Life Meaning of Patients with Schizophrenia

Chu-Mei Lan · Thung-Ming Su*

ABSTRACT

The purpose of this study was to investigate the content and influential factors of the life meaning of patients with schizophrenia. This research was a qualitative field method study. Semi-structural interview instruction developed by Chen in 1995 was used to interview nine patients with schizophrenia in a long-stay ward. Subjects were purposively selected and underwent a face-to-face interview. Each interview was audiotape-recorded and processed by content analysis. The identified life meanings of patients with schizophrenia were acquirement of care, altruistic behaviors, life experience, and existence of life. The influential factors were disease and life experience. The main reasons for life existence were religion and family support. The life meaning of patients with schizophrenia was unique and individualized. The exploration of life meaning of patients with schizophrenia could start with their routine living to make their life more meaningful and full of vitality.

Key words: Schizophrenia, life meaning.

Introduction

Schizophrenia is a psychotic disorder. Major symptoms include the disorder of thoughts, perceptions, affect, and personality. Their social functioning (work ability, interpersonal relationships, and self-care ability) also decreases. The symptoms have the tendency to be chronic and disabling (Lin, 1990). The major therapy for schizophrenia is to use anti-psychotics to alleviate the psychiatric symptoms, and improve the thought disorder, hallucinations, withdrawal, delusions, and irritable mood. They must be administered at the acute state, and long-term use is essential to prevent disease relapse (Lin, 1990). Cognitive-behavioral approaches in the treatment of schizophrenia can also enhance insight into illness, increase adherence to medication, ameliorate the severity of symptoms,
and mitigate other negative consequences of schizophrenia (Seckinger & Amador, 2001). In our clinical experience, patients facing schizophrenic disease were full of frustration and faced many difficulties; they were afraid of the disease results, rejections by others, the social stigma, and the decrease of abilities. All of these made patients feel that any good future would become gloomy, and they felt useless. The life meaning of existence also becomes blurred, and they will lose their hopes and wishes (Lyu, 1990).

About life meaning, Frankl has said that the limit of life and inevitable death makes individual existence meaningful. Achievements and happiness could not explain life completely. Conversely, when we face suffering, our attitudes always make us pass through frivolity and superficiality and then we realize the meaning and values of individuals (Chen, 1995). Logotherapy distinguishes two kinds of meanings such as “the ultimate meaning” and “the meaning of the moment”. The ultimate meaning may be defined as the assumption that order exists in the universe in spite of apparent chaos. Many names have been given to the “order”: God, nature, life force, evolution and the ecosystem. It can be approached but never be reached. The meaning of the moment is that a person can encounter many beautiful, true, and meaningful experiences during the process of his search from the prosaic (to drive safely on the free way) to the heroic (to risk one’s life to save a drowning child). Any person cannot arbitrarily “give” meaning to a movement; he can only find the meaning offered by special circumstances. The meaning of the moment changes from moment to moment, and is strictly personal (Fabry, Bulka, & Sahakian, 1995).

We act and struggle by ourselves, and we experience the feelings of value and struggle, which let us find the meaning of existence (Corey, 1996). Yalom and Frankl agree that meaning must be pursued as happiness indirectly. In life, we pursue meaning accompanied by throwing ourselves into creation, love, work and reconstruction. Among the humanistic psychologists, Frankl investigated the meaning in life most completely. He thought that (1) the existence of individuals at any moment has its meaning; (2) the will to pursue meaning exists in the spirit of the individual; (3) at any situation, everyone has the freedom to preserve the will; (4) because people have freedom, so everyone has the responsibility to fulfill unique meanings in life; (5) meaning in life has its subjectivity and uniqueness, and can change from moment to moment. One can realize the meaning in life by fulfilling the values of experience-taking and creating attitudes (Seckinger & Amador, 2001).

There are two directions of research concerning life meaning. One is to explore the relationship with other variables; another is to understand the connotations. In regard to relationships of life meaning and variables, various researchers have stipulated that age, gender, religious beliefs, socioeconomic status, achievements of school performance, breach of school rules, harmoniousness of the family, interpersonal relationships, disadvantageous life situations, inappropriate attitudes of life and death, illness factors, and individual factors could all be influential factors of life meaning (Chiang, 2001; Hilton, Ghaznavi, & Zuberi, 2002; Huang, 2003; Meier & Edward, 1974; Seckinger & Amador, 2001; Shek, Hong, & Cheung, 1986; Walters & Klein, 1980; Wei, 1997). Others have not found any significant relationship with gender, socioeconomic
status, or religious beliefs (Namkung, 1981; Zika & Chamberlain, 1987; Wu, 2001). Most studies have been based on quantitative research; the correlational variables focused on fundamental attributes like family atmosphere, interpersonal relationships, and school performance and illness factors.

The studies of connotation of life meaning were mainly based on the phenomenon paradigm to understand internal values and goals. Lan interviewed ten engineers and found that their meaning in life could be presented through life perspective, life values, life goals, life meaning, and views and attitudes toward death (Lan, 2004). The source of life meaning was academic study, relationships, and knowledge-seeking in gifted children (Jhang, 2004). However, relationships, health, pleasure, growth, learning performance, and physical appearance were the source of life meaning in junior high school students (Chiang, 2001). There were five categories in life meaning of cancer patients: “contribution”, “religious orientation”, “self-growth and self-actualization”, “life is meaningless”, and “still searching” (Chen, 1995). Concerning life meaning in patients with breast cancer, the variables were the meaning of life, the goals of life, the reason of existence and the meaning of suffering (pain) (Lee, 2003). In conclusion, life meaning from factors such as relationships, health, growth, performance, goals and values of life, the reason of existence and the meaning of suffering pain can be understood.

We reviewed the research about meaning in life, and found most research subjects were college students (DeVogler & Ebersole, 1980; Yin, 1988). In some studies, the research subjects were teenagers (DeVogler & Ebersole, 1983; Shek et al., 1986; Wei, 1997), the elderly (Baum, Stewart, 1990; Hilton et al., 2002), elementary students (Jhang, 2004), or cancer patients (Chen, 1995; Lee, 2003).

We found no literature focused on schizophrenic patients, so we wanted to understand life meaning in patients with schizophrenia. Our research project included two parts. One was to explore the content in meaning of life, and another was to understand the influential factors and sources for life meaning in schizophrenic patients, in the hope that this study could offer a reference for psychiatric staff to care for schizophrenic patients.

**Materials and Methods**

**Samples**

We interviewed ten patients with schizophrenia at the long-stay ward of Hospital in Taiwan, but used nine subjects for analysis. Subjects were screened by the criterion of Lan’s questionnaire for the patients with schizophrenia (Lan, 1996). Their symptoms of negative and positive with schizophrenia were not too severe as to interrupt the interview. The disease history ranged from eight to thirty-one years. Five subjects were male, and four were female. Four subjects were married and had children. Half of them had no religious belief. Six subjects had insight (as to their mental or emotional condition). In most cases, the key caregiver was the mother (see Table 1.).

**Research procedures and instruments**

This study used a qualitative research method; using filed-study to the subject life situations and interview the subjects. We used a purpose-sampling method and semi-structured instructions to
Life Meaning of Patients with Schizophrenia

After the institute and subjects gave approval (signed consent forms), we first established the therapeutic relationship with the subjects and assessed whether the subjects met the research criteria. Then, two psychiatric nursing teachers who had been working in the long-stay ward and have clinical psychiatric nursing and teaching experience of over six years, interviewed the subjects. Each subject was interviewed two or three times according to the condition of data collection and the subject’s symptoms. Each interview lasted for one hour, and was recorded by audiotape recorder. Data were collected from August to December in 2000 and transcribed into a manuscript of each interview. We interviewed ten subjects, but used nine subjects for analysis because one case of them was an adverse case (This case could not be interpreted by research results, because her answers became meaningless).

The instruments were modified from Chen’s (1995) interview instruction for teenage cancer patients. The research team modifying the interview instruction questionnaire included two nursing department teachers of the university. The semi-structured instructions included eight parts as follows: attitudes towards schizophrenia and therapy, the meaning of suffering and life, goals and values in life, the review of life, and the attitudes of death. We used the instruction to interview the patients for the pretest, and then modified the wording of the interview instruction.

We recorded the content of the interview, transcribed the content into scripts, and used content analysis to analyze the research data. The analyzing procedure was (1) to reset the script: recode the data of subjects, (2) to perform open-ended coding: read the scripts and check the sentences, and then find the major meaning, naming, and coding, (3) to

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Table 1. The descriptive data of subjects

<table>
<thead>
<tr>
<th>Clients</th>
<th>Age (years)</th>
<th>Gender</th>
<th>Level of education</th>
<th>Married status</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>42</td>
<td>Female</td>
<td>Junior high school</td>
<td>Married and one child</td>
</tr>
<tr>
<td>B</td>
<td>39</td>
<td>Male</td>
<td>Senior school</td>
<td>Unmarried</td>
</tr>
<tr>
<td>C</td>
<td>43</td>
<td>Female</td>
<td>University</td>
<td>Married and three children</td>
</tr>
<tr>
<td>D</td>
<td>38</td>
<td>Male</td>
<td>Senior school (un-graduated)</td>
<td>Unmarried</td>
</tr>
<tr>
<td>E</td>
<td>50</td>
<td>Male</td>
<td>University (un-graduated)</td>
<td>Unmarried</td>
</tr>
<tr>
<td>F</td>
<td>39</td>
<td>Female</td>
<td>Primary school</td>
<td>Married and one child</td>
</tr>
<tr>
<td>G</td>
<td>37</td>
<td>Male</td>
<td>Vocational school</td>
<td>Unmarried</td>
</tr>
<tr>
<td>H</td>
<td>56</td>
<td>Male</td>
<td>Senior school (un-graduated)</td>
<td>Married and two children</td>
</tr>
<tr>
<td>I</td>
<td>36</td>
<td>Female</td>
<td>Senior school</td>
<td>Unmarried but had one daughter</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clients</th>
<th>Religion beliefs</th>
<th>Key person</th>
<th>History of schizophrenia (years)</th>
<th>Insight of schizophrenia</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>None</td>
<td>Older sister and brother-in-law</td>
<td>19</td>
<td>Yes</td>
</tr>
<tr>
<td>B</td>
<td>None</td>
<td>Mother</td>
<td>20</td>
<td>Yes</td>
</tr>
<tr>
<td>C</td>
<td>None</td>
<td>Husband</td>
<td>17</td>
<td>None</td>
</tr>
<tr>
<td>D</td>
<td>I-Kuang Tao</td>
<td>Older sister</td>
<td>10</td>
<td>Yes</td>
</tr>
<tr>
<td>E</td>
<td>None</td>
<td>Mother</td>
<td>30</td>
<td>None</td>
</tr>
<tr>
<td>F</td>
<td>Folk belief</td>
<td>Mother</td>
<td>20</td>
<td>Yes</td>
</tr>
<tr>
<td>G</td>
<td>Folk belief</td>
<td>Parents</td>
<td>19</td>
<td>Yes</td>
</tr>
<tr>
<td>H</td>
<td>None</td>
<td>Mother and younger sister</td>
<td>31</td>
<td>None</td>
</tr>
<tr>
<td>I</td>
<td>Christianity</td>
<td>Mother</td>
<td>8</td>
<td>Yes</td>
</tr>
</tbody>
</table>
analysis and code: classify the same attribute to form the core category and framework, (4) to compare the relationships of core categories, reset and revise the structure, and then answer the research questions.

**Results**

The schizophrenic patients lived in the psychiatric ward. They must face the disease and psychiatric therapy everyday. In the “disease” part, they faced “schizophrenia” with “the attitudes of acceptance or denial”. Most of the subjects could say his (her) disease name. Otherwise, they thought they had a psychiatric disease. Although some subjects could accept and acknowledge his (her) disease, others denied it, and thought they had been admitted to the hospital involuntarily. Auditory hallucinations were the most common symptoms, followed by unstable mood and insomnia. Other symptoms included visual hallucinations, religious delusions, queer behaviors, silly smiles, and poor interpersonal relationships. Concerning attitudes toward other persons after the subject was diagnosed to have schizophrenia, they usually had decreased interpersonal interaction, but sometimes they had more support from others. For example, case “C” said: “After the disease, my parents isolated me, and kept me away from the external world. My parents said I was a madman and I would infect other people, so I could not go out.” This disease brought negative feelings to the patients and left them feeling scared, suffering pain, depressed, gloomy, and homesick. For example, case “I” said: “I am so unhappy, suffering, depressed. I spend so much time in the hospital, and I want to go home.” From the disease part, we can find “they might accept or deny the disease”, “they presented the symptoms of schizophrenia”, “they could feel the changing attitude from others”, and “they could feel the negative feelings coming from schizophrenia”.

In the “therapy” part, the subjects accepted drug therapy, psychotherapy, occupational training, and folk therapy. The side effects of drug therapy included rolling/turning up of eyeballs, stuttering and body rigidity, slowing of movement, drowsiness, obesity, decreased sexual drive or menstrual flow. About the feeling of therapy, they felt no feelings; suffering or comfort or otherwise. About the effect of therapy, they felt therapy could let their thoughts become clearer, let them have more energy, decrease auditory hallucinations-or have no improvement. In the “therapy” part, the subjects accepted “multiple therapies”, “someone had the drug side effects of drug therapy”, “had different feelings about the therapy”, “the thought of effect of the therapy (effective or not)”.

The subjects described their suffering as including connotation and meaning. The connotations of suffering were psychiatric symptoms (auditory hallucinations), physical sense (weakness), economic problems (lack of money), therapy process and procurement (drug side effects, restraint, stop substance abuse), and mental disturbance (stress of sickness, low self-esteem, social stigma, and suffering pain). For example, case I said, “I felt suffering because the weakness of body let me feel suffering when I must work.” Case E said, “I was like the offender who has handcuffs and shackles. I was not sick. I had no freedom when I was restrained.” The meanings of suffering were the hope of healing and new insight. For examples, case B said, “I would be healed just only if I
cooperated with the therapy.” Case G said, “Because of the disease, I knew the power of religion.” Case D said, “Without the disease, I would feel well.”

In “the attitudes towards death” part, the variables included fear or acceptance of death, the meaning of death, the anticipated time of death, and the methods of death. About “the attitudes of fear or acceptance of death”, three subjects feared death, and three subjects could accept death. The others had no opinions. For example, case C said, “Death was the life process. Life was always so. But because I am unmarried, I worried nobody would memorialize me.” About the meaning of death, most feelings were influenced by religious beliefs. For example: case A said, “Death to me was an enjoyment. Because I believed in Jesus, death would get eternal life.” About “the anticipated time of death”, three subjects thought that now was the best time to die. Two subjects thought that nature should take its course about death. The others had no opinions. The anticipated methods of death included accidents and natural causes. For example: case C said, “I thought that this was the time to die by accident or sickness quickly”.

For life meaning for schizophrenic patients, we described it from the life pictures, the ideal life and the connotation of life meaning, the time duty of life meaning, influential factors, and the suggestions to other schizophrenic patients. The subjects described the life picture as fire, pine trees, long rivers, symphonic music, and dreams. They described the process of life as being high and low, up and down. The role in life picture was that “I am the pilot of my own life”. The ideal life included the stability of disease, the care of family, and the fulfillment of hope. For example, case A said, “I wanted to cure the disease and go to work. I wanted my parents and sons come to see me frequently.” Case C said, “I wanted to be discharged.” Case B said, “I wanted to work, get married and build up my family. Then I can be full of happiness, welfare, and satisfaction.”

The connotations of life meaning for patients with schizophrenia were acquirement of care, altruistic behaviors, feelings and existence of life. For example: case A said, “Life meaning is just like my older brother came to see me although he was busy.” Case D said, “Life was to serve others.” Case E said, “The meaning of life was to make great efforts to live day by day.” Case F said, “The meaning of life was to live peacefully and happily.”

Meaning of past life for these patients with schizophrenia was the acquirement of the meaningful persons’ support, and work ability. For example, case J said, “I once had a boyfriend who treated me very carefully, and I felt so happy and that time is unforgettable.” Case D said, “My parents’ love let me see the beauty in my life.” The present meaning was to join the therapy in the long-stay ward. A disease-free status, discharge from the hospital and return to work were the future meanings for these schizophrenic patients.

The influential factors of life meaning for schizophrenic patients included the disease and life process. The disease and therapy process changed the subjects’ life. They must be hospitalized, and cope with the psychiatric symptoms and the side effects of antipsychotic drugs. Many dreams and developmental tasks of patients faced interruption because the disease frequently intervened, causing patients to experience hopelessness and frustrated feelings. Another influential factor of life meaning was the experiential life process of the subjects. For
example, case I said, “I am so full of frustration; I was a substance abuser in senior high school. I once failed in a love affair. I once attempted to commit suicide, was in jail, and had an induced abortion. I was so unfortunate.” The main reasons of existence are religion and family support. Most of these patients mentioned and addressed these points in the interview.

The goals of life in these schizophrenic patients were divided into goals of daily life, goals of pre-discharge, goals of after-discharge, and the action to achieve such goals. The goals of daily life were to cultivate a regular life and keep interest (motivation) high. The goals of pre-discharge were to present altruistic behaviors and express the function of his role. For example, case C said, “I want to rear my children to be outstanding, to be appreciated, and not to be despised.” Case A said, “I hoped I could help other patients solve their problems in hospital”. The goals of after-discharge were to realize their wishes and to be in accordance with such natural tendency. For example, case I said, “I wanted to live with my mother and daughter, and then go to work.” Case F said, “I wanted to live one second by one second every day.” The actions to achieve the goals were to join the therapy and adhere to staff orders in the psychiatric ward (three subjects), but most of the subjects lacked energy to achieve their goals.

Finally, the three subjects gave the other schizophrenic patients some suggestions. Those were they must have positive thought; they must have the beliefs to serve others, and care for themselves.

From the content analysis, we found the fundamental attributes (gender, educational, religious beliefs, age, duration of sickness, key person, and insight) affected the subjects in how they viewed the disease and therapy. The fundamental attributes of disease and therapy, affected the meaning of suffering and the attitudes of facing death. The subjects described the pictures of life as representing their rejections for their ideal life. The above factors affecting the meaning of life (connotations and situations) when the meaning of life became realized in daily life, could make the goals of life clearer (see figure 1.).

Figure 1. The relationship of the influential factors and the meaning of life for schizophrenia.

Discussion

Our results presented that schizophrenics had decreased interpersonal interaction in attitudes toward other persons after subjects were first diagnosed. This result was comparable with the study of Nystrom and colleagues (Nystrom, Dahlberg, & Segesten, 2002). They found that people with severe mental illness experienced an
existential loneliness due to difficulties in changing previous suppositions about human relationships. They may be suffering from shame, or hospitalization makes them feel apart from their family and friends (Lennart & Lindstrom, 2002). Baker, Jodrey, and Intagliata (1992) thought that availability of social support was significantly correlated with positive affect over time. This point was important to the chronic schizophrenic patients in our results, where one of the main reasons of existence was acquirement of family support.

In the “therapy” part, this research demonstrated that the subjects accepted “multiple therapy”, “someone had the drug side effects of drug therapy”, “had different feelings about the therapy”, “the thought of effect of the therapy (effective on not)”. These points connected the suffering of connotation. We found therapy played an important role in their suffering. If they felt the therapy effects were better, they felt less suffering. The subjects described their connotation of suffering as weakness and economic problems. This result was similar to some other research (Pejler, Asplund, & Norberg, 1995; Turton, 2001).

The life meanings in patients with schizophrenia were acquirement of care, altruistic behaviors, feelings and existence of life. In the study about time duty of life meaning, we found that the past meaning of life for these patients with schizophrenia was the acquirement of the meaningful persons’ support, and work ability. The present meaning was to join the therapy in long-stay ward. Disease-free status, discharge from the hospital and return to work were the future meanings for these schizophrenic patients. These results were similar to the study of Fabry, et al. (1995). They found that each person cannot arbitrarily “give” meaning to a movement. He can only find meaning offered by the particular circumstances. The meanings of the moment change from moment to moment and are strictly personal. From this point, we think that exploring the individual and forming a life history to view the whole process of life meaning may be another worthy issue to explore.

The results presented that the influential factors of life meaning are disease and life process. The main reasons of existence are religion and family support. Hilton et al. found religious beliefs might help patients in their search for meaning in life, especially in difficult circumstances such as during an episode of illness (Hilton et al., 2002). In our research, four subjects had religious beliefs. They all experienced the power of religious beliefs to help them experience suffering. The others longed for family support. Therefore, support was the power to accompany suffering, and the process of being accompanied let subjects experience meaning in life.

The goals of daily life were to cultivate a regular life and keep motivation high. These might minimize the patients’ negative symptoms that they wanted to overcome. The goals of pre-discharge were to present altruistic behaviors and to express the function of his role, which were comparable with the study of Prusti and Branhom (2000), who thought occupational role assessment would be an important focus in occupational therapy to help people adapt to daily routines and improve their quality of life. The goals of after-discharge were to realize their wishes and to be in accordance with such natural tendency. This demonstrates that everyone has a dream, and a natural life to schizophrenic patients may imply the meaning of a
disease-free status and going through life day by day. Most subjects had goals of life, but having no motivation to act was the biggest problem for them. They might present negative symptoms, feel fatigued or hopeless from the disease and therapy. How to let patients have the motivation to fulfill the goals of life meaning is a constant staff challenge in the long-stay ward. Williams & Collins suggested that the family, consumers, professionals, and society have a role in shaping schizophrenic patients with the perceptions of their worth, competence, and place in society. Nevertheless, individuals are not passive recipients of this input (Williams & Collins, 2002).

Morgan and colleagues found that many schizophrenic patients evoked their experiences of having a mental illness, being socially isolated, and living in the community with limited support. In our research, we found some of the subjects had the experiences of negative and hopeless feelings when they were interviewed (Morgan, Janca, & Jablensky, 2002), so being sensitive to their feelings during the interview process is important. Finally, we must readdress the fact that meaning in life is a unique experience for each individual, and acknowledge that everyone has his or her own unique posture and meaning of existence.

Limitations, Recommendations and Conclusion

The limitation of our research is that the sample size is small, and quantitative methods can only represent the life meaning of some schizophrenic patients who live in the long-stay ward. Based on the research results, some implications for mental health practice and services are considered and suggested. Existence itself has meaning, and life meaning is unique for everyone. Accordingly, we must respect the individual when we care for schizophrenic patients, to understand their goals and actions of daily life, and to let their life be more meaningful and full of vitality. Schizophrenic patients living in a chronic psychiatric ward need the support of family and staff, and religious beliefs, which can help them pass through the difficulty of the disease. We recommend that when exploring life meaning in schizophrenic patients, the life fields of patients should be investigated to understand the influence of life history at different stages of the disease on the meaning of life.

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精神分裂病人之生命意義

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中文摘要

探討精神分裂病患者生命意義的內容及其影響因素。本研究採質性研究中的田野研究法 (Field Method)，由研究者以半結構的晤談指引，以立意取樣(Purpose sampling)及面對面訪談方式，對九位慢性病患之精神分裂病患進行深度訪談，研究工具則採Chen(1995)修訂後的半結構式會談指引，會談過程以錄音機收集資料，並記錄每次會談內容，進行內容分析(content analysis)。精神分裂病患者生命意義的內容為：關懷的獲得、利他行為、對生命的感受及生命的存在，其影響因素主要為疾病及生命歷程的影響，而生存的理由主要是宗教及家人的支持。慢性精神分裂病人之生命意義的析論，有其個人獨特的特殊意涵及內容，故建議對於精神分裂病人的生命意義之探討宜從個案生活的現象場進入，並從日常生活的目标與行動着手，使其生活更有意義與活力。

關鍵詞：精神分裂病、生命意義。