

THE EXPERIENTIAL WORLD OF THE CHRONIC PSYCHIATRIC PATIENT IN A REHABILITATION CENTRE



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ABSTRACT

The purpose of this article is to describe the experiential world of the chronic psychiatric patient in a rehabilitation centre. Various stumbling blocks in the recovery process of chronic psychiatric patients in a rehabilitation centre were identified. The centre is highly structured and democratic decision-making does not always transpire. The external environment is a residential area characterised by violence.

The question that arose was: How does a chronic psychiatric patient experience his/her world in the rehabilitation centre?

The approach followed was that of the Nursing for the Whole Person Theory. With this theory as basis, the chronic psychiatric patient is viewed as a whole person in interaction with his/her internal and external environments in his/her quest for mental health as integral part of wholeness.

An exploratory and descriptive qualitative study, contextual by nature, was used as research design. The research method consisted of phenomenological, semi-structured interviews with chronic psychiatric patients in a rehabilitation centre. The participants in this study were selected in a purposive and non-selective manner. The measures used for reliability and validity were those of Woods and Catanzaro.

The central question "How do you experience living in this rehabilitation centre?" was asked. Similar studies were investigated in order to ascertain similarities and unique aspects of this study.

Categories of experience within the unit of assessment of diagnosis from the Nursing for the Whole Person Theory, pointed out both stumbling blocks and facilitating elements.

The stumbling blocks encountered by chronic psychiatric patients in a rehabilitation centre in their quest for wholeness were experiences of avoidance, frustration, anxiety, lack of motivation, inability to maintain long-standing relationships and dispute. Facilitating elements involved experiences of exercise, the positive experience of a nice atmosphere, safety and a unique place, satisfaction, productivity as value system, internal motivation, adequate facilities in the rehabilitation centre, positive experience of sheltered employment, opportunities to interact socially, rules and regulations, available staff, supportive and friendly co-patients and watching television or reading as recreation. Conclusions, limitations and recommendations were made based on the results of this study.

OPSOMMING

Die doel van hierdie artikel is om die beleweniswêreld van die chroniese psigiatriese pasiënt in 'n rehabilitasiesentrum te beskryf.

Verskeie struikelblokke is geïdentifiseer wat die herstelproses van die chroniese psigiatriese pasiënte in 'n rehabilitasiesentrum beïnvloed. Die sentrum is hoogs gestruktureerd en demokratiese besluitneming vind nie altyd plaas nie. Die eksterne omgewing is 'n residensiële area gekenmerk deur geweld.

Die vraag wat ontstaan het was: Hoe beleef 'n chroniese psigiatriese pasiënt sy/haar wêreld in die rehabilitasiesentrum?

Die benadering wat gevolg is, is dié van die Verplegingsteorie vir Mensheelheid. Met hierdie teorie as basis, word die chroniese psigiatriese pasiënt beskou as 'n heelpersoon in interaksie met sy/haar interne en eksterne omgewing in sy/haar strewe na geestesgesondheid as integrale deel van heelheid.

As navorsingsontwerp is 'n verkennende, beskrywende en kwalitatiewe studie, kontekstueel van aard, uitgevoer. Die navorsingmetode het bestaan uit fenomenologiese, semi-gestruktureerde onderhoude met chroniese psigiatriese pasiënte in 'n rehabilitasiesentrum. Die deelnemers in hierdie navorsing is geselekteer op 'n doelgerigte, nie-selektiewe manier. Betroubaarheids- en geldigheidsmaatreëls soos ontwikkel deur Woods en Catanzaro is toegepas.

Die sentrale vraag "Hoe ervaar u u verblyf in hierdie rehabilitasiesentrum?" is gevra. Soortgelyke studies is ondersoek om ooreenkomste en unieke aspekte van hierdie studie te bepaal.

Beleweniskategorieë, binne die eenheid van waarneming van diagnose, vanuit die Verplegingsteorie vir Mensheelheid het beide struikelblokke en fasiliterende elemente aangedui.

Die struikelblokke wat chroniese psigiatriese pasiënte in 'n rehabilitasiesentrum ondervind in hulle soeke vir heelheid was die belewenis van vermyding, frustrasie, ang, gebrek aan motivering, onvermoë om verhoudings in stand te hou en struweling. Fasiliterende elemente het oefening, positiewe beleving van 'n aangename atmosfeer, veiligheid en 'n unieke plek, satisfaksie, produktiwiteit as waardesisteme, interne motivering, genoegsame fasiliteite in die rehabilitasiesentrum, positiewe beleving van beskutte werkvervaardiging, geleenthede om sosiaal te verkeer, reëls en regulasies, beskikbaarheid van personeel, ondersteunende en vriendelike medepasiënte en lees en kyk van televisie as vorm van rekreasie, ingesluit. Gevolgtrekkings, beperkings en aanbevelings is gemaak gebaseer op die bevindinge van die navorsing.

INTRODUCTION

The objective of this article is to describe the experiential world of psychiatric patients in a rehabilitation centre (Steyn, 1993:1-77). Concern regarding psychiatric service provision in the recovery of the chronic psychiatric patients exists in psychiatric multi-professional team members (the psychiatrists, psychiatric nurse, social workers, psychologist and occupational therapist).

The recovery of psychiatric patients currently occurs within psychiatric hospitals, as well as a limited amount of rehabilitation centres in the community. The disability associated with chronic mental illness represents social, economic and public health problems (Kaplan & Sadock, 1991:144). Although the term "chronic mental disability" traditionally refers to old patients with a long history of mental illness, today it also includes young adults. Many of these young adults are never hospitalised, but their ability to be productive in the community is seriously limited (Kaplan & Sadock, 1991:44). It is therefore important for psychiatric professional team members to pay attention to the population of young adults who are chronic psychiatric patients, to help them mobilise their resources and improve their mental health.

The purpose of restoration is to assist this population of chronic psychiatric patients to be self-maintaining and to ensure their reintegration into the community as part of their quest for wholeness. This ensures the cost-effectiveness in the service provision of mental health.

There are various approaches regarding the restoration of mental health in chronic psychiatric patients, but within the Nursing for the Whole Person Theory, the psychiatric patient is regarded as a person holistically in interaction with his internal and external environments in his/her quest for mental health as integral part of health (Oral Roberts University, Anna Vaughn School of Nursing, 1990:136-142; Rand Afrikaans University, Department of Nursing Science, 1992:7-9).

RESEARCH DESIGN AND -METHOD

The research design and -method followed in this research, are briefly discussed.

Research design

An exploratory, descriptive and qualitative study, contextual by nature, was executed to obtain more insight and knowledge regarding the experiential world of chronic psychiatric patients in a rehabilitation centre. Accurate data was collected and described and repetitive themes from the chronic psychiatric patients' experiences were excluded.

Research method

The following aspects were included in the research method:

reliability and validity, test sampling, data collection, data processing, results and recommendations.

Reliability and validity

Reliability- and validity measures as developed by Woods & Catanzaro (1988:137-138) were strictly adhered to. Threats to the researcher's reliability include the following: status as researcher, social situations, choice of participation and method of procedures. Control measures were established and applied to counter the identified threats to reliability. Validity of the study entails: assessment effects, selection, regression and mortality.

The purpose of validity is the continuous analysis and comparison of data to ensure the equality between scientific categories and the respondent's reality. Control measures in this regard were designed and applied to ensure the validity of the study.

Test sampling

A purposeful, non-selective sample (Burns & Grove, 1987:218) was done with the target group of chronic psychiatric patients. The amount of patients selected in the rehabilitation centre, depended on the saturation of collected data. Saturation was determined by repetitive themes which was the same for a couple of available patients. Criteria for selection of chronic psychiatric patients in the rehabilitation centre were:

- voluntary participation in research;
- reality orientated;
- residents of the rehabilitation centre for at least six months;
- between the ages 17 and 40; and
- had to work in the workshop on the premises.

Data collection

A phenomenological interviewing method was used (Burns & Grove, 1987:39). A central question was asked during a semi-structured, in-depth interview of approximately one hour to determine the experiential world of the chronic psychiatric patients in a rehabilitation centre. The central question was "How do you experience living in this rehabilitation centre?" (Kvale, 1983:171-196). Each interview was audiotaped and transcribed verbatim. Already known information was "bracketed" to improve openness in the researcher. Intuition then took place to focus on the experiential world of the chronic psychiatric patient in a rehabilitation centre. Field notes were compiled after each interview to describe underlying themes and dynamics during the sessions.

A pilot study was conducted with a chronic psychiatric patient fulfilling the criteria to identify and remove obstacles. Follow-up interviews were conducted with certain participants to determine and verify main- and subcategories (Kerlinger, 1986:477; Omery, 1983:52). The researcher ensured the participants' anonymity by stating the data in such a manner that no respondent could be identified. Informed consent was obtained from respondents as well as the management of the rehabilitation centre. A contact person as source of support was indicated to those who experienced mental discomfort after the interviews.

Data processing

Audiotapes of the interviews were transcribed verbatim. Data analysis of the transcribed tapes were made by combining Giorgi (in Omery, 1983:52) and Kerlinger's (1986:477) methods. The researcher thoroughly read through the transcriptions and identified themes, words and sentences by means of underlining. Themes, words and sentences were related to form a whole. Universal categories were identified from the unit of assessment and diagnosis of the Nursing for the Whole Person Theory (Oral Roberts University, Anna Vaughn School of Nursing, 1990:136-142). It implies the internal and external environments, as well as the characteristic ways of interaction between the individual's internal and external environments. The framework the universal categories were identified in, is therefore as follows:

Internal environment:

- bodily
- psychological
 - intellect
 - will
 - emotion

External environment:

- physical
- social
- spiritual
- spiritual
- spiritual

Characteristic ways of interaction between the internal and external environments.

Data was divided into the identified universal categories after which subcategories were identified within the universal categories. Priority assessment took place on the basis of repetition of experiences being the same for respondents. The researcher reflected given units and changed the meaning thereof from concrete to scientific concepts. A reliability control was executed by means of an independent coder who identified and categorised the central themes. A protocol was provided to the independent coder as guideline for data analysis. The researcher and the independent coder held consensus discussions to mutually decide on identified categories, relations and central themes. Categories were placed in order of priority (Kerlinger, 1986:477; Omery, 1983:52; Oral Roberts University, Anna Vaughn School of Nursing, 1990:136-142).

Literature control

Similar studies were investigated to determine corresponding and unique factors of this study. Results were verified by means of a literature control.

Recommendations of guidelines, limitations and applicability value

Information obtained from this study, was used for the compilation of guidelines for the psychiatric multi-professional team members to mobilise resources for chronic psychiatric

patients in the restoration of their mental health, and to subsequently contribute to their successful reintegration into the community. The limitations as well as the recommendations of this study were addressed.

Discussion of results

Seven interviews were conducted in total with chronic psychiatric patients before the themes became repetitive.

The discussion of the results are according to Tables 1 and 2 within the unit of assessment and diagnosis of the Nursing for the Whole Person Theory (Oral Roberts University, Anna Vaughn School of Nursing, 1990:136-142). Operational definitions of the categories in the unit of assessment and diagnosis are reflected within the results of this study.

INTERNAL ENVIRONMENT

This discussion takes place according to Table 1.

TABLE 1

Internal experiential world of chronic psychiatric patients living in a rehabilitation centre

CATEGORY

INTERNAL ENVIRONMENT

BODY

- Exercise
- "brisk walking"
 - "exercises"
 - "play volley ball"
 - "walk to gym"

PSYCHE

- INTELLECT
 - Perception positive
 - "nice atmosphere"
 - "safety/trust"
 - "unique place"
 - "others not as capable as me"
 - Coping mechanisms
 - "Avoidance due to hyper sensitivity for rejection and low self-image."
- EMOTION
 - Anxiety
 - "Initial feeling of uncertainty due to an unsure future, expectations and environment."
 - Anger
 - "Frustration due to unfulfilled needs"
 - Contentedness
 - "Comfort due to resources inside and outside of the rehabilitation centre"
 - "Happiness due to the introduction to and familiarity of expectations"

SPIRIT

- VALUE SYSTEM
 - Attach value to productivity
 - Internally motivated

BODY

Body includes all anatomic and physiological processes (Reader's Digest Great Illustrated Dictionary, 1984). Four

chronic psychiatric patients verbalised that an opportunity for exercise within and outside of the rehabilitation centre exists: "walk to gym"; "play volley ball".

Chronic psychiatric patients accept their physical appearance and the effective use of their bodies through exercise as bodily experience (Evans, 1971:17).

PSYCHE

The psyche includes all intellectual, emotional and will processes (Rand Afrikaans University, Nursing Department, 1992).

INTELLECT

Perception

The perception of four patients is that of a "nice atmosphere" inside the rehabilitation centre. Five patients indicated a positive perception of security. Since the atmosphere is calm, the chronic psychiatric patients feel relaxed and safe. This feeling of security leads to positive trusting relationships with the staff: "Staff go to that person and speak to her".

Four patients indicated the uniqueness of the rehabilitation centre. Chronic psychiatric patients feel safe and cared for in an environment with rules and regulations, where limits are set and staff are available (Perko & Kreigh, 1988:45-46).

Coping mechanisms

On the basis of the results it seems that the chronic psychiatric patients mainly make use of avoidance as coping mechanism, as demonstrated by four patients who changed the focus on their experiences to questions directed at the researcher: "How old are you?". These coping mechanisms are derived from the patients' low self-image and fear of rejection. They say what they think is acceptable to win the favour of the researcher. The fact that chronic psychiatric patients make use of avoidance as everyday coping mechanism is unique to this study. According to Cohen & Berk (1985:409) the most important coping mechanism however, is "fighting back". According to Mann *et al.* (1993:154-162) and Mirabi *et al.* (1985:404-405) chronic psychiatric patients have a need to establish effective coping mechanisms after their release.

EMOTION

Anxiety

Five chronic psychiatric patients verbalised an initial feeling of uncertainty with arrival at the rehabilitation centre: "I didn't know anybody; I didn't know what to expect". These patients were initially unfamiliar with mutual expectations, co-patients, facilities, opportunities to fulfil needs, staff, own ability and how they would benefit from the rehabilitation process. The chronic psychiatric patient is comfortable in

the familiar environment, namely the hospital, but is anxious to move outside to the unfamiliar. Lengthened hospitalisation leads to a lower self-image and lowered functioning since the patients consider the hospital as alternative for their preferences (Drake & Sederer, 1986:897). They only feel safe once they become familiar with their internal and external environments.

Anger

Four chronic psychiatric patients experienced anger in the form of frustration: "spiritual life is denied". A lack of opportunity to fulfil internal and external needs exists. These needs include free communication with God, successful management of a psychiatric problem and improved financial and social resources. In the young adult's quest for independence, frustration develops when certain needs are unfulfilled (Skantze *et al.* 1992:800).

Contentedness

Four chronic psychiatric patients experienced comfort within the rehabilitation centre "...is 'n goeie plek, ek kan nie kla nie" ("... is a fine place, I cannot complain.") This comfort entails the availability of staff and co-patients, facilities, the number of co-patients and the relatively small size of the centre. It indicates the placement of the rehabilitation centre regarding the external life environment and resources outside of the centre. Four chronic psychiatric patients are happy in the rehabilitation centre: "I'm content". This tendency is due to the familiarity with the internal and external environments: expectations, trust and fulfilled needs. Lehman *et al.* (1986:902) and Skantze *et al.* (1992:799-800) however, found that only a percentage of chronic psychiatric patients are content with their life style and - quality.

SPIRIT

"Spirit" refers to that part of the individual that was created to stand in relation to God. Internal spiritual experiences include moral and religious influences on behaviour as reflected in values, ethical principles and the experience of meaning in life as well as relationship with the self. The value system of five chronic psychiatric patients existed of two parts, namely: value of productivity and internal motivation. Value of productivity developed from a shortage of especially money as external resource: "ek het begin belangstel in werk" ("I became interested in work"). A prerequisite for residing in the rehabilitation centre is the receipt of a disability grant. This grant covers costs such as meals and residency. As encouragement, patients are paid according to their productivity. This payment however, is not enough to make an independent existence. They therefore work even harder: the harder they work, the more they are paid and the higher their status as perceived by co-patients not sharing the same "privilege". For them money means high status. The uniqueness of this finding is indicated by the high value attached to productivity. According to Stuart & Sundeen (1991:872) a pattern of motivation forms, based on the

avoidance of failure.

EXTERNAL ENVIRONMENT

This discussion is based on Table 2. The external environment of the chronic psychiatric patient is physical, social and spiritual by nature.

TABLE 2

External experiential world of chronic psychiatric patients living in a rehabilitation centre

CATEGORY

EXTERNAL ENVIRONMENT

PHYSICAL

• EXTERNAL ENVIRONMENT

- Description of environment

• RESOURCES

- Workshop inside the rehabilitation centre

SOCIAL

• PRESENTATION

- Rules and regulations that should be adhered to and existence in the rehabilitation centre

• SOCIAL RESOURCES

- Staff makes an effort with the organisation of social opportunities
- Staff is always available
- Fellow patients are friendly and supportive

• LEISURE TIME

- Reading, watching television/videos

SPIRITUAL

• ARGUMENTS BETWEEN RESIDENTS

PHYSICAL ENVIRONMENT

The physical external environment refers to all meaningful stimuli/objectives within the individual's external environment.

All seven chronic psychiatric patients described their external life environment within the rehabilitation centre. This

description involves the garden, laundry, clinic, rooms, meals, workshop and the size of the centre. The management engages in a contract with employers for industrial therapy. Patients are given the opportunity to "work hard and make a lot of money" or to be merely "kept busy". The only demand placed on them then, is to attend the workshop at scheduled times. The chronic psychiatric patients in the centre are prepared for the importance of attendance, endurance, schedule of work and expectations of employers outside the centre. With the creation of applicable facilities and a nice living environment, the patients can be prepared on small scale for the outside world. Wilson *et al.* (in Cykana, 1987:35) found that the success after hospitalisation relates to attendance, punctuality and acceptance of supervision.

SOCIAL

Refers to activities and relationships between people in a community.

Social opportunities

Six chronic psychiatric patients verbalised that an effort is made to create opportunities for social interaction: "danse en partytjies" ("dances and parties"); "we went to Durban". Social interaction not only takes place within the rehabilitation centre and patients are also taken on excursions. Because of their lack of social skills, they are mainly dependent on staff for the organisation of social opportunities. Lacking social skills, limited speed, bad concentration and inability to plan are obstacles in the progress of the chronic psychiatric patient (Nagy, Fisher & Tessler, 1988:1286; Levin & Brekke, 1993:31). This statement supports the dependency of chronic psychiatric patients on the staff for the organisation of social opportunities. A unique contribution from this study is that two of the six male chronic psychiatric patients indicated lacking social skills, in contrast with Levin & Brekke (1993:31) who found that male patients need more specific support regarding social integration.

Rules and regulations

Four chronic psychiatric patients described the rules and regulations regarding prescribed prerequisites and arrangements that have to be adhered to. These rules and regulations are stipulated in a contract that has to be signed by patients at arrival at the rehabilitation centre. They experience it both positive and negative: "discipline is necessary"; "living in a communist regime". The fact that rules and regulations exist, provides the chronic psychiatric patient of guidelines for his/her behaviour. Acceptance of these guidelines provides acknowledgement and security.

Levin & Brekke (1993:25-34) found that involvement in an interactive peer environment is facilitated by supportive staff, as well as specific rules and expectations, but patients also need democratic participation in policy-making (Timko *et al.* 1993:246), and democracy is an important element of the therapeutic milieu (Perko & Kreigh, 1988:45, 46).

Availability of staff

The availability of staff was positively experienced by five of the patients: "Urgently need them, then they are there"; "help jou as jy siek is" ("helps you when you are ill"). The fact that staff are available when needed, makes them feel safe and secure. The patients' experience of assistance varied from listening and learning skills to therapy. Being available when needed fulfills the need of direction and therapeutic intervention. The availability of trained personnel provides an opportunity for vitality in chronic psychiatric patients (Levin & Brekke, 1993:31), represents the community and serves as role models and protection (Munich & Lang, 1993:664, 665).

Support/friendliness of co-patients

Four chronic psychiatric patients verbalised that co-patients are supportive and friendly: "are supportive"; "residents are OK people". Because of the intimacy within the rehabilitation centre the chronic psychiatric patients necessarily have to communicate with each other, with their illness as point of departure. Mutual respect and understanding result from interpersonal relationships and tolerance is promoted. A feeling of "my pain is your pain, and your pain is my pain" is presented. This feeling/attitude can be ascribed to the altruistic motivational patterns applied by chronic psychiatric patients (Stuart & Sundeen, 1991:872).

LEISURE

Four chronic psychiatric patients' leisure time consisted mainly of reading and watching television or videos. This passive nature of their leisure time use can possibly be attributed to the patients' lack of drive because of the negative symptoms and side effects of medication as was found by Skantze *et al.* (1992:800).

SPIRITUAL

Refers to meaningful spiritual elements or incidents in the individual's external environment. In the chronic psychiatric patients' relationship with others, arguments/disputes exists such as those experienced by four patients: "I get cross with them"; "natural to have a few fights". When the size of the rehabilitation centre is looked at, the area for the concentration of chronic psychiatric patients is small. Each patient is unique in body, mind and spirit, each one's quest for wholeness differs and each is on a different stadium of the health-illness continuum. These patients live together 24 hours per day, and are mutually dependent of each other. The latter, together with different value systems and lacking communication skills, result in arguments and the staff has to intervene. In a couple of incidents the chronic psychiatric

patients can solve their own arguments. The applicable application of privacy can limit arguments between chronic psychiatric patients (Perko & Kreigh, 1988:44-45).

CHARACTERISTIC WAYS OF INTERACTION

Characteristic ways of interaction between the internal and external environment are reflected throughout this discussion.

LIMITATIONS

A limitation identified in this study, is the following: More information can be obtained by further exploration of the chronic psychiatric patients' life world by making more use of reflection and clarification.

RECOMMENDATIONS

Psychiatric research

Another aspect that can be researched, is specific rehabilitation programmes in psychiatric hospitals or wards. Chronic psychiatric patients indicated a meaningful lack of social skills. This lack is due to lengthy hospitalisation that leads to a decrease in self-value and interpersonal skills.

The question exists to which extent chronic psychiatric patients can be prepared in the hospital for the various demands of the community.

Psychiatric education

Results from this study can make a valuable contribution to the theoretical knowledge of psychiatric multi-professional team members. Theoretical suppositions from this study can serve as point of departure for the education of psychiatric students.

Psychiatric practice

Guidelines for psychiatric students were designed to fully utilise the principles for the repair of chronic psychiatric patients' mental health, considering the chronic psychiatric patients' experience in a rehabilitation centre.

CONCLUSION

The chronic psychiatric patients' experience of their stay in the rehabilitation centre reflected security due to the availability of staff and a unique living environment. Avoidance is used as coping mechanism and frustration develops because of unfulfilled needs. These patients experience initial anxiety with admission to the centre, but become content and happy after external and internal needs and expectations are clarified.

The facilities within the rehabilitation centre are of such a nature that patients can meaningfully exist inside, but are limited by the lack of finances and therefore status. The pur-

pose of the workshop is preparation for the open labour market and is purposeful according to employer's expectations. By accepting the rules and regulations of the rehabilitation centre, guidelines are developed for patients' behaviour. Security develops from the acceptance of these guidelines.

Social activities are arranged by the personnel, mainly due to the patients' limited social skills. Leisure time is spent passively and is by no means creative, but can be accounted for by the patients' lack of drive.

The external spiritual experience of the patients is that of argumentation due to a lack of privacy, but co-patients are still considered friendly and supportive.

Characteristic of interaction is the burden of insight in chronic psychopathology and the painful realisation of emotional and social disabilities are the biggest obstacles in their quality of life.

SUMMARY

From the preceding study various aspects of the chronic psychiatric patients' experiential world in a rehabilitation centre were explored and described. Although they are content with their external environment, a lack of social skills exists. This lack limits their interpersonal relationships, coping mechanisms and their emotional and spiritual lives. From the literature it is important that this lack is addressed in order to mobilise the chronic psychiatric patients' resources and successfully reintegrate them into the community.

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