

**Factors Influencing Recovery from Schizophrenia from the Perspective of People with**

**Schizophrenia : A Qualitative Study**

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## **Abstract**

Every year, more than 100,000 Australians are diagnosed with schizophrenia, one of the leading causes of disability and premature mortality. The aim of the current laboratory report was to identify and discuss factors that are either contributing to or hampering recovery from schizophrenia among those diagnosed with it. A total of 7 case studies were included for analysis using inductive reasoning. The results indicated that the main facilitators and barriers to recovery include medication, relapse, and support from community, family, friends, and romantic partners. Past research evidence are mostly aligned with the results. The current study has implications for schizophrenia community comprised of professionals, patients, communities, and patients' significant others. Future research may want to adopt a mixed method study approach to further validity and reliability.

## **Factors Influencing Recovery from Schizophrenia from the Perspective of People with Schizophrenia : A Qualitative Study**

It is estimated that 120,000 Australians are diagnosed with schizophrenia every year, which constitutes about 1 percent of Australia's total population (Langley-Hawthorne, 1997). Schizophrenia is defined as a mental disorder characterised by severe impairment in perception of reality, auditory and visual hallucinations, and disruptions in social interactions (World Health Organization, 2022). Schizophrenia, as one of the top leading reasons for disability, can lead to various detrimental social and health outcomes among people having it, such as premature mortality, co-occurring health conditions, and being discriminated against (Global Burden of Disease, 2017; Laursen et al., 2014). Moreover, the societal cost of schizophrenia adds up to as much as 1.44 billion dollars annually for Australian government (Carr et al., 2003). Recovering from schizophrenia is oftentimes a complex process involving repetitive relapses and prolonged period of medication (Castelein et al., 2021). Clearly, schizophrenia is a mental illness that bears biopsychosocial significance; it is also important to study contributing factors of the remission or recovery process from schizophrenia so that we can better assist people with schizophrenia.

Adopting an inductive approach, qualitative research focuses on analysing descriptive data from real-world observations, written notes and documents, and interviews in order to yield themes and patterns on attitudes, beliefs, values, and behaviours of an individual or a group (Patton, 2005; Pathak et al., 2013). In comparison, quantitative research mainly produces interpretation, such as correlation or causation, based on measuring numerical data (Gelo et al., 2008).

The aim of this laboratory report was to explore and identify the factors that influence the recovery process of schizophrenia among people diagnosed with it.

Triadessay

## **Method**

### **Participants**

Case studies were only eligible for analysis if the subject clearly stated that he or she was diagnosed with schizophrenia or its subcategories, including schizo-affective disorder and schizophrenic episodes. A total of 7 case studies were included and analysed. The current study did not use any exclusion criteria.

### **Material**

All of the case studies were attained from the dataset provided in this class with the following link: <https://rmit.instructure.com/courses/107236/files/33022383?wrap=1>.

### **Procedure**

Deriving from the Grounded theory, which was pioneered by Glaser and Strauss in 1967, inductive reasoning was used in the current study to develop a central theme detailing various factors that can either aid or impede the recovery process of people with schizophrenia (Hensel & Glinka, 2017). The development of an overarching theme was done by reading case studies in random orders, coding contents within each case study, and generalising the central theme based on the patterns found in the coding. Incorporation of any existing theories and literature relevant to the theme was absent. Data saturation was reached after the emergence of an overarching theme that was present in all 7 case studies included. Despite there were other themes observed, this study did not make an attempt on investigating more than one central theme.

## Results

Due to the fact that the ambiguity of many case studies presented in the dataset may undermine certain case studies' relevance to the theme, the current study filtered out all the case studies that did not specify that the subject was diagnosed with schizophrenia or its subcategories (schizoaffective disorder, schizophrenic episode, etc.). Inductive reasoning was utilised in the current study to identify overlaps and patterns across different case studies. As the coding process went on, it became quite obvious that many individuals felt a need to elaborate on their recovery and what factors contributed to or hindered their recovery process. These factors include medication, relapse, community support, family support, and friendship, the last three of which were analysed simultaneously.

Medication, as the first of foregoing factors, although caused side effects in many individuals, ultimately reduced the symptoms of schizophrenia in nearly all case studies, constituting as a beneficial factor contributing to recovery process from subjects' perspective. Garry emphasized the role that medication played in his recovery. Following his relapse after quitting the medication on his own (Garry,6,2,4), Garry started taking medication again and felt a dramatic improvement on his once jumbled and paranoid thought (Garry,6,3,3). One of the keys to recovery, according to Garry, is taking your medications as directed (Garry,7,7,3). In Janice's recovery, medication had a beneficial effect as well. She mentioned that she has done remarkably well since taking Clozaril, a neuroleptic designed for schizophrenia (Janice,10,16,1). "Finding the "right" medication for "you" and taking it unflinching, I think, is the true backbone of wellness" (Larry,23,5,8). Larry was diagnosed with paranoid schizophrenia at age 17, and he confirmed the indispensable role that medication plays in his

recovery by saying: “I would not be doing all this and functioning as well as I am living if I were not on medication” (Larry,23,5,1). Almost exact same statement was found in Lori’s testimony. “If it weren’t for the new medication, clozapine (with which I was a part of an experimental group), I would never have survived this continuously exhausting mental illness” (Lori,50,5,2).

Relapse, often due to stoppage of taking medication, is a factor hindering recovery process of those with schizophrenia, even though none of the narrators in case studies analysed explicitly mentioned that he/she views relapse as a hindrance to recovery. Maurizio had a sudden relapse into schizophrenia after being taken off his medication for 5 years (Maurizio,3,11,1). Garry’s relapse took place after quitting medication for about 6 months (Garry, 6, 2, 6). The same pattern is observed in Janice’s case, in which she should stop taking her medication and end up in the hospital, where her symptoms would be stabilised (Janice,10,14,4). In Pawel’s case, he had two relapses, all because of stopping medication (Pawel,16,11,1; Pawel,18,22,1). Lolly had one relapse of schizophrenia after her doctor took her off the medication (Lolly,65,37,1).

Support from community, family, romantic partner, and friends was yet another factor that benignly contributed to recovery in some case studies. In Maurizio’s case, he talked about how starting a relationship with a woman has been a tremendous support to him and that successful relationships are a key factor in recovering from schizophrenia (Maurizio,3,12,1). Furthermore, Maurizio’s participation in a partnership education program through the Schizophrenia Society and with the Ministry of Health also made a powerful impact on himself and those within the program, and this program bears great reciprocity in

terms of allowing families, patients, and professionals to work together to further the cause of mental health issues (Maurizio,3,12,1). Janice also described that the help she received from her therapist and psychiatrist has saved her life more than once (Janice,10,15,4). As Lolly reflected on her journey to recovery, she attributed her being able to overcome financial and emotional hardships to the support given by her family as well as her husband (Lolly,63,25,1).

### **Discussion**

The current study aimed to explore the influencing factors to recovery from schizophrenia from narratives made by people diagnosed with schizophrenia. However, the aim and the central theme were developed using inductive reasoning, meaning that any pre-conceived hypotheses or intentions on the development of the aim and theme were non-existent. After analysing 7 case studies, it became obvious that all the narrators attempted to make explanations on what factors contributed to their recovery, all of which can be categorised into medication, relapse, and support from community, friends, family and romantic partners.

Past research have shown consistent results with the current study where similar or same factors are deemed as important to recovery from schizophrenia from the perspective of people with schizophrenia. The study conducted by Tooth et al. (2003), in which a total of 60 participants with schizophrenia were included, suggests that medication acceptance and having supportive friends, professionals, and family members are two the most important facilitators of recovery process. Similarly, a systematic scoping study done by Jaiswal et al. (2020) indicates that a large number of studies' results underline the significance of



supportive relationship in recovery from severe mental illness including schizophrenia; these supportive relationships are relationship with community, relationship with significant others, and therapeutic relationship.

Relapse, as one of the contributing factors discussed in the current study, does not seem to be deemed as a significant barrier to recovery in some studies (Harrow & Jobe, 2013). In contrast, there are still studies that have identified relapse as a major impediment to recovery and positive psychosocial outcomes among patients with schizophrenia (Lin et al., 2021; Olivares et al., 2013).

Notably, certain individuals with schizophrenia report the side effects of medication as a barrier to recovery (Tooth et al., 2003). Hence, it is important to develop the awareness that medication possesses a duality in terms of its function in reducing symptoms of schizophrenia and its potential side effects that decrease the overall quality of life in certain individuals (Harrow & Jobe, 2013).

The current study's implication rests on the contention that the identification and discussion of contributing factors to recovery from schizophrenia can equip schizophrenia community with a clearer understanding as to what they should adhere to or avoid during recovery. To put it into perspective, communities and significant others with whom people with schizophrenia interact can use the current study as a guide on how to approach helping schizophrenic patients; professionals, including psychiatrist, therapists, and social workers, could potentially realise their significance and shortcomings of using medication as the sole treatment, given that there is a complex association between relapse and treatment adherence (Harrow & Jobe, 2013).

The current study has certain limitations. First of all, accounts given by narrators in all case studies analysed are subjective and personal, insofar lacking accuracy, as cognitive functions such as memory are impaired in some schizophrenia patients, which undermines the validity of the current study (Guo et al., 2018). Secondly, the case studies analysed are written by schizophrenia patients, and the absence of specific structuring of interviews and questions to be asked renders the current study unable to explore whether there were any other important factors aside from the factors emphasised by narrators themselves. Last but not least, qualitative research is prone to researchers' bias (Mwita, 2022); the fact that relapse was identified as a hindrance to recovery but not by narrators themselves, at least explicitly or consciously, may subject the current study to biases.

Future research can perhaps adopt a mixed method approach to better examine the theme (Morgan, 1998). Incorporating more than one approach in a research, triangulation could potentially enhance validity of the findings through various sources (Heale & Forbes, 2013). Specifically, triangulation can be used in terms of studies' method. It may be beneficial for future research to consider using measurable rating scales to quantify recovery process. Recovery Assessment Scale (RAS) is the most widely used measure of recovery from mental illnesses (He et al., 2021). Consisting of 41-items, it allows clinicians and researchers to quantify recovery process with respect to a patient's emotion, symptom, adherence to treatment, and relationship with both significant others and professionals. Although RAS was not designed to identify influencing factors of recovery, using RAS alongside with structured interviews, observations, case notes, and personal accounts from people with schizophrenia can increase reliability and validity of future research.

## References

- Carr, V. J., Neil, A. L., Halpin, S. A., Holmes, S., & Lewin, T. J. (2003). Costs of Schizophrenia and Other Psychoses in Urban Australia: Findings from the Low Prevalence (Psychotic) Disorders Study. *Australian & New Zealand Journal of Psychiatry*, 37(1), 31–40. <https://doi.org/10.1046/j.1440-1614.2003.01092.x>
- Castelein, S., Timmerman, M. E., Investigators, P., Gaag, M. van der, & Visser, E. (2021). Clinical, societal and personal recovery in schizophrenia spectrum disorders across time: states and annual transitions. *The British Journal of Psychiatry*, 219(1), 401–408. <https://doi.org/10.1192/bjp.2021.48>
- GBD 2016 Disease and Injury Incidence and Prevalence Collaborators. (2017). Global, regional, and national incidence, prevalence, and years lived with disability for 328 diseases and injuries for 195 countries, 1990-2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet (London, England)*, 390(10100), 1211–1259. [https://doi.org/10.1016/S0140-6736\(17\)32154-2](https://doi.org/10.1016/S0140-6736(17)32154-2)
- Gelo, O., Braakmann, D., & Benetka, G. (2008). Quantitative and Qualitative Research: beyond the Debate. *Integrative Psychological and Behavioral Science*, 42(3), 266–290.
- Guo, J., Ragland, J., & Carter, C. (2019). Memory and Cognition in Schizophrenia. *Molecular Psychiatry*, 24(5), 633–642. <https://doi.org/10.1038/s41380-018-0231-1>
- Harrow, M., & Jobe, T. H. (2013). Does Long-Term Treatment of Schizophrenia With Antipsychotic Medications Facilitate Recovery? *Schizophrenia Bulletin*, 39(5), 962–965. <https://doi.org/10.1093/schbul/sbt034>

- He, S., Fang, Y., Huang, Z., & Yu, Y. (2021). Validation of an 8-item Recovery Assessment Scale (RAS-8) for people with schizophrenia in China. *Health and Quality of Life Outcomes, 19*(1). <https://doi.org/10.1186/s12955-021-01763-3>
- Heale, R., & Forbes, D. (2013). Understanding Triangulation in Research. *Evidence Based Nursing, 16*(4), 98. <https://doi.org/10.1136/eb-2013-101494>
- Hensel, P., & Glinka, B. (2017). Grounded Theory. *Qualitative Methodologies in Organization Studies, 27*–47. [https://doi.org/10.1007/978-3-319-65217-7\\_3](https://doi.org/10.1007/978-3-319-65217-7_3)
- Jaiswal, A., Carmichael, K., Gupta, S., Siemens, T., Crowley, P., Carlsson, A., Unsworth, G., Landry, T., & Brown, N. (2020). Essential Elements That Contribute to the Recovery of Persons With Severe Mental Illness: A Systematic Scoping Study. *Frontiers in Psychiatry, 11*. <https://doi.org/10.3389/fpsy.2020.586230>
- Langley-Hawthorne, C. (1997). Modeling the lifetime costs of treating schizophrenia in Australia. *Clinical Therapeutics, 19*(6), 1470–1495. [https://doi.org/10.1016/s0149-2918\(97\)80020-3](https://doi.org/10.1016/s0149-2918(97)80020-3)
- Laursen, T. M., Nordentoft, M., & Mortensen, P. B. (2014). Excess Early Mortality in Schizophrenia. *Annual Review of Clinical Psychology, 10*(1), 425–448. <https://doi.org/10.1146/annurev-clinpsy-032813-153657>
- Lin, D., Joshi, K., Keenan, A., Shepherd, J., Bailey, H., Berry, M., Wright, J., Meakin, S., Benson, C., & Kim, E. (2021). Associations Between Relapses and Psychosocial Outcomes in Patients With Schizophrenia in Real-World Settings in the United States. *Frontiers in Psychiatry, 12*, 695672. <https://doi.org/10.3389/fpsy.2021.695672>

- Morgan, D. L. (1998). Practical Strategies for Combining Qualitative and Quantitative Methods: Applications to Health Research. *Qualitative Health Research*, 8(3), 362–376. <https://doi.org/10.1177/104973239800800307>
- Mwita, K. (2022). Strengths and weaknesses of qualitative research in social science studies. *International Journal of Research in Business and Social Science (2147- 4478)*, 11(6), 618–625. <https://doi.org/10.20525/ijrbs.v11i6.1920>
- Olivares, J. M., Sermon, J., Hemels, M., & Schreiner, A. (2013). Definitions and drivers of relapse in patients with schizophrenia: a systematic literature review. *Annals of General Psychiatry*, 12(1), 32. <https://doi.org/10.1186/1744-859x-12-32>
- Pathak, V., Kalra, S., & Jena, B. (2013). Qualitative Research. *Perspectives in Clinical Research*, 4(3), 192. NCBI. <https://doi.org/10.4103/2229-3485.115389>
- Patton, M. Q. (2005). Qualitative Research. *Encyclopedia of Statistics in Behavioral Science*, 1(1).
- Tooth, B., Kalyanasundaram, V., Glover, H., & Momenzadah, S. (2003). Factors Consumers Identify as Important to Recovery from Schizophrenia. *Australasian Psychiatry*, 11(1\_suppl), S70–S77. <https://doi.org/10.1046/j.1440-1665.11.s1.1.x>
- World Health Organization. (2022, January 10). *Schizophrenia*. [www.who.int](http://www.who.int). [https://www.who.int/news-room/fact-sheets/detail/schizophrenia?gclid=EAIaIQobChMIImeDhmazKgQMvdjHUAR0NvAxAEAAAYASAAEgJ43vD\\_BwE](https://www.who.int/news-room/fact-sheets/detail/schizophrenia?gclid=EAIaIQobChMIImeDhmazKgQMvdjHUAR0NvAxAEAAAYASAAEgJ43vD_BwE)