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SCHIZOPHRENIA: A WAY OF BEING-IN-THE-WORLD

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ABSTRACT

This phenomenological study describes what it is like to live with a schizophrenic illness and relates the understanding gained from this descripton to implications for nursing practice. The participants in the study were ten adults who have been diagnosed with schizophrenia, who take regular medication and who are living independent lives in the community. Over a period of sixteen months they were interviewed about the effects of the illness on their everyday lives. During this time they explained the challenges and difficulties which have faced them, both during and long after the resolution of acute illness. As they describe it, schizophrenia is a part of who they are.

The narrative contained in this thesis presents the participants' stories in aggregated form, setting their experiences alongside ideas from the early work of Martin Heidegger, whose phenomenological writing informed the analysis and interpretation of the data. As the participants explain, schizophrenia has touched every aspect of their lives. Living with schizophrenia is shown to affect their whole Being-in-the-world. It incorporates *Being-with-others, living carefully* and *taking a stand on life.* While hoping for a cure, their reality is of living with a chronic illness which has major effects on their lives. At the same time the participants are shown to define themselves not in terms of their illness and treatment, but in respect of their hopes and dreams and the stance each is taking on his or her own life. In this way their existential predicament is highlighted in the study. Participants are on the one hand very much like all other people, while on the other hand they have to contend with very different concerns than do most others.

In itself the description of the experience of schizophrenia contained in the thesis is useful for its potential to increase understanding of the illness by nurses and other health professionals. Further than this, however, the study is shown to have implications in terms of nursing practice and the provision of health care. With regard to the seriously mentally ill the data bring into question some of the theoretical positions which have held sway in nursing for many years. The research demonstrates that it is practicable to attend to the subjective experiences of people who suffer from schizophrenia and to understand their needs and desires from the position of fellow human being, without the need for a guiding

theory from which to interpret what they are saying or what their words "really mean." It is argued that relationships between nurses and clients which are based on understanding and trust rather than distance hold promise in the care of those with schizophrenia. Heidegger's concept of *solicitude* as care for others is addressed in this regard, and is shown to be most appropriate as a basis for nursing care in the mental health arena.

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TABLE OF CONTENTS

ABSTRACT ii
ACKNOWLEDGEMENTS iv
KEY TO TRANSCRIPTS x

INTRODUCTION 1
Background to the study 4
Purpose of the study 6
Structure of the thesis 7

CHAPTER ONE:
LITERATURE REVIEW PART I: BACKGROUND 9
Heidegger's Fundamental Ontology 10
Being-in-the-world 11
Temporality and care 13
Heidegger's Ontology and the Experience of Illness 15
Historical Conceptions of Mental Illness 17
Models of Mental Illness 24
The Need to Recognise The Person With The Illness 28
The Diagnosis of Schizophrenia 30
The Contemporary New Zealand Scene 32
Review and Summary 34

CHAPTER TWO:
LITERATURE REVIEW PART II 36
The Nature and Incidence of Schizophrenia 36
Epidemiology 36
Aetiology 37
Brain Pathology, Neuropsychology and Neurophysiology 39
Treatment 43
Drug therapy 43
Psychosocial interventions 46
Effectiveness and cost of psychosocial intervention 49
Pychiatric Nursing and The Person With Schizophrenia 50
Changes in the Health Care System 53

The Experience of Schizophrenia 57
Fictional and autobiographical accounts of illness 57
The experience of psychotic illness 62
Insight, acceptance, self monitoring and medication 66
Life after the resolution of acute illness 67
Review and Summary 72

CHAPTER THREE:
STUDY DESIGN AND METHOD 74
Aim of the study 81
The choice of the phenomenological method 81
Recognising assumptions and preconceptions 83
Access to study participants 85
Ethical considerations 87
The study participants 89
Data Collection 92
Data Analysis 96
Presentation of Findings 99
Review and Summary 100

CHAPTER FOUR:
BEING-IN-THE-WORLD 101
Introduction 101
Realising that one is unwell 102
Reconceptualising one's Being-in-the-world 106
Illness, Treatment and Being-in-the-world 107
Hallucinating 108
Feelings of unfamiliarity amongst things in the world 111
Being occupied with one's thoughts 116
The altered body 117
Accepting the need to take regular medication 123
Coming face to face with the mind-body question 125
Review and Summary 131

CHAPTER FIVE:
BEING-WITH-OTHERS 133
Introduction 133
Living with the prejudice of others 135
Being fearful of others 142
Feeling uncomfortable in the company of others 145
Staying engaged with others in the world 147
Depending on others for help 149
Finding others who understand 154
Being one's-self in the world. 157
Review and Summary 159

CHAPTER SIX:
BEING CAREFUL 162
Introduction 162
Living circumspectly 164
Maintaining a routine and avoiding stress 165
Taking prescribed medication and refusing street drugs 170
Monitoring thoughts 175
Managing finances 180
Recalling the past and letting it go 181
Review and Summary 189

CHAPTER SEVEN:
TAKING A STAND ON LIFE 191
Introduction 191
Holding on to hopes and dreams 193
Taking a stand on one's life 200
Taking a stand: The individual participants 208
Review and Summary 212

CHAPTER EIGHT:
DISCUSSION 214
Introduction 214
Being-in-the-world with schizophrenia 214
The relevance of the phenomenological approach 216
Care, solicitude and nursing 221

Review and Summary 237

CHAPTER NINE:
CONCLUSION 239
The limits of the study 241
Suggestions for future research 244
Concluding Statement 245

Appendix I Information sheet 247
Appendix II Consent form 248
Appendix III Special consent form 249
Appendix IV Glossary of drugs 250

REFERENCES 253

KEY TO TRANSCRIPTS

The following information explains the meaning of abbreviations and conventions used in the presentation of research findings, particularly where excerpts from participant interviews are included in Chapters Four to Seven.

Names: All names used to refer to study participants, their family or friends, or to health professionals, are pseudonyms. Excerpts from participants' interviews are identified by pseudonym, interview number and page reference to the transcription, eg. (Lucy 2, p. 5).

Italics: Where sections of interview data are reported, the participants' words are given in italics.

(plain type) in interview excerpts the researcher's words are given in plain type inside parentheses.

(parentheses) included in sections of participant speech indicate such things as the actions of a participant, eg. (laughs), or the name of a place such as a hospital which has been removed for reasons of confidentiality.

[square brackets]
are used when a clarifying or explanatory comment has been added by the researcher.

.... indicates a pause contained in the original material

..//.. material edited out