to schizophrenia for the first time. In addition, we suggest mental health care practice focus more on belonging that begins in hospital, by providing opportunities for peer social interactions (especially for those who are recently diagnosed), on the importance of having a routine, and on creating opportunities to increase self-determination for persons with schizophrenia in directing their care.

This study provides a deeper understanding of what belonging means to each person and how gradually it can occur, especially after the trauma of being diagnosed with schizophrenia.

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