

IMPACT OF SCHIZOPHRENIA ON THE LIFE QUALITY

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Abstract

Mental illness makes the man a very different person, especially when he lives a normal life before the outbreak of a disease. Schizophrenia is one of these illnesses. It begins most often at the age of 15-35. It causes large health problems and also social difficulties. It participates in deterioration in quality of life. To be able to help people suffering from this disease, it is necessary to understand the problem. At the turn of 2012/2013 we therefore realized the research that revealed a huge amount of problems rising after the outbreak of the illness in a human's life.

JEL Classification: I10, I14

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INTRODUCTION

Schizophrenia is one of the hardest and most serious mental illnesses because it destroys not only the intellectual and personal life of a man but an emotional and social part of it, too. (Malá, Pavlovský, 2002)

Approximately one percent of population suffers from it. It represents circa fifty thousand people in Slovakia. (Čo je schizofrénia, www.dusevnezdravie.sk)

Schizophrenia is a serious mental illness and its cause is not clearly revealed until now. It appears at the age that is supposed to be the most active one. We mean the age from 15 to 35. At this age a person just forms his vague ideas about his life, makes plans and dreams about everything he will be able to do in the future. After the outbreak of schizophrenia all the unfulfilled ideas fall apart. Schizophrenia ap-

pears very unexpectedly and it disrupts life of not just the suffering person but also lives of his relatives. It causes the deterioration in the quality of life and causes many social problems.

Schizophrenia is not the only cause of deterioration in quality of life of people suffering this disease. Large proportion is attributed to the society itself, too. In the public there is a great lack of information about this mental illness, resulting into many prejudices and myths. On this basis, people suffering from schizophrenia are stigmatized and their integration into normal life is much more difficult.

This attitude of the society is explained by Hell and Schüpbach (2004). They point out the fact that prejudices are the result of lack of information. Society tries to replace the unusual by something usual. If these explanations are kept in minds of people, they result into prejudices.

As it follows, people suffering from schizophrenia are confronted with many social problems. It is necessary to understand the problems of this target group of people in detail in order to provide them with as effective help as possible.

METHODOLOGY

To better understand the problem and feelings of people suffering from schizophrenia, we realized a research at the turn of 2012-2013. Its objective was to determine the impact of schizophrenia on lives of a person suffering by it.

To carry out the research we chose a method that we perceive to be the most suitable one for meeting our scientific objectives. Since we focused mainly on person's feelings, experience and perception of a given situation, we decided to use the qualitative research method.

The basic technique used to collect the data for our research was a semi structured dialogue. Our dialogue was formed by open questions. They consisted of main research questions supplemented by the subsidiary ones whose aim was to provide the participant with a tool for better orientation and better understanding. These were fixed. Within the dialogue we asked also the other question required by the situation and we modified them according to changing circumstances. All the dialogues were recorded with the agreement of participants on Dictaphone allowing us to collect the accurate data. Based on ethical considerations, in accomplishing the qualitative research it was important to highlight the fact that the dialogues will be completely anonymous and the participant's names or details that

may reveal their anonymity will not be used. Recorded dialogues we transcribed into text. They were then analyzed. In the analysis we used the inductive method of creating categories under which we set the problems appearing in life of people suffering by schizophrenia.

Participants for our research were chosen by a non-random, purposeful selection. We did the selection based on the preset criteria. That ensured us to choose participants of our research that share similar denominators. In total, there were three participants taking part in our research.

The research was carried out in a Take - care center.

Table n. 1: Descriptive data of the sample 1

Number of participants: Women	1
Men	2
Age (average)	37,6 (from 35 to 40)
Marital status: Single	2
Married	1
Qualifications: Higher education	3
Occupation: Unemployed	1
Full disability pension	1
Job in a sheltered workshop, disability pension	1
Housing: With primary family	2
With husband/wife and children	1
Disease duration (average)	7 (from 3 to 12)

In our research there was a main objective and some partial objectives, too. The main objective was to find out about the impact of schizophrenia on a person's life. On the basis of the specified partial objectives we wanted to find out the changes in life of a person after the disease outbreak - an impact of it in the working and financial sphere of his life. We were also interested in whether the illness influenced the family relationships or relationships with people in their community. We observed the process of adaptation, too. We tried to find out more about the situations that people suffering from schizophrenia perceived to be stigmatizing and discriminatory (if that appeared in their lives).

RESULTS OF THE RESEARCH:

Through analyzing transcriptions of dialogues realized with participants suffering from schizophrenia, we found out several problems. According to common denominators we classified them into four main categories. We talk about health barriers, employment barriers, barriers in social interaction and emotional experience of an illness. These categories reveal that in life of a person suffering from schizophrenia there are serious problems taking part in deterioration in it. A mentally ill person is not able to solve such a huge amount of problems himself. Therefore it is necessary to increase our assistance and attraction towards people suffering by schizophrenia. Here are the following results of the research:

1. Category : HEALTH BARRIERS:

- Limitation in form of disease symptoms
- Negative effects of medication
- Frequently held long-term hospitalizations

2. Category: EMPLOYMENT BARRIERS:

- Financial limitation
- Loss of a job
- Inability to find a new job
- Stigma in the workplace

3. Category: BARRIERS IN SOCIAL INTERACTION:

- Fear of prejudices
- Keeping the illness as a secret
- Break of contacts
- Isolation
- Searching for a company of people with the same problem
- Changing attitude towards the community
- Family conflicts
- Denial of an illness by relatives
- Stigmatization

4. Category: EMOTIONAL EXPERIENCE OF AN ILLNESS:

- Feelings of shame and sense of inferiority
- Looking for a deeper sense of the illness
- Belief in the recovery
- The need to protect the family against the illness

DISCUSSION:

When analyzing the collected data we traced many problems that occur in life of a man suffering from schizophrenia after the disease outbreak. These problems and subjective difficulties experienced by them were divided into four categories. All the categories are interrelated and affect each other.

The first category deals with health barriers. As mentioned above, schizophrenia is one of the hardest mental illnesses. Therefore, it is natural that it has serious impact on a man. Our participants mentioned most often the limitations in form of disease symptoms. Symptoms of schizophrenia are: formal thought disorder, content thought disorder, emotive disorder, disorders of perception and personality disorders. They are the crucial reasons of changes in life of a man suffering from schizophrenia. Participants in their dialogues mentioned how the symptoms change their lifestyle. Everything in their lives has adapted to the illness. Schizophrenia is such a serious illness that it needs a long-term hospitalization that can last for several months. The same happened in lives of our participants. They also mentioned the negative effects of treatment which causes that a man feels completely different than before the outbreak of an illness and has to fight many different undesirable symptoms of medicament treatment.

Práznovská (2001) claims that the treatment side effects may become a reason for separation of a man from the community. It is a painful moment for a person suffering schizophrenia because there is usually no change in his intelligence at all.

The second category deals with employment barriers. In this area, there was a research held by Dóci (2003), who came to the result that 73,74% of 99 patients suffering schizophrenia received disability pension and 92 of them were not working at all. The research revealed the need of financial and material help from the family, too. Also the fact that employers do not want to employ people suffering from mental illness was revealed.

The same results were proved in our research. Since it was a quantitative research, thanks to this research method and the choice of participants we explored the problem in more detail. We found out several causes and consequences of an invalidization mentioned above. We write about the choice of participants to stress that we carried out the research with people visiting Take - care center. These people are more integrated into the everyday life than patients during a several-months long-lasting hospitalization. Our participants hardly bear the *loss of job*. Despite the attempts to work they have not found a job and it was difficult to bear the fact that *they are not able to find their job* just because of their disease and health barriers resulting from it. Our participants encountered stigma in the workplace that makes the entry onto the workforce much more difficult, too. A negative image of people suffering mental illness is deeply rooted in society and we can see it also in the job area.

An opinion of Wenigová (2010) just supports our findings that problems with getting and keeping a job are to a certain extent a consequence of stigmatization.

For all the mentioned problems arise into *financial difficulties*, these people are dependent on the help from their relatives and the state. This puts them to the margins of society. One of the participants even stated that financial limitations cause by his lowered social contacts, which leads us to the next, third category.

The third category deals with barriers in social interaction and it is the most extensive category in our paper. Problems stated within it, mentioned by our participants, are interrelated and depend on each other. Participants mention e.g. the *fear of prejudices* that was the reason why they decided to *keep the illness as a secret* not just from the community, but also from the relatives. They got scared that if the people knew about their illness, they would see them as madmen, and they would underestimate them and perceive them to be deficient. One of participants stated that before he got ill, he shared the same ideas and is afraid that these prejudices are still present in society. This fact was a reason why he hesitated to look for the special assistance and undergo the treatment. Regarding their fear, participants *isolated themselves* from the community and even *broke contacts* with their friends and acquaintances. Although they mention isolation also from their environment, they said themselves that it is their inner fight that does not allow them to cross this barrier and get into contact with friends again. Participants mentioned break of contacts not just with friends but also with relatives. It was caused on one hand by the fear of prejudices and on the other hand it was a consequence of *family conflicts*

because of a disease. Two of our participants experienced family conflicts caused also by *rejecting the illness by the family members* and their impossibility to accept this serious fact. Therefore in the beginning our participants were confronted with accusations and blaming in families. In our research we also analyzed stigmatization within social interaction – situations in which the participants were underestimated and discriminated. To the previous categories we included *stigmatization* and stigma at the workplace because in this case stigma was an employment barrier and it had financial impacts on their everyday life. All the mentioned facts led our participants into *searching for a company of people with the same problem*. They perceived them as people of the same „blood group“ and with them they felt safe. These newly formed friendships are very important to them. They share experience and advice with each other, and this helps them to overcome the consequences of their illness. From the other point of view we can classify it as limitations of contacts just to a certain groups of people and its consequences are the above mentioned isolation and break of contacts with friends.

Our research findings are confirmed by many authors in the theoretical part of our diploma thesis. Marková et al. (2006) claims that people exposed to stigmatization usually decide for change in social behavior. They then limit the social contacts with the community, isolate themselves, communicate very prudently and search for a company of people with the same problem who would not judge them.

Wenigová (2010) writes about other facts established also by us in our thesis. These are: isolation of people suffering from schizophrenia is rising, which causes that people following stigmatization refuse treatment in order not to be classified as mentally ill people. The greatness of the stigmatization and prejudices in society we can see in marking it as a „secondarily disease“.

The fourth category is emotional experience of a disease. Getting over schizophrenia is not easy. Participants are deeply affected by the illness. In our collected data we analyze e.g. a *feeling of shame and sense of inferiority* of the participants. They mentioned feelings of shame associated with receiving a disability pension and their unemployment. One of the participants perceives sense of inferiority in meeting with his acquaintances based on the fact that he does not work. Based on the feelings of shame and inferiority, the participants tend to isolate themselves and keep the disease as a secret.

This fact proves an argument that people suffering from a mental disease can get the sense of inferiority as a result of the lowered social status of a person. The way

a man sees himself is to some extent a reflection of the society's viewpoint. It is one of the next causes of isolation and social exclamation. (Repková, Požár, Šoltés, 2003)

Before the outbreak of a disease our participants lived a normal life. They were working, studying and living a community life. The outbreak of a disease and problems accompanying it are a major trauma for them. Therefore they are *searching for a deeper sense of an illness*. They try to look for the cause of it in faith. Despite all the mentioned difficulties and miseries that schizophrenia causes in life they do not lose the *faith in recovery*. They have their desires and goals. They would like to fulfill them using medical treatment, psychotherapeutic assistance and a faith. They try to have an optimistic point of view. These people are constantly searching for new information that might be helpful for them in the healing process and integration into life. Into the category of emotional experience of an illness we included also the need to keep the illness as a secret within the family in order to *protect them against suffering and sorrow*. Based on their statements, they tried not to bother them with their own problems.

We noticed that for people suffering from schizophrenia having a job is an important pillar of integration into the society. It is the most important for our participants to participate in creating the social values. It is the missing link that would enable them to feel useful again, not just for the society but also for themselves.

CONCLUSION

By the means of qualitative research using the analysis of dialogues we identified the impact of schizophrenia on life of a man, his family, so that the scientific objectives are fulfilled. People suffering schizophrenia fight against the fear of prejudices, they keep their disease a secret, not just against the community but also against their relatives and tend to isolate themselves. The isolation results from the mentioned employment barriers. They sense inferiority and feel ashamed especially because of receiving disability pension and not having an opportunity to work. Schizophrenia has a great impact on the emotional aspects of life, too.

Our research indicates that people suffering from schizophrenia perceive unemployment as a major limitation. Nowadays, when we see the increasing unemployment rate, it is important to create special conditions for mentally ill people.

Being aware of these problems can help us to increase empathy towards this group of people and gradual elimination of a social stigma. Information can help

in the field of social work, as well. The social services can be more precisely targeted and provided not just for people who suffer after the outbreak of this illness.

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