

**The "unknown soldier": Exploring the lived experiences of mental health care users  
during and after a public sector workers' strike**

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## ***DECLARATION***

I, Winston Schoeman, declare that the dissertation submitted by me for the Magister Artium (Clinical Psychology) at the University of Pretoria is my own independent work and has not previously been submitted by me at another university or faculty. I furthermore cede copyright of the dissertation in favour of the University of Pretoria.

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## ABSTRACT

This research study explored the effects of a public servants' strike on psychiatric patients. This is achieved through investigating the subjective lived experiences of events prior to, during and ensuing a public servants' strike. In addition, strike action within the health care sector as a worldwide phenomenon is discussed. This provides a conceptual understanding of strike action within the health care sector, as well as critical issues raised around the use of strikes as a medium of communication. During the public servants' strike of August 2010, 446 patients were discharged from a specialized psychiatric facility in the greater Gauteng region. The sample for this research was taken from this population and comprises of three (n=3) psychiatric patients, two Afrikaans speaking males and one Sotho speaking male. At the time of the interview, all three participants had been hospitalized and received further psychiatric treatment. The researcher made use of Interpretive Phenomenological Analysis (IPA) as the method to gather and interpret the raw data. The data is discussed within three subordinate themes, namely the subjective experiences prior to, during and ensuing the strike. In addition global themes throughout the patient's subjective lived experiences are discussed without sequential significance. The results from this study support current literature that strikes have a direct impact on the treatment of psychiatric patients. In addition the subjective accounts of the patients did not indicate any significant deterioration in functioning during the strike. However in subsequent months following their discharge, all of the participants experienced some form of conflict which contributed to their rehospitalisation.

## KEY TERMS

Psychiatric patients; specialized psychiatric facility; public servants' strike; strike action, strike, lived experiences; health care sector; Interpretive Phenomenological Analysis (IPA); deterioration in functioning; rehospitalisation.

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## **CHAPTER 1**

### **Introduction**

In August 2010, South Africa experienced a national 30 day public servants' strike. This strike impacted the service delivery of two key divisions within the public sector, namely the health care sector and the educational sector. Concern was raised that this strike may affect other divisions within the public sector and preventative measures were implemented to prohibit additional government departments such as the correctional services, police force and defence force from participating in the public servants' strike of August 2010. This research focuses primarily on the effects of the strike within the health care sector. In addition, a specialized psychiatric hospital in the greater Gauteng region becomes the vantage point from which to understand the effects of the strike on psychiatric patients.

For the duration of the strike the rudimentary functioning of psychiatric hospitals remained severely impacted, contributing to an increased number of patients being discharged on a national level. Patients were placed into the care of auxiliary institutions or with a family member. The unexpected and rapid escalation of events contributed to patient placement done out of necessity, rather than planned and scheduled placement.

During this period 446 inpatients were discharged from a specialized psychiatric hospital in the greater Gauteng area. In addition to an increased number of patients being discharged, the public servants' strikes of August 2010 had a direct impact on the daily operations of the hospital, resulting in;

1. Unavailability of medical professionals as they actively took part in the strike
2. Change in the patient's hospital status, in-patients were discharged
3. Reduced hospital admissions and increased reliance on community resources, such as families and health care centres
4. Cessation of out-patient treatment during the strikes
5. The suspension of pharmacological dispensing
6. The following services were effected
  - a. Psychology
  - b. Psychiatry
  - c. Social work
  - d. Occupational therapy
7. Military personal where deployed to assist with emergency health care services and perimeter security.

The researcher's interest in the effects of a public servants' strike on psychiatric patients stems from his internship in 2011 at a specialised psychiatric institution in the greater Gauteng region. During that time the hospital was still dealing with the implications of the strike action and remained cautious of further strike action to follow. Tension between hospital employees and management remained at a critical level, during which time the salary implications of striking staff members were discussed in detail. By April 2011 no agreement had been reached and the hospital staff went on a two day illegal strike (South African Government Information, 2012). As a direct result of this strike the daily operations of the hospital was affected. Once an agreement had been reached the hospital returned to its

previous operating status. It was at this point that the researcher's interest shifted toward the understanding of the lived experiences of psychiatric patients during a strike.

### **Brief overview of the research project**

The researcher undertook a qualitative research approach to exploring the subjective lived experiences of psychiatric patients. The sample size was three participants (n=3), which included two Caucasian males and one African male. All of the participants were receiving inpatient treatment at the time of the public servants' strike in August 2010. All the interviews were conducted during November and December 2011. The participants of this research study, at the time of the interview, had been readmitted to the same psychiatric hospital following their discharge in August 2010.

The researcher made use of an explorative research design, guided by interpretive phenomenological analysis (IPA) to convert the raw data into theory. A psychological phenomenological perspective, influenced by the works of Edmond Husserl, was incorporated to conceptualize the research findings and translate these findings into relevant psychological theory appropriate to the study undertaken.

## **Justification, aim and objectives**

Research lacunae in South African literature exemplify the significance of research projects focusing on the lived experiences of psychiatric inpatients during a strike. In addition, strikes by health care professionals continue to raise debates around the implications of this medium of communication within the health care sector (Kowalchuk, 2011). Both of these issues will be discussed further detail in chapter 2.

The aim of this research study was to explore the subjective lived experiences of psychiatric in-patients. While the objective was to gain insight into the subjective lived experiences of the events prior to, during and ensuing the public servants' strike of August 2010. This research study forms part of a pilot study to stimulate further research and foster debate around the placement and early discharge of psychiatric patients during a national strike.

## **Chapter outline**

This study provides the reader with a universal understanding of the causes, impact and implication of organized disruptions, also referred to as strikes, strike action and mass mobilization, within the mental health care sector. This is achieved through the inclusion of the following chapters:

## **Chapter 2**

This chapter discusses pertinent literature and fundamental research from which to orientate and contextualise collective mobilisation within the health care sector, more specifically the mental health care sector. In addition this chapter makes use of psychological phenomenology as a paradigmatic point of departure to introduce and understand subjective lived experiences.

## **Chapter 3**

This chapter provides the reader with an overview of the research aims, method and techniques used throughout this study. In addition the researchers approach to understanding and investigating subjective lived experiences are discussed.

## **Chapter 4**

This chapter explores the narratives of each participant. Three prominent subordinate themes are discussed in detail, namely the events prior to, during and ensuing the public servants' strike of August 2010. In addition, global themes are discussed without sequential significance.

## **Chapter 5**

This final chapter provides the reader with an integrated synopsis of this research study. The strengths and weaknesses of this study are discussed as well as possible avenues for further research.

## **Conclusion**

This chapter introduced the reader to the topic under investigation, namely, the lived experiences of event prior to, during and ensuing a public servants' strike. The public servants' strike of August 2010 provided the researcher with a time stamp from which to understand and investigate the subjective lived experiences of psychiatric patients. The chapters to follow provide a more detailed understanding of strike action within the health care sector, subjective lived experiences as well as a discussion of the results of this research.

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **Overview of chapter**

This chapter begins with a literature review on collective mobilisation within the health care sector. This is followed by an introduction to psychological phenomenology forming part of the epistemology from which this topic is studied.

#### **Introduction**

This section discusses various studies from which to orientate and contextualise collective mobilisation within the health care sector, more specifically the mental health care sector. Mass mobilisation within any key sector of the economy is normally a well-orchestrated event which allows members belonging to labour unions the opportunity to voice their grievances. Notwithstanding the financial implications of mass mobilisation on the country's economy, strikes by health care professionals have raised ethical and moral concerns. Criticism on this medium of communication is primarily focused on the impact their activities have on patient treatment. In addition the researcher discusses available literature on the experience of psychiatric patients during a strike.

## **Setting the South African context of a public servants' strike**

In South Africa, unions were divided along racial grounds for many decades and their origins can be traced back to the 1880s. Unions became a powerful force leading up to South Africa's democratic elections in 1994 and have continued to exert pressure on government ever since (Munck & Waterman, 1999). In 1995, the office of the president introduced the Labour Relations Act 66 of 1995, which empowered trade unions to negotiate on behalf of the employee, as part of their constitutional right. Furthermore, in 1995 the use of mass action as a method of conveying employee concerns was sanctioned by the South African government (<http://www.info.gov.za/acts/1995/a66-95.pdf>). Following these developments labour unions operate independently and have the freedom to follow their own political and economic agenda. Currently labour unions still remain powerful organizations and demonstrate their ability to deploy in key sectors of the economy (Kowalchuk, 2011; Munck & Waterman, 1999). Mass media is often used by labour unions as a medium of increasing public awareness of employee concerns.

Public interest in labour unrest, particularly in the health care sector, often increases during a strike. Mass media may prove to be useful method in generating public support for the employee. On the other hand, negative public opinions may foster animosity, weakening the effectiveness of the strike. Mentally ill patients and their wellbeing is often a topic discussed within the medical profession and gets little media coverage or may be avoided as a focal point of conversation, unless one is directly or indirectly affected by mental illness. Public opinion and concerns regarding the impact of a strike on patient care is often biased accompanying the media hype around mass mobilisation (Dhai, Etheredge, Vorster & Veriava, 2011; Kowalchuk, 2011; Ogunbanjo & Knapp van Bogaert, 2009). Regardless of the



media hype around strike action within the mental health care sector, academic research provides a platform from which to understand the impact of organised disruptions on patient care.

Heretofore, one may question the positive outcomes of strike action. A strike may provide an opportunity for stake holders to resolve concerns raised. In addition, it provides an opportunity for constructive feedback when revisiting and explaining why collective mobilization had occurred (Biggs, 2003; Meyer, 1982; Robinson, McCann, Freeman & Beasley, 2008). Furthermore, it may also provide a platform to review existing policies and promote the implementation of contingency plans to prevent similar disputes from taking place. From a therapeutic approach Sigal, Gelkopf and Stern (1990) set forth the notion that if used therapeutically, a strike may be used to the patient's benefit. Furthermore, they suggest that if the patients' ego strength is utilized therapeutically, a significant improvement in the level of functioning may occur under stressful and unforeseen events.

### **Organized disruptions in the health care sector**

Labour disputes within the health sector are not uncommon and experienced worldwide (Dhai, Etheredge, Vorster & Veriava, 2011; Kohn & Wintrob, 1991; Thompson & Salmon, 2006). Common contentions among professionals within the health care sector includes dissatisfaction with remuneration packages, lack of adequate resources, inadequate service delivery, working conditions, and feelings of being underappreciated (Aro & Hosia, 1987; Barnoon, Carmel & Zakman, 1987; Hadzibegovic, Danic & Hren, 2004; Kohn & Wintrob, 1991; Kravitz, Shapiro, Linn & Sivarajan, 1989; Last & Schutz, 1990; McHugh,

Kutney-Lee, Cimiotti, Sloane & Aiken, 2011; Ogunbanjo & Knapp van Bogaert, 2009; Rietveld, 2003; Robins, 2001; Robinson, McCann, Freeman & Beasley, 2008; Schuld, Scheingraber, Richter, Jacob & Schilling, 2007; Steinbrook, 2002). These concerns are contributing factors as health care professionals across the globe resort to strikes as the intended medium of communication to convey their grievances to their employer.

South Africa is no exception with three recent strikes occurring in 2007, 2009 and in 2010. The reasons attributed to these strikes in the public sector were related to grievances primarily raised by the nursing profession in 2007 and 2010, while in 2009 junior doctors initiated strikes due to wage disputes (Dhai, Etheredge, Vorster & Veriava, 2011; Ogunbanjo & Knapp van Bogaert, 2009). The use of strikes is not limited to a particular profession or level of seniority within the health care profession. Strikes have been initiated from junior doctors to senior medical staff (Aro & Hosia, 1987; Barnoon, Carmel & Zakman, 1987; Kowalchuk, 2011; Rietveld, 2003). Regardless of the reasons and intended outcomes, strike action across all professions within the health care sector has sparked numerous international debates on the ethical and moral implications of strikes as a medium of communication.

Strike action within the health care sector raises ethical and moral concerns for both the employer and the employee (Kowalchuk, 2011; Ogunbanjo & Knapp van Bogaert, 2009). Critique has been raised around the use of strikes within the health care profession as an interactive means of communication (Glick, 1985; Hadzibegovic, Danic & Hren, 2004). Contrary to this view, some authors consider strikes in certain instances to be necessary and ethically imperative (Kravitz, Shapiro, Linn & Sivarajan, 1989; Ogunbanjo & Knapp van Bogaert, 2009; Thompson & Salmon, 2006). In addition, ethical debates regarding the

implications of strikes and the impact it may have on treating patients have proved to be an on-going concern (Barnoon, Carmel & Zakman, 1987; Glick, 1985; Kohn & Wintrob, 1991; Kowalchuk, 2011; Last & Schutz, 1990; Ogunbanjo & Knapp van Bogaert, 2009). Regardless of the ethical and moral concerns, labour unrest in the health care sector should not be taken lightly as the nature of work is labour-intensive, and there is little room for error.

Furthermore, disruptions in the treatment of psychiatric patients, as in the event of a strike, may affect their wellbeing and recovery process. The rapid development of events, premature termination, and the uncertainty regarding the scope of the strike are viewed as causative factors affecting the treatment of psychiatric patients (Last & Schutz, 1990). A study conducted by Last and Schutz (1990), revealed that a disruption in the therapeutic frame caused by a strike becomes counterproductive and impacts the therapeutic process. Within a psychiatric setting, structure and predictability are imperative, both of which are removed during a strike. Last and Schutz argue that the implications of forced termination, where therapeutic interventions are stopped abruptly due to external circumstances, has a direct impact on the experiences of psychiatric patients. In addition, this influences their attitudes and expectations of their treating therapist. The therapeutic relationship represents a “real” relationship and the loss of this therapeutic relationship is experienced as a real loss. Patients associate the loss of the therapist to previous traumas, impacting the therapeutic milestones reached. In addition, Last and Schutz related the following dynamics as possible contributing factors to the patient’s negative experience of the strike; the patient’s diagnoses, the duration of the disruption, psychotherapeutic approach, the duration of the therapeutic process, frequency of the therapeutic session and presiding issues being dealt with prior to the disruption in treatment. Additionally, strikes restrict the hospital's capacity to provide and maintain acceptable service delivery. The mobilization of professionals within the mental

health care sector, during the public servants' strike of August 2010, impacted the daily operations of specialized psychiatric institutions on a national level in South Africa. As a precaution to the limited treatment options available, hospitals take a proactive approach and make use of other institutions to assist with treating and caring for psychiatric patients (Kohn & Wintrob, 1991; Robinson, McCann, Freeman & Beasley, 2008).

### **Unavailability of professional staff during a strike**

The role of nursing is a key component of the daily operations of a hospital and as the principal workforce; nurses have a significant impact on the experiences of patients in hospitals (Gruber & Kleiner, 2010). During the public servants' strike of August 2010, the nursing profession actively took part in the strike, limiting the availability of this resource within the hospital. It is not uncommon that a range of professions initiate and take part in a strike, however in this case, the prominent profession taking part in the strike was the nursing profession. Dissension caused by any group within the medical profession has a significant impact on the general functioning of the hospital (Thompson & Salmon 2006).

It is common practice in the event of a strike to use additional resources to curb the impact of the strike on patient care. This is done to ensure that the basic needs of the hospital transpire (Robinson, McCann, Freeman & Beasley, 2008; Sigal, Gelkopf & Stern, 1990). On a national level during the public servants' strike of August 2010, military personnel were deployed to assist with perimeter security and emergency medical care. Additional resources were limited during the strike as entrances and exits to the hospitals were boycotted. As the strikes progressed tension between striking and non-striking staff increased. Research done

by Aro and Hosia, (1987) and Schuld, et al., (2007) indicated that tension between staff members as well as between staff and patients increases during a strike. In spite of overt tension among staff members, non-striking staff members assisted and took on the roles of other professionals during the public servants' strike of August 2010. It is acceptable practice to allow medical personnel to continue working while others go on strike, allowing the hospital to provide emergency health care services, even though it is at a reduced rate (Bruffaerts, Sabbe & Demyttenaere, 2004). These forms of intervention were regrettably stopped during the public servants' strike of August 2010. In addition, the rudimentary functioning of the hospital was severely compromised. This contributed to patients being discharged from the hospital and placed in the care of auxiliary institutions or a family member. During a strike patients seeking medical assistance are either refused, or referred to alternative medical facilities to assist with their demands. Patients who are reliant on the public sector for medical assistance incur additional financial burdens during a strike. Additional expenses may include transportation costs as well as increased medical expenditure (Barnoon, Carmel & Zakman, 1987).

Bruffaerts, Sabbe and Demyttenaere (2004) stressed the importance of emergency psychiatric interventions and accessibility to these services as having a causal relationship to a reduction in the number of readmissions to psychiatric facilities once the strike has ended. In the event that psychiatric facilities are unable to provide treatment, they rely on alternative systems to assist with patient care and placement.

Sigal, Gelkopf and Stern (1990) examined the functioning of psychiatric patients prior to, during and after a maintenance strike. This study revealed a positive therapeutic correlation between patient functioning, staff expectation and staff involvement with patients

during a strike. These findings are supported in a previous study by Sigal, Diamant, Bacalu, Arad and Levi (1989) who explored the effects of a nurse's strike on psychiatric patients. Both studies showed an improvement in the level of functioning of psychiatric patients during a strike. In some instances the patient's level of functioning only deteriorated a few months later while in the care of a family member. Sigal, Gelkopf and Stern (1990) associate the possible deferred reaction to the importance of family intervention when working with severely mentally ill patients.

A causal relationship was identified between the improvement in patient functioning and the expectations of the treating team. In addition, no increased levels of stress and/or anxiety were reported by the treating team during the strikes. The levels of stress and anxiety were not significantly different or elevated in comparison to other stressors prior to and during the strike at the hospital. The reactions of the staff toward the strike were identified as having a direct impact on the patient's perception of the events. Furthermore, the expectation levels of staff toward the patient's abilities and responsibilities contributed to an increased level of functioning during the strike (Sigal, Gelkopf & Stern, 1990).

Their study did not reveal any improvement in the patients psychiatric condition, however marked improvement in general functioning within the hospital was observed during the strike. However, once the strike had ended, the patients functioning appeared to change, patients "showed clear signs of heightened anxiety, fear and feelings of helplessness" (Sigal, Gelkopf & Stern, 1990, p. 220). Additionally some patients "began to exaggerate their symptoms and to make overt verbal demands to stay hospitalized" (Sigal, Gelkopf & Stern, 1990, p. 220). Furthermore this study revealed that patients felt threatened about the

possibility of being released from the hospital, and once this was addressed the patients functioning within the hospital improved. In addition, their study also examined the views of families towards patients, and relieved that their attitude towards the patients had changed remarkable. The study indicates that the families became more understanding and involved in patient's treatment and care, linking improvement in the families "knowledge" and "confidence" as having a lasting impact on their views of the patients. In addition the strike was the "only intervening variable responsible for the patients' improved functioning" (Sigal, Gelkopf & Stern, 1990, p. 221).

The concept of treating patients as human beings and allowing patients to take control of their illness has been adopted by current approaches to psychiatric treatment (Davidson, Rakfeldt & Strauss, 2010). Not only are individuals with severe mental illness faced with the limitation of their capabilities, they are often able to successfully manage these limitations within the realms of their limitations (Davidson, Rakfeldt & Strauss, 2010). Increasing the patient's sense of self-determination and accomplishment has a positive outcome on the general functioning of psychiatric patients (Elbogen, Wilder, Swartz & Swanson, 2008).

### **Change in patient hospital status**

Research conducted by Sigal, Gelkopf and Stern, (1990) examined the operational implication of strikes within psychiatric institutions. Their results indicated that during a hospital strike it is common practice by psychiatrists to either discharge or send patients out on extended leave. A preponderate factor for discharging patients was to provide non-striking

staff members the opportunity to manage the remaining patients within the hospital. The unexpected and rapid escalation of the public servants' strike of August 2010 contributed to 446 inpatients being discharged from a specialized psychiatric institution in the greater Gauteng region. The inpatient placements were done out of necessity and adequate planned interventions were restricted due to the rapid escalations of the strike. Family systems are the primary choice for placement and are viewed as an invaluable resource when caring for patients with mental illness (Kruger & Lewis, 2011). Precipitous discharge and family systems not adequately equipped and/or prepared are likely to struggle with the demands of supporting adult relatives with severe mental illness.

The burden placed on families may include emotional, social and financial strain. These stressors impact the prognostic features of the patients as well as the family's ability to cope in addition to their own existing challenges (Adeponle, Baduku, Adelekan, Suleiman & Adeyemi, 2009; Elbogen et al., 2008; Goethals, Gaertner, Buitelaar & van Marle, 2008; Schene, 1990). The family's ability to cope is further compromised when family members caring for adults with severe mental illness present with health problems. The family's ability to cope impacts the effectiveness of supporting adult relatives with severe mental illness (Pitschel-Walz, Leucht, Bäuml, Kissling & Engel, 2004).

Additionally, adult patients with severe mental illnesses living with family members frequently present with an increased risk of relapse, exposure to mediocre treatment, impaired level of functioning, and poor treatment compliance (Elbogen et al., 2008). Without adequate treatment planning and care, premature discharge may have a negative impact on patient wellbeing. Mental illness has a direct impact on family relationships and over time places strain on family systems, making it more difficult as patients become older to reintegrate



them back into family systems (Cummings & Kroff, 2011). In the event that family members are unable to care for patients with mental illness, alternative facilities are used (Kruger & Lewis, 2011).

Silva et al., (2009) highlight the importance of community psychosocial support as a pre-emptive approach to multiple psychiatric admissions and readmissions. Suitable care outside of the hospital setting may benefit mentally ill patients if they are utilized and easily accessible. Community based psychiatric treatment facilities may provide adequate treatment requirements and interventions for persons with severe mental illness (Bruffaerts, Sabbe & Demyttenaere, 2004; Cummings & Kroff, 2011; Lin, Huang, Minas & Cohen, 2009; Perese, 2007; Roberts, Cumming & Nelson, 2005). In addition to these services being readily available, emphasis has been placed on the quality of these services. These systems should be adequately equipped to facilitate the demands of those using the service. In addition planned intervention, adequate preparation and assisting families, communities and/or institutions to manage the demands of mentally ill patients significantly impact and facilitate the psychiatric rehabilitation of mentally ill patients (Kopelowicz, Liberman & Wallace, 2003; Pitschel-Walz et al., 2004; Yamada, Korman & Hughes, 2000). Auxiliary institutions and community based care units may provide adequate support for psychiatric patients and thus reduce the rate of readmission (Silva, Bassani & Palazzo, 2009). Additionally these facilities provide families with adequate resources, psychoeducation and support. While discharging patients prematurely may have an impact on the psychological well-being of the patients; social factors are seen as having a direct impact on the maintenance or recurrence of symptoms (Garety, Kuipers, Fowler, Freeman & Bebbington, 2001). Evidence-based programs have been debated as an appropriate alternative to treating mental illness. Crocker *et al.*, (2011) highlight the discrepancies between conceptual understanding and the actual implementation

of these projects in practice. Even though these programs appear idealistic, their intentions and outcomes if implemented effectively may significantly contribute to the management of mental illness. Limited social and occupational functioning, as well as continued hospitalization and educational barriers make it difficult for individuals with mental illness to provide financially for themselves. As a result, this makes them more reliant on family members or state institutions to provide treatment and social support (Cummings & Kroff, 2011). Alternative patient care outside of psychiatric institutions as a medium of improving the quality of life of individuals with mental illness is viewed as the driving force behind deinstitutionalization.

### **Long term chronic patients**

Malaise around institutionalization as an approach to dealing with the complexity of mental illness began with the introduction of asylums in the 18th Century (Lin, Huang, Minas & Cohen, 2009). The method to psychiatric treatment, more specifically the hospitalization of psychiatric patients has preceded its traditional approach of institutionalization to including alternative approaches. Financial restraints and evidence based practice have become critical issues when treating patients in state psychiatric facilities (Hawthorne et al., 2005). Psychiatric hospitals have shifted their position, mission and application to psychiatric treatment. This conversion in treatment has placed emphasis on acute stabilization and once the symptoms have been managed and treated, alternative placement is sourced for the patients (Romansky, Lyons, Lehner & West, 2003). Globally, concerted effort has gone into deinstitutionalization and subsequently various authors have debated the implication, benefit and progression of psychiatric care (Borg *et al.*, 2005; Elbogen et al., 2008; Gruenberg &

Archer, 1979; Kruger & Lewis, 2011; Lin, Huang, Minas & Cohen, 2009; Lund et al., 2010; Roberts, Cumming & Nelson, 2005; Romansky et al., 2003; Segal, 1983; Silva, Bassani & Palazzo, 2009). In addition to the debates around deinstitutionalization, increased use and reliance on psychiatric institutions still remains a critical issue.

The placement of long term psychiatric patients back into the community has a number of challenges. Kruger and Lewis (2011) discuss the challenges faced by the South African government based psychiatric institutions when trying to accommodate and place long term psychiatric patients in auxiliary institutions. Their study revealed that the level of functioning, patients gender, substance abuse and behavioural problems are often restricting factors when trying to successfully place psychiatric patients. Furthermore, Lund et al., (2010) highlighted the insufficiency of community based care facilities in South Africa in treating and providing for the needs of individuals with severe mental illness. Keeping these research findings in mind, would placement of acute patients during a strike be the optimal approach? This is a difficult question to answer. The hospital is faced with a double bind, they either keep the patients in the hospital during the strike, which could potentially affect the patient's wellbeing, or they discharge the patients into a system which is not adequately equipped to deal with the demands of acute psychiatric patients. In either case, both systems at the time of the public servants' strike of August 2010, were not equipped or adequately prepared to cater for the needs of the patients. During the public servants' strike chronic psychiatric patients were among those discharged from a specialized psychiatric hospital in the greater Gauteng region.

Was the approach adopted by the hospital at the time of the strike the most viable option? At this stage it would be premature to ascertain the direct implication of the

hospital's approach during the strike. Additional research in this area may prove to be useful in understanding the long term implications of precipitous discharge of acute psychiatric patients from South African psychiatric hospitals.

Prior to the public servants' strike of August 2010, government based psychiatric institutions initiated the process of deinstitutionalization, and perhaps the implementation of this approach may have been accelerated as a result of the strike. The progression of deinstitutionalization gained momentum with the implementation of the South African Mental Health Care Act (Act 17 of 2002). Even though South Africa has followed international efforts, the execution of deinstitutionalization within some of South Africa's psychiatric hospitals remains inconsequential when compared to the national and international milestones achieved by other countries (Kruger & Lewis 2011; Lund et al., 2010). Regardless of South Africa's efforts to implement and change their approach to psychiatric care, the debate around long term treatment of psychiatric patients remains a focal point of academic discussion on national and international platforms.

### **Risk factors associated with placement of psychiatric patients**

The nature and history of institutionalism contributes to the complexity of issues around the placement of individuals back into society and care of family members (Sigal, Gelkopf & Stern, 1990). This is also supported by Bruffaerts, Sabbe and Demyttenaere (2004) who identified patient diagnoses and limited community based facilities as predicting factors for readmissions to psychiatric facilities.

A study done by Barrett, Kurianski and Gurland (1972) revealed a correlation between hospital condition and the patient's reluctance to return to hospital after being discharged from hospital prior to a strike. The reluctance of a psychiatric patient to return to hospital may increase their exposure to a number of risk factors. These factors include, treatment compliance, harmful behaviour towards themselves and or others, poor social functioning, limited social support and assistance, social instability, psychological factors, substance use, side effects of medication, impairment in interpersonal skills, discontinuation as out-patient, deterioration of functioning and cognitive functioning, lack of adequate resources for older patients with severe mental illness, lack of financial resources limiting the number of visits to the psychiatric facility, and financial dependence on family members (Adeponle et al., 2009; Cummings & Kroff, 2011; Elbogen et al., 2008; Goethals et al., 2008; Silva, Bassani & Palazzo, 2009). A retrospective study conducted by Geddes, Juszczak, O'Brien and Kendrick (1997) indicated a causal relationship between early release or discharge from psychiatric hospital and an increased risk of suicide amongst these patients. Patients are at a higher risk of suicide within the first month of being discharged. In addition, a higher mortality rate among individuals suffering from mental illness may include substance use, medical conditions, victimization and neglect (Cummings & Kroff, 2011; Davidson, Rakfeldt & Strauss, 2010; Perese, 2007). The transition from in-patient care to out-patient care is often associated with increased patient default in treatment once discharged from sheltered psychiatric institutions (Adeponle et al., 2009; Lund & Flisher, 2001). Growing concern within the psychiatric community is noncompliance regarding prescribed dosages and discontinuation of prescribed medication once patients have left psychiatric institutions (Mitchell & Selmes, 2007). Another concern is the risk of violent behaviour, or the threat of violence directed at family members and the implication this may have on receiving continued support from family systems (Goethals et al., 2008).

In addition, socio-demographic factors and the individual's need to access mental health care facilities contribute to the intensity and continued use of mental health care facilities, the presence of which is viewed as assisting in the management of mental illness (Elhai & Ford, 2007). In addition, the management of mental illness becomes more challenging as patients become older. These challenges include the complexity of treating severe mental illness on a pharmacological, social and psychological level. In addition the patient's extended exposure and reliance on psychiatric institutions makes it exceedingly difficult for patients to cope with the social and psychological challenges of daily living once placed in alternative care.

If the environmental factors and settings are conducive and supportive of the patient's level of functioning it may contribute to a reduction in symptomology. During a strike a number of risk factors come to the fore when placing patients out of necessity rather than by planned placement. Once patients are discharged from sheltered psychiatric facilities their exposure to stigmatization, victimization and poverty increase and often contribute to sustained symptomology. The community systems in which psychiatric patients find themselves are disparaging and often exasperate their symptoms. In numerous instances, these communities are influenced by socioeconomic, demographic and clinical variables (Glass, 1993; Perese, 2007). A common concern among mental health care practitioners is the impact these variables have on stigmatization and victimization of psychiatric patients and their families. The barrier of stigmatization has proved to be a constant concern within the medical profession and extends further than just a label. Stigmatization encompasses a variety of aspects affecting families, interpersonal, social and occupational functioning (Corrigan & Gelb, 2006; Davidson, Rakfeldt & Strauss, 2010, Perese, 2007; Phelan, Bromet

& Link, 1998). Additionally, stigmatization has been linked to poor treatment compliance and resistance to conform to treatment, resulting in an increasing demand for supervision and assistance when caring for individuals with severe mental illness (Adeponle et al., 2009; Mitchell, 2007).

## **THEORETICAL POINT OF DEPARTURE**

### **Introduction**

Phenomenology is widely accepted as a plausible theoretical approach from which to understand conscious experiences (Langdrige, 2007). As the topic of investigation explores lived experiences in pursuit of knowledge, psychological phenomenology was chosen as the paradigm from which to understand subjective lived experiences.

### **Introduction to phenomenology**

The term phenomenology is inclined to be associated with, or equivalent to the discipline of philosophy (Embree, 2010; Husserl, cited in Sheehan & Palmer, 1997; Owen & Harland, 2007). However, Embree (2010) suggests that through the inclusion of the specific discipline or approach one is aligned with, any misunderstanding relating to the discipline of phenomenology can be prevented. In addition, the removal of the disciplinary connotations allows one the opportunity to grasp the essence of phenomenological thinking, thus validating the appreciation of this approach allowing for phenomenological thinking to

transcend disciplines (Embree, 2010). Phenomenology, as a philosophy, is concerned with knowledge and understanding and can be traced back before Edmond Husserl (1859-1938). Husserl has been acknowledged for his significant contributions to the discipline of phenomenology as “the founder of twentieth-century phenomenological philosophy” (Macann, 1993, p. 1). His insight allowed for a new science to emerge, a “science of consciousness” (Smith, 2007, p. 188).

The progressions of phenomenological philosophical ideologies, influenced by the works of Husserl, include developments in phenomenology, hermeneutics and idiographic phenomenology. Competing conceptual differences exist between these schools of thought within phenomenology, however, their pioneering and innovative approach significantly contributed to the understanding of lived experiences (Owen & Harland, 2007).

Andreasen (2007) explores the progression, significance and controversy associated with the term phenomenology; firstly Andreasen (2007, p. 108) defines the term phenomenon as derived from Greek origins and “refers to outward appearances”. Furthermore, the word phenomenon “was contrasted with *nothomenon*, which referred to underlying meanings that might lie hidden beneath the surface”. While precursors of Husserl’s phenomenology, Kant and Hegel’s use of the term is associated with “higher realities and meanings”. Secondly, the word phenomenon describes internal subjective experiences and is often associated with philosophical thinking. Thirdly the term phenomenology is used within the medical profession, more specifically contemporary psychiatry reminiscent of its original Greek meaning (Andreasen, 2007, p. 108).



Phenomenology can be defined as method through which the subjective nature of consciousness is studied. It allows for a description of how the phenomena present in consciousness as well as how it is experienced. The structure of experience precedes our engagement with our environment and it is through experience that meaning is derived (Smith, 2007).

### **Husserl's contribution to phenomenology**

Husserl's contribution to the discipline of psychology appears hidden behind the blanket of philosophy. In part, his epistemology of phenomenology signifies an integrated approach between psychology and philosophy. The oscillation between these two disciplines and their integration provides valuable insight and understanding. With great skill and understanding Husserl was able to separate these two disciplines and illustrate how these disciplines complement each other (Sandmeyer, 2009).

In his early writings, Husserl used the term descriptive psychology, to describe phenomenology. He later rejected the term as many understood his work as the “study of empirical consciousness” (Sandmeyer, 2009, p. 138). Husserl remained outspoken about the limitations of psychology in understanding subjective lived experiences. Exposure to Husserl's original works may create the impression that he was openly attacking the field of psychology and its limitation in understanding the origin and complexity of subjective lived

experiences. The shortcomings of the discipline of psychology, as indicated by Husserl, are rooted in its existence, and through the psychologist's inherent understanding of psychology.

*The dismantling of these idealizations, the breakthrough to the concealed foundation of their sense in the most original experience, is no longer a problem which can be handled by psychology, no matter how comprehensively and purely it may be carried out. For psychological reflection on lived experiences as they are accessible to internal perception can never lead to the origination of this garb of ideas thrown over the world from the original experience of the life-world. (Husserl, cited in Sheehan & Palmer, 1997, p. 47)*

Husserl expresses here his concern around the validity of psychology in understanding lived experiences. It should also be noted that his critique was directed towards psychologism and its limitations. In addition Husserl's argument was based on his exposure to psychology, which was limited to empirical and experimental psychology. Furthermore, his hostility towards psychology was directed towards these disciplines within psychology (Spiegelberg, 1972). Husserl did not reject psychology as a discipline and continued to use psychology as an integral part in his description of phenomenology. Husserl's interest in psychology, more specifically the use of pure psychology as a bridge between psychology and philosophy, was illustrated in his discussions on phenomenological psychology and transcendental phenomenology.

Husserl used the term *pure psychology* when questioning the use of psychology in its purest sense; in understanding the origin of subjective experiences. Rooted within a philosophical understanding, pure psychology would provide a philosophical understanding from which psychology could be understood. Furthermore, pure psychology provides the foundation from which phenomenological psychology and transcendental phenomenology stems. Husserl used psychological reduction in his lectures on phenomenological psychology to illustrate the philosophical component of psychology. Phenomenological psychology was unable to fully grasp the complexity of lived experiences and called for transcendental phenomenological understanding to grasp the complexity of lived experiences.

Understanding an experience, object or phenomenon, from a phenomenological stance, the focus is shifted from an unchangeable experience, to how is it experienced. The process of understanding entails a multi-layered approach. Failure to acknowledge certain aspects of the experience limits a comprehensive understanding of that which is being investigated. This process is also subjective in nature, as it allows understanding to emerge “for oneself”, and irrespective of how the experience is viewed, it still remains unchanged (Husserl, cited in Sheehan & Palmer, 1997, p.84). Despite the content, themes, values and understanding which unfold in variation from the original experience - it still remains a subjective experience of an experience [or phenomenon]. In essence, Husserl’s psychological phenomenology focuses on how it is experience, rather than that which is experienced, as an experience is subjective and allows new meaning to continuously emerge, this is understood as a “reflective experience” (Husserl, cited in Sheehan & Palmer, 1997, p.84). Husserl (Husserl, cited in Sheehan & Palmer, 1997, p. 84) further argues that a

*...reflective experience teaches us that there is no progressively perceived thing, nor any element perceived as a determination within it, that does not appear, during perception, in multiplicities of different appearances, even though it is given and grasped as continuously one and the same thing. But in normal ongoing perception, only this unity, only the thing itself, stands in the comprehending gaze while the functioning processes of lived experience remain extra-thematic, ungrasped, and latent. Perception is not some empty "having" of perceived things, but rather a flowing lived experience of subjective appearances synthetically uniting themselves in a consciousness of the self-same entity existing in this way or that.*

Phenomenological reflection lies deeper than a subjective observation; rather it follows a methodological approach to conscious expression and understanding of phenomena. This includes an eidetic description of the phenomena, illustrating the complexity through which it presents in consciousness. The process of reduction enables a phenomenological understanding, providing insight into the different modes of appearances (Sandmeyer, 2009).

Psychological phenomenological understanding as applied to consciousness is an approach which demonstrates the complexity of consciousness, a process through which understanding of internal subjective experience emerges. Psychological phenomenological understanding is a transition of experience to understanding, a process through which meaning emerges. The construction of conscious experience appears to follow a logical and meaningful approach, as Husserl (Husserl, cited in Sheehan & Palmer, 1997, p.84) explains

“...in simple perception we are directed toward perceived matters, in memory toward remembered matters, in thinking toward thoughts, in valuing toward values, in willing toward ends and means”. The question in psychological phenomenological thought is not whether the object exists, rather how the object appears, and its ability to manifest its appearance within consciousness. The individual has the ability to distort or alter the “true” meaning of the object, allowing new meaning to emerge, depending on which resource is adopted through the process of attributing meaning.

Within pure psychology, all conscious experiences can be understood through a phenomenological lens. Our environment exists before we experience the world and those within it. This has a direct impact on our experiences of the world, as that which we experience is initially out of our control and experienced without logic and remains in its purest sense. These experiences become foundational pillars from which future experiences are referenced and built upon. As logical thought develops one is able to challenge the existence and perceptions of earlier experiences. Our environment exists regardless of our interaction and will continue to evolve regardless of our presence. Just as the environment influences our experiences, so too, do we influence and contribute to the subjective experiences of others who have contact with us.

Direct contact is not a prerequisite; developments in technology have fostered a platform where our exposure to experiences has broadened. Furthermore, subjective lived experience cannot be understood in isolation. Each experience in its entirety is unique, but still remains victim of logical thought. Our experiences are broadened and stored through our interaction with our environment, subjective experiences and/or experiences of others. These

stored experiences are referenced when called upon. The referencing of experiences is not limited to time, place or person. Rather, it is based on the current experience. Emphasis is placed on current experience, as the current experience is in the purest sense, the most accurate reflection of the experience.

Pure psychology is not focused on predicting experiences, as the matrix of lived experience is only understood within the current matrix. The matrix never remains stagnant, thus our understanding of experiences is limited to the alignment of the matrix. The true origin of existence lies beneath the obvious. The origin of pure experience, in its rawest state lies with the first experience, which follows no logic, and is not as a result of experience that follows.

Phenomenological theory and its advances arose from the realisation that that which we know and have come to realize is in fact not an accurate reflection of “the things themselves” and should remain an essential part of phenomenology (Pulte, 2009, p. 1). The essence of a phenomenological approach, as highlighted by Embree (2010), includes a reflective stance; a theoretical approach, where one brackets one’s own frame of reference, thus allowing for a value free and objective approach to the phenomenon. The process of removing oneself allows for an observer’s viewpoint to emerge. It is through this reflective approach that different types of experience are unveiled.

As part of the appreciation of a phenomenon, authors and contributors to phenomenological thinking make reference to the process of distancing oneself from the phenomenon, in order to understand its complexity (Dahlberg, 2006). Not only should one

distance oneself from the core process of understanding, but account for subjective contribution to its existence. As part of understanding phenomenology, Husserl's famous statement that one should return back to "the things, themselves", allows firstly for acknowledgment of the raw components of experience and secondly understanding its existence through a process of rigorous discoveries, allowing meaning to emerge. In its true nature meaning should evolve as a reflection of the phenomenon; this is done through bracketing, a means of excluding external influences in the pursuit of knowledge.

In addition, this process of reflection leads to the description of the experience. This forms part of the means of translating the experience into an understandable explanation. The transformation of knowledge is usually done through a linguistic or textual approach followed by a comprehensive understanding of the experience (Smith & Osborn, 2008). Furthermore, a cultural appreciation of the experience allows one to appreciate the experience within the context it is and was created, allowing an increased awareness of the meanings associated with the experience.

### **Scientific phenomenological reduction**

Consciousness is the core component of a phenomenological approach and is viewed as the foundational building blocks on which phenomenology is built. As an influential contributor to the development of phenomenological thinking, Edmund Husserl, and his philosophical ideologies outline the importance of consciousness, which incorporates more than just a state of awareness, as the word consciousness includes both preconscious and

unconscious processes. Husserl's argument was founded on the understanding that everything would become part of consciousness and that it is only through this process that one is able to experience and relay information, and only occurs once it enters a person's consciousness. In addition, the actual object is grasped in consciousness; and the representations that transpire are viewed as the subjective experience of the object. In other words if you see a person, that person is the object that enters consciousness. Not the representation of a person (Giorgi & Giorgi, 2008).

Consciousness is viewed as not solely attributed to human beings, but is also experienced by animals (Giorgi & Giorgi, 2008; Pulte, 2009). However, within the field of phenomenological understanding, scientific phenomenological reduction is the correct terminology used to describe human consciousness and its association with the world. Phenomenology acknowledges the presence of objects in consciousness, regardless of how it appears in consciousness. The objects in consciousness may be actual objects as acknowledged by others or resemblances of objects, as in hallucinations, images or dreams. Phenomenology acknowledges the existence and presence of objects in consciousness forming part of subjective experiences, rather than acknowledging and debating the existence of the objects within the world (Giorgi & Giorgi, 2008).

Consciousness and all that is associated within this state, allows internal subjective experience to emerge. Within a conscious state we are able to direct the process of consciousness and the experience within, as Husserl indicates (Husserl, cited in Sheehan & Palmer, 1997, p.83), "in simple perception we are directed toward perceived matters, in memory towards remembered matters, in thinking towards thoughts, in valuing towards



values, in willing towards ends and means”. Consciousness is goal directed, with a specific focus, allowing subjective experience and meaning to emerge. Furthermore, Husserl (Husserl, cited in Sheehan & Palmer, 1997, p.83), indicated that within consciousness, one is able to “effect a change of focus” which allows subjective experiences to diverge from previous experiences, allowing change to occur and new meaning to unfold. This suggests that a single experience may be experienced in numerous ways as it becomes conscious. These changes in experience are linked to conscious subjective experience and the manner in which it is experienced may influence the manner in which it appears.

In perusing truth and knowledge, Husserl follows a logical approach to unravelling the essence behind experiences. Language as a core component of Husserl’s approach is viewed as a medium to convey subjective experience (Macann, 1993). In conceptualizing experiences; language is a plausible medium in providing meaning (Eatough & Smith, cited in Willig & Stainton-Rogers, 2008). Furthermore, language permits experiences to enter consciousness and through the use of words, one is able to share the experience (Pulte, 2009). Within the limitations of language the formulation of experiences, may be an extension of other lived discourses. The narrative of experience may not be a factual account of the event, but a combination of past and current discourses; however, the presentation of meaning for the individual remains experiential (Eatough & Smith, cited in Willig & Stainton-Rogers, 2008). Exposure to an experience, event, situation or occurrence, associates subjective meaning at the time of the event, through inquiry the remembrance of the event has significant meaning and through abstraction the person generates meaning (Macann, 1993).

Language as a medium provides a narrative of expression and allows insight into an experience or phenomenon. Conceptualisation through language is a mere representation of the subjective perception of the lived experience (Pulte, 2009). Language transforms the experience and through this process of construction or recreation of the experience occurs within the limitations of language. Furthermore, the capabilities of the person using language as the preferred medium of communication needs recognition, and the effect it has on the transformation of the experience. The construction of the experience does not replace the experience; however, it should be acknowledged as a representation thereof (Pulte, 2009).

### **Objects in consciousness**

A conscious experience involves an interaction between objects; these objects may be internal and/or external. The term conscious is the presiding component of this approach, as it investigates the phenomenon as it appears in consciousness. Husserl (Husserl, cited in Sheehan & Palmer, 1997, p.84), indicates the complexity of experiences, and highlights the alternative possibilities of experiences, “each individual determination within the process of perception presents itself as the one determination in the multiple modes of appearance belonging particularly to that perception”.

The vehicle or object used to perceive an experience remains the same. The phenomenon becomes the object or vehicle. A perception about an object is constellated through a multitude of subjective experiences, bringing meaning and differences to the fore. The recollection of an object brings different experiences to the fore, some more dominant than others; the recollection brings different “modes of appearance” (Husserl, cited in

Sheehan & Palmer, 1997, p.84). These modes of appearance are representations of the experience of the object, allowing different experiences of the object to emerge.

*This return to reflective experience teaches us that there is no progressively perceived thing, nor any element perceived as a determination within it, that does not appear, during perception, in multiplicities of different appearance, even though it is given and grasped as continuously one and the same thing.”*

(Husserl, cited in Landgrebe, 1973, p. 116)

The universal understanding within phenomenological psychology is the consciousness of a phenomenon. Within pure psychology, the art of psychological phenomenology is understood firstly, as a conscious expression which occurs in relation to the other, an experience that occurs in conjunction with an inner experience, and the relationship that exists between these two separate experiences, constellating one understanding. The expression of the phenomenon is not an accurate account of the inner experience as it is influenced by the limitation of language as a medium of communicating the complexity of the experience. Furthermore, the current experience is a multi-layered experience of past associations of experiences.

Secondly, pure psychology accounts for the internal subjective experience of a phenomenon and the meanings associated with the existence of other experiences associated with that experience. Also occurring on a conscious level, the retrieval of associated experiences serves the function of informing the person of similar experiences and the possible outcomes that might arise, outlined in past, present and future outcomes. Impairment

in successful association of the experience may result in misinterpretation, misplacement of logic, and as a result the individual experience's discomfort with the association of the experiences.

## **Conclusion**

This section provided an overview of organized disruptions within the health care system. The public servants' strike of August 2010 and the impact it had on a specialized psychiatric hospital in the greater Gauteng region was discussed. In addition, phenomenology and its relevance to understanding subjective lived experiences was discussed. The next chapter provides an overview of the research methodology used in this study.

## **CHAPTER 3**

### **RESEARCH METHODOLOGY**

#### **Introduction**

This chapter provides a summary of the research methodology relied upon in this study. Within this study phenomenology served as the chosen paradigm, whereas interpretive phenomenological analysis (IPA) was elected as the preferred research method. The researcher provides a detailed explanation of the research process; delineating the research sample, the data collection procedures, the process of data analysis, ethical standards considered throughout the research process, as well as the efforts undertaken by the researcher to provide quality assurance throughout the study.

#### **Research Design**

Primarily research is influenced by a specific interest in a phenomenon, leading the researcher to ask pertinent questions on how to discover more about the phenomenon under investigation (Gravetter & Forzano, 2011). Identifying the researcher's reasons for the commencement of a research project is important as it influences the research design adopted (Maxwell, 2005; Terre Blanche, Durrheim & Painter, 2006). This further influences the methods of acquiring knowledge as well as the researcher's paradigmatic and methodological point of departure (Gravetter & Forzano, 2011). The following factors are viewed by the researcher as foundational reasons for piloting this research study. Firstly, the research was

influenced by the researcher's interest in acquiring knowledge on the experiences of psychiatric patients during a strike. Secondly, research lacuna within a South African context on strike action within the health care profession and the lived experiences of psychiatric patients during a strike. Thirdly, the researcher is adhering to the prescribed requirements of obtaining a degree in clinical psychology. The researcher views these as important contributing factors influencing the research question asked, the research design adopted, the methodology used throughout the research process and the manner in which the research was conducted holistically.

Heretofore the researcher will introduce the research question followed by a definition of scientific research. The exploration of how to answer the research question becomes a central component to obtaining insight through understanding. The research question: *how to understand the lived experiences of psychiatric inpatient prior to, during and ensuing a public servants' strike?* The researcher was interested in the subjective lived experiences of psychiatric patients. This influenced the research method adopted, rather than allowing the research method to be influenced by the research question (Silverman, 2010).

The word research has a number of vernacular meanings; conversely within the academic community the term research is associated with specific meanings and associations. Monette, Sullivan and DeJong (2011) associate the word research with social and behavioural sciences and ascribed the word research as having a precise meaning. Terre Blanche, Durrheim and Painter, (2006) distinguish research as an approach to gathering information through which knowledge is gained, rather than viewing scientific knowledge as superior to other forms of understanding. Furthermore, research follows a pre-determined, well thought

out process. This includes a number of activities aimed at facilitating an understanding about the phenomenon under investigation. In addition, a central component of any research process is the researcher's ability to share the acquired knowledge (Terre Blanche, Durrheim & Painter, 2006).

Miller and Salkind (2002) acknowledge that the primary objective of scientific research is to describe how the phenomenon presents itself, rather than focusing on changing its existence in the world. Furthermore, scientific research is a continual process of understanding, challenging and accrual of existing knowledge. It challenges the source of knowledge, which includes the researcher's ability to perform the research in an accepted and logical scientific frame of reference (Gravetter & Forzano, 2011; Terre Blanche, Durrheim & Painter, 2006).

A topic such as the lived experiences of psychiatric patients may appear mundane; nonetheless, the acquired understanding produced through a qualitative investigation may provide invaluable insight into mental illness (Barbour, 2000). Understanding subjective lived experiences is enhanced through a qualitative approach rather than trying to quantify the data. Quantifying lived experiences would limit the complexity behind lived and experienced phenomena (Giorgi, 1985; Merriam, 2009). Silverman (2010) indicates that it is a common practice of researchers to discuss differences between a qualitative and quantitative approach when doing research. This provides the reader with an understanding of the motivational factors associated with the reasoning behind a specific approach and its relevance to the topic under investigation.

## Qualitative vs. quantitative research

Positivism was traditionally a hegemonic approach to doing research within the field of psychology. Associated features of a positivistic approach included a predetermined set of procedures followed when conducting research. This approach also makes use of quantifiable data, rather than placing emphasis on the subjective accounts of the phenomenon under investigation. The information gathered is used to confirm, disprove or add to existing knowledge and this process is viewed as being objective and value-free. The preferred methods of gathering data in quantitative research is generally experimental and observational in nature and used to determine the interconnectivity of cause and effect (Forrester, 2010; Terre Blanche, Durrheim & Painter, 2006). Quantitative research remains a valuable source of information and continues to significantly contribute to the field of social science (Miller & Salkind, 2002).

The abundance of methods available when embarking on a research project signifies the progression and inspiration of scientific research (Miller & Salkind, 2002; Terre Blanche, Durrheim & Painter, 2006). Principally within psychology either a qualitative or quantitative approach would be adopted, providing the researcher with an existing knowledge base from which to articulate. Within these approaches a number of methods exist, allowing the researcher the freedom of adopting the most suitable method of gathering the information needed and to facilitate the interpretation of these findings. As there is no right or wrong approach to studying psychological issues, caution is raised when researchers only advocate a single approach to studying a phenomenon (Breakwell, 2006; Smith & Osborn, 2008).



The current study explores the lived experiences of psychiatric in-patients. As the research focuses on the subjective experience of each participant, a qualitative approach was adopted throughout this study. In support of the credibility of a qualitative approach to research, Silverman (2010) argues that qualitative research is viewed within the scientific community as an acceptable approach when doing research. In addition this approach to research provides sound arguments and has proved its trustworthiness as a research method. In addition, the context in which lived experiences take place substantiates and validates the research approach, strengthening the internal coherence of the research design.

This study primarily focuses on the lived experiences of psychiatric in-patients, utilizing the individual's subjective experience as the unit of analysis, providing the context within which the research took place. The researcher analysed the participants' accounts, perceptions and their recollections of the events, rather than trying to obtain an objective view of events and experiences (Smith, Flower & Larkin, 2009). This process outlines the researcher's epistemological approach, which coincides with a psychological phenomenological understanding of subjective experiences, rather than objective accounts of the events (Giorgi & Giorgi, 2008). Phenomenological research, directs its attention on the participants' narrative, rather than placing emphasis on the meanings of social action (Forrester, 2010).

## Qualitative Research

A qualitative research approach was applied in this study which explores the lived experiences of psychiatric patients. In chapter 2 the researcher has discussed relevant literature regarding the research topic under investigation. This process provided the researcher with a solid foundation of knowledge and illustrates the researcher's understanding of the phenomenon under investigation (Maxwell 2005; Smith, et al., 2009; Terre Blanche, Durrheim & Painter, 2006).

Over the past four decades, qualitative research has gained momentum and is acknowledged as an appropriate method to answer specific research questions linked to the subjective lived experiences of individuals (Forrester, 2010). Notwithstanding criticism, qualitative research methods have in some views surpassed the more traditional quantitative approach to understanding the richness of human psychology (Giorgi, 1985, Giorgi & Giorgi, 2008). Qualitative research is viewed as an interactive and flexible systematic approach, characterised by specific methods of gathering and interpreting pertinent information relevant to a specific research question. This approach is not restricted to a singular philosophical orientation; rather emphasis is placed on comprehending the subjective experience of a specific phenomenon under investigation (Merriam, 2009).

Qualitative research recognises that real world experience of phenomena differs from “relatively artificial experiments”, a method traditionally associated with cognitive psychological research approaches (Forrester, 2010, p. 4). Furthermore, Forrester (2010) argues that qualitative research, in comparison to a quantitative study, may be a more

accurate account of the phenomena experienced because of the subjective nature of the former approach; this is also seen as ecological validity.

Qualitative research provides the researcher with a research method to explore the reasons and meanings behind social actions, thus allowing subjective realities to emerge. Furthermore, it allows the researcher the opportunity to explore these subjective realities while creating a platform for probing personal experiences, perceptions and subjective accounts of events. Additionally, it permits the researcher the opportunity to explore the subjective experiences, thus accounting for the complexity thereof (Smith & Osborn, 2003; 2008; Terre Blanche, Durrheim & Painter, 2006). Through conversations, meaning is created and subjective experiences of events unfold, contributing to interchangeable accounts of experience(s). The research process allows the participant the opportunity to explore past experiences. The exploration of these experiences is influenced by the nature of the interaction, which has significant meaning and relevance for both the researcher and the participant (Willig, 2008).

The interpretive nature of qualitative research focuses on understanding subjective experiences, while the descriptive nature allows the researcher to use the information gathered to account for the research findings (Merriam, 2009). Furthermore, qualitative research focuses on harnessing and extending the power of ordinary language and expression contributing to a more comprehensive understanding of the lived world through the eyes of the participants (Terre Blanche & Durrheim, 2006). Interpretative Phenomenological Analysis (IPA) as a method allows the researcher to explore the subjective accounts of the participants' lived experiences, using the participants' narrative as a reference point for psychological interpretations.

## **Interpretative Phenomenological Analysis (IPA)**

IPA as a research method originated within the domain of health psychology and has been recognised and incorporated into other branches of psychology including clinical and counselling psychological research (Smith, et al., 2009). Giorgi and Giorgi (2008, p. 27) highlight the risks of introducing a new approach to conducting research within the field of psychology, as “psychology is extremely conservative in its interpretation of science, and one departs from conventional criteria at great risk”. As a relatively new approach, the IPA has been able to compete and remains trustworthy within mainstream approaches to conducting qualitative research (Smith, et al., 2009). Concerned with subjective experiences and the understanding of the experience, the IPA is not limited to the framework of phenomenology. However phenomenological concepts have been incorporated as fundamental aspects in this approach (Smith, Flower & Larkin, 2009).

Phenomenological understanding echoes a qualitative approach to psychological understanding, accentuating experiential reality (Eatough & Smith, cited in Willig & Stainton-Rogers, 2008). Giorgi (1985) argues that a phenomenological psychological approach provides a solid framework when doing qualitative research, and provides an organised approach to doing research within the natural and social sciences. Although phenomenology has its origins in philosophy, this approach has been expanded and is frequently used in a number of disciplines within the social sciences. The schools of thought, under the phenomenological banner, illustrate the diversity of this approach, focusing on a shared approach to understanding lived experiences.

The diverse nature of phenomenological ideologies allows permeability among disciplines, therefore allowing insight to emerge (Smith, et al., 2009). Within the field of psychology, the IPA focuses on lived experiences, embracing phenomenology, hermeneutics, and idiographic constituents. These theoretical approaches, associated with philosophical origins, have cultivated and strengthened the credibility of this approach to doing scientific research (Smith, et al., 2009).

### **Conducting Interpretative Phenomenological Analysis (IPA)**

IPA is a dynamic process, interested in the subjective shared accounts and shared meanings of the participant, regardless of the magnitude and accuracy of the narrative around the experience (Smith et al., 2009). The researcher facilitates the investigation and remains focused on the participant's account of the phenomenon and the reflective process arising from these events. A foundational aspect of this approach is the interpretive effort of the researcher in understanding the phenomenon (Smith et al., 2009).

Understanding the phenomenon is not a linear process, the researcher is sensitive of the context in which the phenomenon is experienced. Furthermore, understanding the experience through the eyes of the participant becomes an important component of the research process. This method attempts to understand the phenomenon from multiple angles, thus acknowledging the complexity of experiences (Giorgi & Giorgi, 2008; Smith et al., 2009).

The participant is permitted the opportunity to tell his story, which is “a re-presentation of experiences; it is constructing history in the present” (McNamee & Gergen, 2004, p. 37). This allows the researcher to encounter the ontic experiences, in other words the chosen responses of the participant, which describes the event under investigation (Rossouw, 2007). Dahlberg (2006, p. 1) argues the use of phenomenology as an “adequate ontology for understanding human existence more comprehensively” as well as the “social world in which individuals live”.

As an active participant in the process, the individual’s subjective experiences and understanding provide the researcher with content. Within a phenomenological paradigm, content and meaning provided by the participant occur in a state of consciousness and within the interaction between the researcher and the participant (Valle & Halling, 1984). Individuals’ interactions, in whatever sphere, allow for meaningful interactions to occur, forming the basis of understanding, rather than mechanical reactions guiding action. Furthermore, Valle and Halling (1984, p. 51) concluded that “experience is not indistinct and unstructured chaos; it appears as differentiated and structured”. The structure in which it is understood and conversed allows the researcher the opportunity to understand the experience from the participant’s perspective at a certain time. The individual’s description of the event creates meaning, to account for an accurate subjective description of an experience.

### **Role of the Researcher in IPA**

The role of the researcher within the IPA method is to discover more about the phenomenon under investigation. This method allows for understanding, rather than “to

reduce phenomena to discrete variable in order to explain and predict” behaviour (Langdridge, 2007, p. 57). This is further supported by Terre Blanche and Durrheim (2006) who characterised the qualitative research as a method of describing and interpreting peoples’ feelings and experiences rather than trying to quantify and measure experiences. Understanding the subjective lived experiences primarily becomes the focal point of the researcher and this is done through understanding the lived world of the participant.

The researcher enters the research process without any formal hypothesis of the phenomena under investigation; however, it is advisable to have an agenda while conducting the research. An agenda may include a well thought out set of questions. The inclusion of open-ended questions is the suggested approach which guides the researcher throughout the interview process (Langdridge, 2007). The researcher is not restricted by the questions and allows the participant to guide the explorative process (Smith, et. al, 2009). Furthermore, the researcher must maintain a reflective attitude when conducting the research. This requires the researcher to continually reflect and think critically about the research experience and the processes involved when conducting the research (Willig, 2008).

A common error among researchers is to generalise experiences, however some truth does apply, the fundamental basics of experience remains that the researcher should exclude assumptions about the phenomenon investigated, which is achieved through bracketing or phenomenological reduction (Giorgi & Giorgi, 2008). Bracketing makes the researcher aware of variables that may influence the research process, the notion is not to exclude but to acknowledge their existence, and through exploring these variables the researcher creates understanding and fosters new approaches to understanding the phenomena (Giorgi & Giorgi, 2008).

## Sampling

The sample selection, forming part of the sample strategy, was non-random, purposive and homogeneous (Merriam, 2009; Langdrige, 2007; van Vuuren & Maree, 1999), in accordance with the IPA approach (Langdrige, 2007; Smith & Osborn, cited in Smith, 2008). Purposive sampling restricts the research to participants “who had experienced a specific phenomenon and that could provide rich, naïve descriptions of the phenomenon under investigation” (Hoffmann, Myburgh & Poggenpoel, 2010, p. 2). Giorgi and Giorgi (2008) further support the use of purposeful sampling in phenomenological analysis, as it allows the participant to describe the phenomena from their experience, within the context of their lived world. Furthermore, the interpretation of the phenomenon under investigation was restricted to participants with no intention to conclude generalisations across a population group (Langdrige, 2007).

This section outlines the steps followed by the researcher in obtaining a sample frame. Firstly the researcher obtained permission, prior to conducting the research, from the hospital/training facility where the research was conducted to access administration records of patients. The administration records revealed that 446 inpatients were discharged from the hospital during the month of August 2010. This enabled the researcher to cross-reference the data to the hospital admissions in the month of November 2011. This method revealed 5 possible participants who adhered to the inclusion criteria forming part of the sample frame (Terre Blanche et al., 2006).

Once the sample frame was generated the researcher approached mental health care practitioners at the hospital and requested that they approach the possible participants. The



mental health care practitioners were informed of the researcher's aims and objectives of the study as highlighted in the information hand-out. The mental health care practitioners informed possible research candidates about the role and aims of the research. This allowed the participants the opportunity to agree to participate in the proposed research and the opportunity to complete and sign a consent form. Participation in the research study was voluntary.

The target sample for the research study was three participants (n=3). According to Smith and Osborn (2008, p. 57), within a Masters' level research project, a sample of three participants in an IPA study is viewed as an acceptable size, and allows for "sufficient in-depth engagement with each individual case but also allows a detailed examination of similarity and difference, convergence and divergence".

According to the IPA method, it is not uncommon to define boundaries through the inclusion of specific criteria forming part of the sample selection (Smith & Osborn, 2008). The following inclusion criteria guided the sample selection;

- Participants must be between 18 and 65 years of age.
- Participants are receiving psychiatric treatment at the proposed psychiatric institution during the period of conducting the research study.
- The participant's hospital status must be voluntary, assisted or involuntary admission (Du Bois, 2007, p. 374).
- Participants were admitted and receiving treatment at the proposed hospital during the public servants' strike of August 2010. Their admission status during this period was voluntary, assisted or involuntary admission.

- Participants were discharged by the proposed hospital during the period or part thereof (public servants' strike of August 2010).
- Participants were placed in auxiliary institutions or in the care of family members
- No preference towards gender, race, or ethnicity.
- The ability to understand English or Afrikaans.
- Willingness to participate in the study.
- The presence of a psychiatric disorder or disorders as classified in the diagnostic and statistical manual – IV (APA, 2004).

## **Data Collection**

The researcher used a semi-structured, in-depth interview with each research participant as the primary method of data collection. Interviews if used correctly, foster an environment where the participant feels comfortable and able to share experiences (Smith & Osborn, 2008; Smith, et al., 2009). The flexible nature of a semi-structured interview allowed the researcher to engage directly with the participants through exploring their lived experiences, which in turn allowed “meaningful, valid and reliable conclusions” to emerge (Breakwell, 2006, p. 239). Following the IPA approach, the researcher “has an idea of the area of interest and some questions to pursue” (Smith & Osborn, 2008, p. 58). The interview schedule facilitated the interaction between the researcher and the participant, allowing flexibility and meaningful interaction to emerge. These questions allowed the researcher to keep the interview on track and guide the participant through various themes outlined in the interview schedule.

Structuring the interview process is a fundamental part of the research process. The researcher needs to take into account the entirety of the information needed and ensure that the process encompasses the goals, aims and desired outcomes of the research process. The interview technique adopted allowed the research to probe more inductively, allowing the researcher to access the multiple layers of the topic under investigation (Smith, et al., 2009). Not only does the researcher need to ask the right questions, the researcher must also ask these questions in the right order. Breakwell (2006, p. 239) suggests that a “good interview schedule has a rhythm to it which takes the respondent through what appears to be a set of issues which are sensibly related”. Furthermore, Breakwell (2006) cautioned researchers not to move away from the topic of inquiry, as the participant may question the researcher’s intentions.

The following outlines the procedures followed by the researcher during the data collection process. All the interviews were scheduled by the researcher and the appointment times and venues were convenient for both the researcher and the participant. All interviews took place on the hospital premises, while the duration of the interviews was approximately sixty minutes in length.

The interviews were tape-recorded with consent from the participants. Once the interview process was completed, each interview was transcribed and validated by reading through each transcript thoroughly whilst listening to the recorded interview to ensure that no errors had occurred. As the IPA focuses on the interpretation of the content of the interview, it is not necessary to provide technical details of the interview as part of the transcripts. However, a semantic record needs to reflect a detailed verbal account of all words spoken during the interview process (Smith, et al., 2009).

## Data Analysis

Data analysis is a process whereby the researcher employs techniques to obtain the essence of the experience under investigation. Smith et al., (2009) indicate that there are recommendations/guide lines to data analysis in IPA. The researcher adopts the IPA as outlined in Smith et al., (2009) as a methodological point of departure, which is discussed later in this section.

Giorgi and Giorgi (2008, p. 32) describe the data analysis process as a method to obtain “psychological meaning as lived by the participant, the description of what it was like for the participant.” Furthermore, McNamee and Gergen (2004, p. 1) personify the researcher as having the “virtues of adequate functioning”. These virtues allow the researcher to engage with the data and through applying the researcher’s knowledge and understanding in a structured approach allows meaning to emerge.

The researcher applied theoretical knowledge in understanding and linking each participant’s experiences and understanding to theory, while not attempting to be the “expert” in experiences or “perceptions” of the events. Interpretative phenomenological analysis navigates away from generalisations, focusing on an ideographic mode of enquiry (Smith & Osborn, cited in Smith, 2008). Through immersing himself in the transcripts, the researcher is able to view the experience through the eyes of the participant and thus generating an understanding of the participants’ psychological world (Smith & Osborn, cited in Smith, 2008). The process of understanding and interpreting experience heightens a sense of awareness allowing the hierarchy of experience to emerge, coupled with dividing the experience into units which is also known as bracketing. The researcher then links the

emerging themes across common meaningful events (Smith, Flower & Larkin, 2009). Viewed in isolation, each transcript holds valuable information and insight, while linking similarities across transcripts allows shared meanings to emerge and differences to unfold. Variations within the data provide rich accounts for the uniqueness of subjective experience of shared events (Smith, 2009).

Giorgi and Giorgi (2008, p. 34) emphasise the following steps in data analysis. First, when reviewing the raw data guided by a psychological frame of reference, the researcher adopts an attitude which includes being “mindful of the phenomenon being studied”. As a requirement of the IPA, the researcher reads the entire transcript numerous times. This provides an opportunity to obtain a holistic understanding of the phenomenon being investigated.

The second step is viewed as subdividing the data into themes, also referred to as meaning units, across the individual protocols. These parts are viewed as central components of the research process as they provide insight and understanding that may have been missed if the researcher only focussed on the data holistically. A psychological understanding is the driving component of the research; it is argued that this can only be achieved through the process of breaking down the research into themes (Giorgi & Giorgi, 2008). This allows the researcher to focus on themes relevant to the focus of the study, allowing for psychological meaning to emerge. The researcher uses these meaning units to track themes throughout the data. “It is important to note that there are no ‘objective’ meaning units in the text as such; rather they are correlated with the attitude of the researcher” (Giorgi & Giorgi, 2008, p. 34). In addition, these meaning units may differ from researcher to researcher. Giorgi and Giorgi

(2008, p. 34) argue that “ultimately, what matters is how the meaning units are transformed, not their size or their comparison with those of other researchers”.

The third step is the researcher’s ability to transform the raw data, to be able to account for its uniqueness as within its raw state, accounting for the complexity and being seen as a true reflection of the phenomenon being investigated, this process of convening the data as a true reflection is also known as ecological validity. The process of analysis allows meaning to emerge; meaning that is experienced by the participant and articulated through the researcher, both approaches having significant psychological meaning (Giorgi & Giorgi, 2008).

Smith et al., (2009, p. 79) advocate the “essence of IPA lies in its analytic focus” which strives to understand the experience of the phenomena from the perspective of the participant. Furthermore, Smith et al., (2009) illustrates a detailed account of the processes involved when adopting an IPA approach. The researcher adopted these six steps as outlined by Smith et al., (2009) during the data analysis process.

<p>Step 1: Reading and re-reading</p>	<ul style="list-style-type: none"> <li>• the researcher immerses himself in the raw data</li> <li>• reading and re-reading transcripts until the researcher is familiar with the transcripts</li> <li>• create an understanding of the experience through the views of the participant</li> <li>• become familiar with the language, constructs and metaphors used to describe the experience</li> <li>• allow the researcher the opportunity to become familiar with</li> </ul>
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	the chronological sequence of the events
Step 2: Initial noting	<ul style="list-style-type: none"> <li>• the researcher “examines semantic content and language used on a very exploratory level” (p. 83)</li> <li>• this is a detailed account of the researcher understanding of the meanings that exist within the text</li> <li>• accounting for “specific ways by which the participant talks about, understands and thinks about an issue” (p. 83)</li> <li>• the researcher begins documenting “a comprehensive and detailed set of notes” (p. 83)</li> <li>• a phenomenological understanding begins to emerge, as the researcher becomes more familiar with the data</li> <li>• emphasis is placed on the participants subjective experiences and meanings</li> <li>• the researcher uses descriptive, linguistic and conceptual comments when analysis the data</li> </ul>
Step 3: Developing emergent themes	<ul style="list-style-type: none"> <li>• this process helps the researcher to manage the data, reducing the volume, but maintaining the complexity of the data</li> <li>• it is during this process that the researcher moves from the raw data and becomes involved in the documented notes, which were derived from step 2</li> <li>• the researcher begins identifying emergent themes</li> <li>• this process focuses on the emergent themes and does not follow the narrative organisation as presented in the raw</li> </ul>

	<p>data, however creates a narrative and chronological account of emergent themes</p> <ul style="list-style-type: none"> <li>• the researcher can objectively distance himself from this process, and the interactional process, taken on by the researcher, allows for a new understanding to emerge, not belonging to either the participant or the researcher, but belongs to both.</li> <li>• the researcher reframes from viewing the data in isolation, but maintains a conscious awareness of the interconnectivity between the parts of the text and the whole text</li> </ul>
<p>Step 4: Searching for connections across emergent themes</p>	<ul style="list-style-type: none"> <li>• at this stage, the researcher uses strategies to determine emergent themes</li> <li>• maintaining the chronological order of the themes as they emerge, the researcher maps out the connectedness of these themes</li> <li>• reviewing the research objective and aims, the researcher prioritises the themes to the relevance of the topic under investigation</li> <li>• it is at this point that some of the emerging themes that may not be relevant to the study are discarded</li> <li>• patterns between emergent themes are identified and explored further, this process allows the researcher to allocate themes under super-ordinate themes – this process is also known as abstraction</li> </ul>



	<ul style="list-style-type: none"> <li>• certain themes collectively encompasses the understanding of an emergent theme which “acquires a super-ordinate status” – this also known as subsumption (p. 97)</li> <li>• “difference instead of similarities” between emergent themes may unfold; this is understood as polarization (p. 97). This allows the researcher to develop understanding, and illustrate the complexity of emergent themes</li> <li>• contextualising emergent themes allows the researcher to gain insight into the context of the experience - referring to where the experience took place</li> <li>• numeration allows the researcher to account for the frequency of an emerging theme throughout the process</li> <li>• the function of the emergent theme is to provide the researcher with an opportunity to explore the deeper meaning that emerges from the transcript</li> <li>• it is recommended that throughout the research process to keep a record of the researcher experience, this may be done by using a research diary</li> <li>• once the emergent themes have been allocated, the researcher adopts a holistic view of the data gathered, a tabulated formulation may provide the researcher with a comprehensive overview</li> </ul>
<p>Step 5: Moving to the next case</p>	<ul style="list-style-type: none"> <li>• the analytic process highlighted in steps 1 to 4 is repeated in the next transcript</li> </ul>

	<ul style="list-style-type: none"> <li>• each transcript is viewed in isolation and should not at any stage be influenced by the researcher knowledge of the other transcripts, thus allowing new emergent themes to unfold</li> <li>• only once the analytic process is completed and each individual transcript has been reviewed can the researcher move to step 6</li> </ul>
<p>Step 6: Looking for patterns across cases</p>	<ul style="list-style-type: none"> <li>• the researcher takes a holistic approach to each transcript, focus is on emergent themes that have surfaced, and the researcher links these themes across transcripts</li> <li>• the researcher may at this stage need to review themes, “this will lead to a reconfiguring and relabeling of themes” (p. 101)</li> <li>• the researcher reviews the relevance of the themes and or super-ordinate themes to their relevance to the topic under investigation</li> <li>• the researcher interprets the themes, linking these interpretations to themes.</li> </ul>

Table 1. Six steps of IPA. (Smith, Flowers, & Larkin, 2009, p. 79-107, Interpretative phenomenological analysis: Theory, method and research. London: Sage.)

The researcher will inductively explore the raw data allowing central themes to unfold. A purposive sample was used, which suggests that all participants had a shared primary experience. However, the researcher was mindful that the experience may have produced similarities and differences across the individual transcripts. Preliminary themes were processed from raw data, and then formulated into concepts, categories or themes

followed by linking these themes into theory. Guided by interpretative analysis, the researcher used the data collected as a reference point, interpreting “it from a position of empathic understanding” and used language and terms from the data in formulating themes or categories (Terre Blanche et al., 2006, p. 321). The aim is to understand the meaning of the themes, rather than the frequency (Smith & Osborn, cited in Smith, 2008).

## **Strategies to Ensure Research Quality**

Forrester (2010) recommends that the methodological approach should complement and be linked to the epistemological point of departure thus ensuring validity and consistency within the study. Babbie (2010, p. 4) indicated that “logical and empirical support” are fundamental criteria for doing scientific research and the epistemological and methodological stance must support these criteria, allowing knowledge to unfold through adopting a structured approach to exploring the phenomenon. Forrester (2010) further linked the epistemological approach as a fundamental component and linked this to the philosophical nature and assumptions of the questions being asked when doing scientific research.

Throughout this chapter the researcher illustrates the logic and reasoning adopted when considering a qualitative research approach to answering the research question. These arguments form part of internal coherence of the research design adopted, thus contributing to the validity of this study. The design coherence is illustrated through complementary methods adopted throughout this study, and the researcher’s ability to answer the research question using this design.

Qualitative research embraces a subjective approach to uncovering knowledge regarding a particular phenomenon; this process of linking the research approach to the purpose of the research study nurtures the credibility of the study (Terre Blanche, Durrheim & Painter, 2006). The question of validity within a qualitative approach can be addressed through the inclusion of plausible rival hypotheses, as part of the research design (Terre Blanche, Durrheim & Painter, 2006). Traditionally associated with a more positivistic approach to research, the inclusion of plausible rival hypotheses has become part of qualitative research, allowing the researcher the opportunity to provide valid and credible deductions and bringing possible alternatives to light and excluding their influence (Terre Blanche, Durrheim & Painter, 2006). Another important aspect when identifying key variables is that it allows the researcher the opportunity to identify and address these variables. Terre Blanche, Durrheim and Painter (2006, p. 38) provides an understanding of how to manage the influence of these variables on the research findings, and suggest that they “are either controlled to remove their presence, or measured (observed) to determine their influences”.

The aim of the research was to explore the subjective lived experiences of psychiatric inpatients. The researcher’s objective was to gain insight into the participant’s lived experiences during the public servants’ strikes and explore the participant’s subjective experiences following their discharge from a psychiatric institution. This study focuses on one unit of analysis, the individual, conversely exploring two separate environmental parameters, and the impact these variables had on the participant. The parameters of the study are: firstly a common shared experience, secondly participants received assistance from a psychiatric institution during a public servants’ strike, thirdly the participants’ treatment was altered due to environmental factors, and fourthly the participants were placed in the care of auxiliary institutions or family systems.

Giorgi and Giorgi (2008) stress the importance of remaining true to the method used during the research process and caution against combining approaches. In addition, the limitations of the method used needs to be addressed, as the method can never encompass the entirety of the lived experience. Giorgi and Giorgi (2008, p. 49) indicate that the position of the researcher, adopting a phenomenological approach to research, is subjective in nature, and argue that “the critical other cannot directly share the phenomenological researcher’s intuitions, meaning discriminations and transformations”. Furthermore, Thiselton (2009, p. 32) questions the objectivity of the critical others; just as the researcher, the critical other is “shaped by their own place in history and in society”. The researcher is also aware of the ‘critical other’ and that the research project will be reviewed. Keeping this in mind, the researcher provides as detailed as possible account of all events, procedures and explanations of the approach adopted throughout the research process.

Smith et al., (2009, p. 51) acknowledge transferability in terms of theoretical understanding, “rather than empirical generalizability”. As part of ensuring research quality, the researcher has outlined the procedures followed; sample selection, data collection method and method of data analysis. The researcher has also explained the researcher’s approach to the analytic process and emerging themes, and the articulation of these emerging themes are discussed in chapter 4, allowing transparency to emerge. The researcher views each transcript individually, followed by the process of linking emergent themes across transcripts. This process demonstrates the researchers approach to articulating shared themes and/or differences in emergent themes across transcripts, linking their experiences to a shared experience.

## Ethical Considerations

Ethical issues have become an important component of qualitative research projects and careful consideration of all pertinent ethical issues needs to be addressed (Maxwell, 2005; Smith et al., 2009). Prior to commencing the research study, ethical clearance was acquired from the academic institution overseeing the research study (Terre Blanche et al., 2006). The nature of the research participants requires dual ethical approval; the researcher obtained ethical approval from the Department of Psychology at the University of Pretoria overseeing the research study, as well as ethical approval from the research ethics committee of the Faculty of Health Sciences at the University of Pretoria, endorsing the proposed research study, ensuring that all pertinent ethical issues were addressed prior to the commencement of the research study. The researcher obtained written consent from the chief executive officer of the academic training facility/hospital in the greater Gauteng region where the research study was conducted. The researcher also acquired permission to access the participants' previous admission records. This enabled the researcher to cross reference and verify the participant's admission to the hospital during the public servants' strike of August 2010.

In accordance with the ethical considerations, guidelines and requirements while doing clinical research and designing an ethical study within the field of psychology, emphasis and consideration was placed on the protection of all research participants' rights and welfare (Terre Blanche et al., 2006). Furthermore the researcher was considerate of any potential risks related to taking part in the research study (Smith, et al., 2009). Reviewing all possible risk factors associated the researcher concluded that no potentially harmful risk factors were evident.

The potential risk and benefits of participating in the proposed research study was discussed individually with each participant. All participants were informed that their involvement in the proposed research study was kept completely voluntary and participants could withdraw from the study “up to the point that publication takes place” (Smith, Flowers & Larkin, 2009, p. 54).

Adhering to the principals of conducting research, informed consent was obtained from all participants (Smith, et. al., 2009; Terre Blanche et al., 2006). The research participants were requested to complete a consent form delineating pertinent ethical issues. The researcher obtained permission, from participants to voice-record the interviews prior to the commencement of the interview. Research conducted by van Staden and Kruger (2003) indicated that in order to obtain informed consent from individuals within a psychiatric facility, the researcher needs to be cognisant of the conditions necessary to provide informed consent rather than making inferences from the research participant’s specific diagnosis. Additionally the researcher placed significant emphasis on the participant’s acceptance and understanding of what was required during the research process as a necessary condition to provide informed consent. Furthermore the participant communicated his/her decision to participate in the research and that he/she has voluntarily agreed to participate in the research (van Staden & Kruger, 2003).

Furthermore, coinciding with the principles of conducting research, the identity of the participants will be restricted to the researcher and supervisor. Therefore, the participants’ names were only accessible to the researcher and supervisor. In addition, any other identifying information was deliberately concealed in order to protect the identity of all

participants (Smith, et al., 2009). Furthermore, no financial remuneration was provided to the participants in the research study.

Motivated by the researcher's intellectual interest in the research topic, and the phenomena under investigation, the primary focus of the proposed research aims to benefit the participants, society at large and future research, with the aim of contributing to the field of psychology.

The researcher's competence to do research and compliance with ethical requirements is demonstrated through sound arguments outlined in this chapter, illustrating that the "researcher is capable of conducting the study successfully" (Marshall & Rossman, 2011, p. 9).

In accordance with the principals of ethical management, all research information including raw data will be stored in a secure environment (Marshall & Rossman, 2011). All raw data including interview tapes and transcripts were labelled with pseudonyms and will be stored for a period of 15 years in the Department of Psychology, at the University of Pretoria, archives department.

## **Reflexivity experience**

This research study presented a number of unexpected challenges, from its origins as an idea of interest through to the completed version presented in the form of a mini dissertation. Partly, the researcher's experience was linked to the need to rediscover the



essence behind their own understanding of subjective lived experience. A relatively unfamiliar concept which firstly needed to be grasped then understood and finally presented. In addition this experience has brought about a greater appreciation for the invaluable insight into the lived experiences of psychiatric patients.

## **Conclusion**

The researcher used the participants' accounts of events as a state of awareness, allowing clarity, meaning and insight to emerge, and account for the lived experiences of the participants regarding a particular event, forming part of the purpose of the research. Chapter 4 provides an exploration of relevant themes provided by each participant. The focal areas of interest lies within the experiences of each participant prior to, during and ensuing the public servants' strike of August 2010.

## **CHAPTER 4**

### **RESULTS**

#### **Introduction**

The subjective lived experiences of psychiatric patients prior to, during, and events ensuing a public servants' strike outline the principal area of interest in this research study. As these events have a direct impact on the lives of the participants, their involvement in the research study proves imperative. This chapter introduces each participant, followed by a brief description of the participants' recollection of the events prior to, during and after the public servants' strike of August 2010. Furthermore, where relevant the participants' recollection of the events will be compared to literature outlined in chapter 2.

As the research explores three focal areas, namely the events prior to, during and ensuing a strike it allows the discussion and allocation of themes to remain within these subject areas. In addition global themes throughout the patient's subjective lived experiences of the events are discussed without sequential significance.

To fully appreciate the true essence of subjective lived experiences is futile. As discussed in chapter 2, the origin of subjective lived experiences may be better understood through a philosophical approach. As the approach adopted by the research falls within the domain of psychology, a psychological phenomenological understanding of subjective lived

experiences is adopted. Psychology is the discipline of choice for the researcher project, which is complimented by the methodological and paradigmatic point of departure.

The content of this chapter is based on the narratives produced by the participants, while the research results are discussed from the researchers understanding. As the researcher's subjectivity can never be totally isolated, the researcher acknowledges the influence of subjective interpretation and discussion of results. In addition the interpretation of these results is based on an isolated documented matrix, produced by the participant at the time of the interview. This provides the researcher with an understanding of the subjective experience of the participant at the time of the interview. If the study was to be duplicated with the same participants, the constellation of the matrix would inevitably change. In addition, this applies to the interpretation of the raw data.

The recollection of subjective experiences provides an understanding of the composition of the matrix. Furthermore, with each recall, or additional inquiry the matrix changes, thus influencing the participants'; response, recollection and experience of the event. Notwithstanding the complexity of subjective experiences and the ever changing nature of the matrix, the researcher focuses on the narrative provided by each participant. In addition, the researcher acknowledges that at the time of the interview, this was the participants' experience of the events, thus validating the researcher's results and its contribution to the understanding of subjective lived experiences.

## Research participants

This section provides the reader with an introduction to each participant and their recollection of events prior to, during and ensuing the public servants' strike. Three psychiatric patients participated in this research study and all of the participants adhered to the criteria specified in chapter 3. Individual interviews were conducted in the participants' language of choice. All ethical considerations, as outlined in chapter 3, were considered throughout the research process. In addition, pseudonyms have been allocated to each participant to protect their identity. The specialised psychiatric hospital situated in the greater Gauteng region will be referred to as the hospital.

### Leon

Leon is a 44 year-old Caucasian, Afrikaans speaking male. According to Leon he had been a patient of the hospital since the age of 23 years old. He indicated that he has been diagnosed with Schizophrenia and has continuously been receiving treatment from the hospital. Leon was hospitalised prior to the strike of August 2010 by his mother. The reason for his admission according to Leon "*It was about the medication and pills and all that stuff*". During the strike Leon recalls that he would have preferred being discharged to his parents. Due to family circumstances and the age of his parents, Leon was sent to a community based care facility. While at the community based facility, Leon found it very difficult and a number of problems arose. Due to a dispute over money, Leon was readmitted to the hospital.

The reason, as Leon recalls, for his admission prior to the public servants' strike in August 2010 was to review his medication. He recalls that this admission was for a period of nine months. He indicated that it was a difficult time in his life, "*for a long time here... and gaps passed in my life ... many gaps passed*". During the strike he recalls being admitted to an adult closed ward. He indicated that the strike did not have a direct impact on him and expressed sympathy and understanding towards the striking staff members.

Leon recalled people staying away from work, because of wage disputes. He recalls that some of the staff continued to work and that his daily routine remained the same. He was happy when he heard that he was going to be discharged from the closed ward into the care of his mother. Instead, Leon was sent to a community based care facility for a period of seven months. It was during this time that Leon had an argument about money owed to him and was removed from the facility and placed back into hospital. Uncertain about the reasons for his current admission, Leon indicated that he is currently a voluntary patient and most likely at the hospital to review and adjust the dosages of his medication.

## **Solomon**

Solomon is a 46 year-old African, Sesotho speaking male. Prior to the public servants' strike, Solomon was admitted to the hospital as an involuntary patient by the police. The reasons for his admission to the hospital were substance use and aggressive behaviour. During the strike, Solomon recalls being moved from a closed ward to an open ward and then placed to life care. Unable to provide exact details of the events during the strike, Solomon

indicates that “I was on pills I don’t know in detail” what exactly happened during the strike. In addition to being medicated, Solomon’s understanding of the events is based on his experiences in a closed ward at the hospital and conversations that took place with non-striking nursing staff.

Solomon recalls that during the strike he contacted his mother and asked her if he could go back home due to the strike at the hospital. He further indicated that she agreed that he needed to be removed from the hospital. Solomon became frustrated as he was not sent home, but rather placed into a life care centre. During his stay at the life care centre Solomon recalls being discharged into the care of his mother. It was not long before his mother brought him back to the life care centre as he displayed aggressive behaviour towards her. Upon return to the life care centre, Solomon recalls an incident where he became aggressive and subsequently was brought back to the hospital in April 2011. During his current admission to the hospital, Solomon recalls trying to abscond. Solomon became frustrated as his movements were restricted and his stay in the closed ward lengthened. This contributed towards Solomon’s aggressive behaviour towards the nursing staff at the ward. He further indicated that this incident was the reason why he still remained in a closed ward at the hospital.

## **Andrew**

Andrew is a 40 year old Afrikaans speaking Caucasian male. According to Andrew, he has been a known patient at the hospital since 1999 and has been diagnosed with

schizophrenia. Prior to his admission in 1999, Andrew indicated that he had lived on his own for nine years in a flat in Rosslyn, just outside Pretoria. Over the last few years his contact with his family has become less frequent. In addition, Andrew is financially dependent on his family as he is unable to work.

Even though Andrew has been in and out of hospital for the past 13 years, he indicated that he does not believe he has a mental illness. He experiences the auditory commentary as real and interactive even though he has been told that it is part of his illness. Andrew believes that his problems originated when he was a teenager and he was adamant that he does not wish to share the details of this traumatic event. However he did indicate that it was of a sexual nature.

Prior to the public servants' strike of August 2010, Andrew remembers being admitted to the hospital by his brother. During the strike Andrew would have preferred being discharged, or sent into the care of his family. With limited options available Andrew was sent to a life care centre. Over a period of a year, Andrew moved between life care centres and his uncle until he was brought back to the hospital. He indicated that his current admission was as a result of a misunderstanding with his uncle. His uncle believed he was a suicide risk and because Andrew was speaking about the voices. Currently Andrew would prefer to be discharged back to a community based life care centre in Pretoria.

## **Thematic exploration**

The participants' experiences of being discharged during the strike provides the researcher with a time stamp from which to articulate their lived experiences prior to, during and ensuing a public servants' strike. These experiences form part of the superordinate themes which developed from the participant's accounts of the events. As all three participants share a common experience, namely being discharged during the strike, their distinct narratives provided the researcher with rich data from which to understand how these events were experienced.

### **Experience of being discharged during a strike**

A central theme among the participants of this research study was the experience of not being in control. This is illustrated in the narratives of all three participants as they spoke about the uncertainty of where they would be sent to as the strike escalated at the hospital. Lack of control remains a central theme throughout all the participants' experiences prior to, during and ensuing the public servants' strike. Furthermore, their lack of control was expressed in different ways as the participants shared their stories.

Leon was admitted to an adult closed ward prior to the public servants' strike of August 2010. Recalling the events Leon begins by discounting the impact of being discharged from the hospital during the strike: "*Oh no, not that bad... no... It did not... it did not have an impact on me...*". Leon had been trying to be discharged from the hospital since



his arrival prior to the strike and the news that he would be discharged was initially experienced as favourable. The events following his discharge during the strike was not as forthcoming as he had expected. Instead of being discharged into the care of a family member, Leon found himself being sent to a life care centre, an experience he did not wish to repeat. Leon indicated uncertainty around the decision taken by the hospital to send him to life care: *“look I wanted to, I was supposed to go to my mother, I would have... gone to Koos but then I left Koos and oh my brother, so many things have happened....”*. Unable to change what had happened, Leon’s underlying frustration began to unfold: *“because past tense is past tense to hell with it”*. Attempting to mask his frustration, Leon’s uncertainty surfaced as he indicates: *“I do not know... things just don’t fall into place”*. This left Leon feeling vulnerable and lost. Leon’s experience of being discharged during the strike originates in ambivalence. Ambivalence in his ability to take control of both his internal and external experiences. Ambivalence is viewed as the superordinate theme and is carried forward in the researcher’s understanding of Leon’s experience prior to, during and ensuing the public servants’ strike.

Like Leon, Solomon’s experience of the strike took place in a closed ward at the hospital. Solomon’s overarching experience of the strike was betrayal. He felt that the hospital had lied to him when he was discharged during the strike,

*and they told us and they told us lies, because they told us that they will look for us for a grant and a better job a better job a better job for us a better job and the job will will give us a good salary. And then when I go there I find that you don’t even earn a good salary...and you will earn like something like R8 or or R6.*

Despite Solomon's efforts he was sent to life care,

*I... I told my mother the ehe eh I phoned my mother they they and I have ask. I have told my mother that I have and that she must ask me to come to ask them so that I can come back home...My mo my mother said that she. She accept shee e e agreed but I... I stayed in ward 58 in 58 in ward 58 so it does not mean 47 so not in... in ward 57 and then they took me to life care.*

Furthermore, Solomon recalls trying to fiercely negotiate his way out of being placed into life care, a facility that would restrict his family visitation substantially

*"and I told them that... That place is too far and I miss family and that they must come to see me frequently... I wanted to go out".*

Andrew's experience of being discharged during the strike is best understood through the following statement; *"maybe they did not want me to be there with them"*. In this instance Andrew is referring to his parents who did not want him to be discharged into their care. Feelings of abandonment and isolation became evident as Andrew explored possible placement options during the strike. Unable to find alternative placement Andrew was sent to life care. The theme of abandonment is further illustrated when he questioned the length of his stay at the hospital prior to his discharge during the strike (*"I have been here a long time and maybe unnecessarily here"*). His experience of abandonment was exasperated by external factors, influencing his family's decision not to discharge him into their care. Andrew explains: *"There is maybe a family problem or maybe my brother and his wife divorced, you know I have not heard from my other brother"*. In an attempt to deal with the

uncomfortable experience of limited options available to him, he reflected back on his discharge during the strike and indicates: *“I was better actually when I was out discharged from ... I like to be outside”*. Andrew indicated that he was relieved that he was going to be discharged and that his discharge occurred at the right time: *“right time discharged... It was the right time I was discharged...”*. Andrew experienced discomfort when he spoke about being discharged during the strike. As a secondary experience, Andrew felt guilty about his limited involvement in the decision pertaining to discharge into a life care centre. Unable to deal with the uncertainty, Andrew negotiated his way out of feeling guilty about not intervening: *“But I have spoken a bit late, maybe it was a bit too late, but there was still a chance to give me that chance for me to get discharge”*.

The following superordinate themes have been identified and will be carried through the discussion of the participants experience of events prior to, during and ensuing the public servants’ strike; ambivalence (Leon), betrayal (Solomon) and abandonment (Andrew).

### **Reliability of account of events**

All three participants questioned their involvement in the research study. The underlying theme that emerged was questioning the reliability and accuracy of information they shared with the researcher. This provides insight into each participant’s current experience of the recollection of the events. Forming part of the matrix of a lived experience, the researcher explores each participant’s narrative. Solomon began by indicating that he was medicated during the strike and questioned the reliability of his accounts of the events. In

addition, Solomon presented as cautious of the researcher's intentions (I don't know the eh eh the full detail), and made use of a neutral approach while interacting with the researcher. This was achieved by Solomon providing the researcher with 'reliable' narratives of staff members' accounts of the events.

Andrew employed a less threatening approach and suggested that the researcher had a large pool of participants from which to choose from

*But I was not ... There were other guys, others that have been a little later and when there came a big problem then they went there ... also to Witpoort... there is a group of us who came to us that stayed a little longer with the strike. I know about the strike but then I left then the strike lasted longer, but then those people were also transferred, also to Witpoort...*

The significance of his statement provides insight into Andrew's perception of himself and the value of his contribution.

Consider Leon's view, "I'm not sure, I'm not quite sure, but I think they striked for two weeks? [brief pause] Or no, a month... a month". Leon appeared uncertain of his contribution and reinforced his standpoint by adding "not quite sure". The significance of this statement allowed Leon to strategically turn his statement into a question, searching for some form of feedback from the researcher.

## After strike

Leon summarised his experience since his discharge in August 2010 as follows

*Ahh, it is the... things were but... confusing, confusing I would not say confusing... but... oh I could ... I could handle it... I could handle it ... but I have gone through very difficult times, went through very difficult times, oh well, very difficult, very difficult.*

The theme of ambivalence is carried through in this statement, coupled with feelings of uncertainty and confusion. Describing his experience at life care, Leon conveyed a sense of helplessness

*It was the people and circumstances and so on and I do not want to expand in detail what happened there, and so on, but people have messed it up there... and stole money and ... things have gone missing... and so on.*

This was followed by a sense of being overwhelmed as Leon described being brought back to the hospital

*Yes, I was there for seven months and then they came and they brought me [hospital]... then they lied now and it is a whole pack of lies... then they just dropped me here [hospital]... Where I do not even was supposed to have been ...*

Dealing with these two experiences simultaneously proves to be difficult for Leon. He distracts himself in an attempt to cope with the ambivalence of his experiences. Leon's ambivalent experience about the events is further supported as he indicates: *"But my mom does not want me to go back there ...now I must I had a bit a bad time there... Oh well... it's in the past... and so"*. Oscillating between these experiences, Leon adopts a problem solving approach to reduce the anxiety of his experience (*"my mother and them have millions and stuff in the bank"*). As his experience of the external world, including past experiences he moves away from his current experience and replaced it with a future experience, one that is less threatening (*"but those are things that I only get after they died ... then I must rule and deal correctly with the money and all that stuff, but I do not want to expand in detail about that..."*). The experience of possibly losing his parents, a fundamental support system in Leon's life is also threatening, and this experience is quickly neutralised as he continues: *"But uhm at the moment they still pay for the place where I stay and so, and so they are now looking for a place in Tuine... so I am seeing them this weekend."* The inclusion of *"so I am seeing them this weekend"* reduces the anxiety of the experience of possible losing his parents.

Able to move back to his experience at the life care centre, Leon's meaning of the events shifted,

*it is ... No ... it's not every time the story .. it's not every time the story .. It is only by Uncle Benz where I messed up... And this story now here... I was calm there in a way but... it's the very best I left there and people have messed up... messed up...*

His experience shifted from the realisation that he has contributed to being sent back to the hospital. Upon reflecting on his experience (“*and I am now calm there in a way*”), the anxiety returned and in an attempt to deal with the experience, he shifted focus once more to an external object (“*and people messed up...messed up*”). This experience allowed Leon to acknowledge his role, however the experience of disappointment remained a prominent feature of his view of others.

Solomon was uncertain of the intentions behind his placement into life care (“*I feel curious because I can’t see my family*”) as his placement restricted his interaction with his family. He further described his effort to convince the hospital to reconsider their decision “*and I told them that... That place is too far and I miss family and that they must come to see me frequently...Ah...For me for me It was not good...Because eh eh my family could not come and see me frequently.*” The theme of betrayal became evident as Solomon described being taken out of life care and then returned by his family because of his behaviour “*and then again they came at life care centre and my mother come and my mother come and the take me home and the they took me back to life care centre and they say I am becoming aggressive again.*” Consider Solomon’s frustration with the life care centre,

*and the the the rule of the life care eh eh the rule of the life care is that every person is allowed to phone on Tuesday for their people so I wanted to phone for my for my eh eh people so I was not permitted by the security worker, so I have so I asked is to phone to my people and she refused and then, and then I take over the the table and and the table and push it over and over her...*

Solomon’s frustration was expressed through a physical gesture of throwing a table. Even though he experienced some relief the overarching experience of being isolated proved

more threatening *“I have find that seriously I have isolated myself”*. To overcome this experience Solomon humbled himself and asked for forgiveness.

Andrew felt that he was not adequately prepared to be discharged into life care (*“it's unexpected that it will happen like that and stuff”*) this left him feeling vulnerable and exposed. Andrew's experience of life care is summarised as he indicates *“then they transferred people and stuff when problems came to places where there comes a problem... I do not know if they still have a contract there at Witpoort, but I do not want to go back to Witpoort”*. Andrew's experience is illustrated through his description of being moved from one facility to another. His experience of life care is understood as uncomfortable (*“the problem was if they make a noise and they awake me in the middle of the night for cigarettes”*) and confrontational (*“there was more of a fight and stuff... because there is casualties, everything was there... I also tried to get out. He also makes problems for me there at the people...”*).

Andrew's feelings of abandonment are linked to feelings of isolation. In both instances these experiences are reinforced through external experiences. This is illustrated as Andrew describes being moved between life care centres and family members after his discharge in August 2010. Andrew appeared surprised that he was sent back to the hospital. Andrew explained:

*but I did not expect any of them to bring me back to heaven, but they said I said I am suicidal when I spoke of the police voices and stuff, then they [uncle] thought I lost it... then maybe he got a fright and stuff, and thought maybe I*



*will do something ugly that I should not... then I said to myself, this is not something I would do, I will not commit suicide... I will not. . The doctor gave me eh eh even a prescription for my pills, then he [uncle] said I wanted to commit suicide, otherwise I would not have been here... but now I am here voluntarily...*

The theme of being a voluntary patient is carried throughout Andrew's perception of his current admission. This allowed Andrew to experience some form of control over the reasons for his current admission, "*Yes I am voluntarily now*". Even though Andrew feels that he is in control, his internal experience of being in control is challenged as his external world contradicts this experiences. This is illustrated as Andrew explains:

*... and she [mother] says yes there is not a problem with it, but when I speak to the doctor and stuff then she also says I speak and stuff [auditory commentary] but if they discharge me again then I will go back where I come from well, it is not as if I ran away from there and stuff... I just ran away there to be here... My uncle... I had a problem with my Uncle... I tried to explain... but he said I must... I must... he did not understand...or he does not try to understand or he does not want to understand...*

Andrew became despondent as he explained the course of events prior to his current admission. His interpersonal experiences of those closest to him are associated with feelings of being misunderstood. This is supported as Andrew continues "*or he said, it is impossible, because when I told him I won the lottery then he said it is impossible that it could be*".

Those around him continuously challenge his experience of his external world. This has a causal relationship on his internal experience of himself as well as his interpersonal relationships. In addition the above illustrates his frustration with his interpersonal relationships, his experience of his external world as well as his subjective internal experience of himself. Andrew's underlying frustration manifests in uncertainty around what is 'real' as his experience of his external world remains threatening. His external experiences are illustrated through the inclusion of his current relationship(s) which provide him with a means of questioning his experience. This is followed by the inclusion of past experiences as a method to deal with the uncertainty of his current and future experiences.

### **Current experience at hospital**

Leon's current experience of the hospital is one of hope; the hope that his medication will be finalised, the hope that his problems will disipate and the hope that all will be ok. Leon believes that once this is achieved, he will be able to experience happiness:

*Oh, all that bothers me now is that I must sort out my medication...that is all that bothers me now (laugh) if I can sort that out then I will be very happy! Then I can do my thing and see where to we [mother] are going...only sort this out.*

The use of the word 'we' remains significant; as it refers to his mother. Understanding Leon's experience of his mother may provide an understanding of his current experience of his external world. Leon explains:

*uhm..it is only if I say the stuff is not right..if I say the stuff is not right, then she says my mother must phone the chemist and no the pills are now right and then they take me in again...Then I use the stuff again and get spasms and all.*

Leon's underlying frustration with his mother aggravated his feelings. In an attempt to regain control over this experience Leon becomes submissive. Leon gains a sense of control over his medication while he is in hospital. This is achieved when he discusses his medication with the doctors. In addition to feeling in control, Leon also appeared to take a more dominant stance when discussing his medication with the doctors. This is illustrated as Leon explains, "*but now, now at this moment I can speak and tell the doctor, listen here, this stuff is not right...then I ask him...*". Although his internal experience is inclined to be associated with *control*; he still remained ambivalent about the effectiveness and outcome of this 'new' experience. This is illustrated as he continues: "*but all that bothers me is if you ask, but they [doctor] do not what you ask them*". The researcher uses the phrase 'new experience' to emphasise the polarity of the marked differences between the two experiences, namely control and ambivalence. The theme of ambivalence is further illustrated as Leon realises that he has no control over his future: "*time is running out .. time is running out... When do I go to work... when will I see my friends again... and all those things...*".

Leon's internal experience, rooted in uncertainty, is understood as he describes his internal pain. Leon begins,

*Oh no [brief pause] no because I can tell you..I sit, I sit with pain that is in listen, I sit with pain that is in, but that is that, but I feel it is adults, but I will*

*[tell] her, but I do not want to now, but I did say I will talk to her at a later stage, if she wants... if she wants... then I will talk to her about it...*

To neutralise his feelings of uncertainty towards his mother, and his ability to confront his mother, Leon adopts a less threatening approach: “*but I did say I will talk to her at a later stage*”. Even though Leon experiences some form of control over a future event, it remains threatening for him. His underlying experience of ambivalence toward his ability to regain control in a future event is swiftly dealt with and neutralised: “*If she want... if she wants... then I will talk to her about it*”. The above illustrates the complexity of Leon’s experience of his mother. It appears that past, present and future events, whether recalled, thought of, or envisaged, all appear to retain a common theme, namely uncertainty.

Leon’s uncertainty is further understood through his description of his internal experience, which could be described as a void in his life:

*For a long period here... and gaps passed in my life... many gaps went by, but I still feel that I'm on the stage, the Lord... the Lord still has me and I'm still young I am maybe big up here [points to his head] but physically, physically I am still young... so I can still do it, that which I want to do...*

Understanding Leon’s internal experience one needs to review possible contributing experiences. Leon’s internal world is influenced by his external experiences and his perception of his external world. Understanding Leon’s experience and perception of his external world, the researcher highlights the following statement: “*Yes, but see and then they [his mother] now chat and change everything...*”. Unable to influence and bring about

change, Leon remains a passive participant in the decisions pertaining to his medication. A sense of helplessness emerged. This is supported as Leon indicated:

*It's like I cannot... I sit, I just in a way carry on... you know there is not anything that I .. there's not .. I will not take action and do things and all those things .. it's as if I... oh its just if you are in a stream or something...*

Leon's internal frustration combined with his inability to verbally express his frustration with his external world leaves him feeling lost. Leon internal experience is expressed outwardly through describing the side effects of his medication. Leon explains:

*Man the stuff has new effects on me, and it gives me spasm and I get sore here on my back and all that type of stuff, I get as if I go into a trance and all that class of things..."*

Leon was despondent, as he had exhausted his options in combating his mental illness,

*No, oh it's just .. that the pills are now stable, but I accepted everything, there was always something wrong with the pills and stuff... Now I try to ask the doctors, give me an injection, give me a Panado or such thing, give me prexium because I have high blood pressure, that's all I want, but they do not want to fill in the form, they leave everything as it is...*

Andrew was content with his experience of the hospital “*No, I'm now satisfied with the ward*”. Previously he indicated that he felt restricted, as the patients were only allowed to enter their rooms at allocated times. Regarding his current admission Andrew felt safe at the hospital: “*Yes I'm safe... I do not really have a problem... with people and stuff*”.

Andrew indicated that his main concern was to get clarity about past events. In an attempt to make his stay at the hospital more comfortable, Andrew reviewed possible methods of becoming financially independent. This need to become financially independence is understood as being linked to his current, past and future experiences. Being financially reliant on others, as well as the uncertainty of past events, has left Andrew questioning his understanding of his external world. Currently Andrew is concerned about the monies owed to his former landlord: “*he said it was six months and there is R600.00 deposit that I owe him, but it was not on the contract that I read*”. With no means of contacting the landlord, Andrew remained hopeful that this matter would be resolved soon “*to see if I can phone him to hear, when he can come out [visit]*”.

Andrew's uncertainty and confusion is further challenged as he questions the intentions of his auditory commentary:

*I cannot see what they mean or what they tried to explain to me or what... they wanted to say to me I only know it is one and a million rand ... that's what they keep saying to me...*

The essence of Andrew's words earmarked his experience of his external world and the feedback he received from his family and the doctors treating him at the hospital. The theme of uncertainty and confusion was further supported as Andrew described his frustration with not knowing what had happened with the money he had won

*I really do not know, and they didn't really approached me, and they tell me they're still busy with it, a year or six months or three months I cannot exactly say, not me, and it's not always the same and I cannot remember if they talk so confusingly. No, I say so now but, I know I have always just played.*

In both examples Andrew's experience of his external world was expressed through his narratives. A merger of narratives occurs, bringing a number of experiences to the fore. In an attempt to firstly challenge and express his experience of his environment Andrew sought a safer narrative. This allowed him to experience the here and the now, by merging past, present and future outcomes of his current experience. Secondly, the feedback he received from his environment supported his experience of uncertainty. The fear of abandonment appeared to be too great for Andrew, thus his experience was filtered through the inclusion of a new and less threatening experience of winning the Lotto.

Solomon indicated "and they must look for the python and I want to catch it so I can win the lotto and I want to be cured and to be prosperous and I want to record. I am a guitarist". Solomon continued "I want to use them to... Because the because the traditional healers they they they prevent of him different different illness". Mental illness is a lifelong battle and places financial and emotional strain on both the individual and family systems. It

is not uncommon for patients and families to seek alternative approaches in an attempt to cure and/or manage mental illness. Additionally, poverty and socioeconomic status are possible contributing factors linked with individuals seeking alternatives to psychiatric care. As a result traditional and religious healers are used as they suggest quick and financially more attractive solutions to mental health issues (Adeponle et al., 2009).

Solomon illustrated his need to take control over his external world. This is achieved through the inclusion of a past event “*go to the place where I saw the python*” and merges this experience with a future experience “*I want to record*”. Solomon’s experience is understood as if he revisits a past event, and successfully manages to deal with the experience he would be able to move forward.

*I want to I want to report the python I want you to first go to place where I saw the python so I want to go there I still feel that one day they build us some houses I will stop going there I will go to Winterveld I want find the python there to record I want to record I want to make a cd with my younger brother, he is also a musician and I want to I want to uhm I I want to record I want to ..... I want to record to report the python to the people of the aquarium and I then again let me see. . I said what? The last one I forget. . I want to play lotto because I may won.*

Solomon’s current experience of the hospital is further understood as feeling helpless and restricted. Both experiences remain a core component of Solomon’s current experience:



*Yeah now I... I I do have eh some something to ask you I am just asking you that you must ask people when you done working that they must release me please and please I am asking them and begging them and pleading them you I am begging you because it is a long time that I am here and I want to change my life and I want to repent too I am a big man and I have not been married, so my time was my time was I am liking lefting behind, I want to do good things in life too, I am I am lefting [left] behind, I want to repent.*

Solomon remained cautious throughout the interview and he ended off the interview with the above statement. This provides an understanding of Solomon's core experience, namely abandonment. This is understood as Solomon indicated "*I am lefting [left] behind*". Solomon's need to repent is significant as it signifies his perception of his external world and provides an indication of Solomon's approach to dealing with conflicting.

### **Prior to strike**

Prior to the public servants' strike of August 2010 all three participants were admitted to the hospital by a family member. Andrew indicated that his brother brought him to the hospital because of a family dispute "*uh no ... I do not know ... there was a family problem, and stuff and I still don't know what the problem is today*". Andrew's experience of abandonment was further reiterated as he described being left behind in hospital as other patients were discharged. Andrew experience is further understood as he explained:

*they did not exactly say why ... but it had started before it even began steering away to other places... it's a... six months before me or a year before me, they*

*started sending other people away and stuff, but then when it got worse during the strike then they sent everyone away.*

Leon was admitted to the hospital prior to the strike by his mother as his medication needed to be reviewed. This was a difficult time for Leon:

*For a long period here... and gaps passed in my life... many gaps went by, but I still feel that I'm on the stage, the Lord... the Lord still has me and I'm still young I am maybe big up here [points to his head] but physically, physically I am still young... so I can still do it, that which I want to do...*

Leon described his loneliness:

*I feel I have suffered heavily because I had Schizophrenia. But ok, I now use those that, I now use for a time but I just feel that I. I have now, you know, for a long time in my life, let's say only three days in the last time, here in [hospital], I have a gap, I sit here in a gap in what I feel that the time has passed, as I say... time went by, what I feel I could use, and I had entered into my life and the time stood still. But I will not bargain, I will now only look forward and forget the past and look ahead, it's all I can do so*

Prior the public servants' strike, Solomon was brought to the hospital by the police as he displayed aggressive behaviour towards his mother. Solomon explained that his admission is to help him recover "not to relapse to to eh eh become confused again to become the work to be done and not to not loose [lose] your mind again".

## Autonomy

The participants need for autonomy becomes a central component of approach to taking control over their experience of abandonment. Financial independence as part of individual autonomy, allows the individual the opportunity to become self-reliant. In addition the individual is able to exert some form of control over his/her daily financial management. In most cases this is not true for psychiatric inpatients as they are reliant on family members and social welfare for financial assistance. Financial restrictions have a significant impact on the patients' role identity and sense of self-worth. Family members are often unable to, or reluctant to assist psychiatric patients due to their own financial restraints. This statement is true for Andrew as he indicated *"I don't have a lot of money... Oh my family is not rich, they are not rich"*. Dealing with his financial uncertainty Andrew created an external experience, namely winning the Lotto, bringing about an internal equilibrium, thus reducing the uncertainty of Andrews financial limitations (*"I really hear the police talk to me. It's left and right ... now they tell me I have won Lotto international"*). Recreating his external world, Andrew merged past experiences with his current understanding of his external world. This allowed a positive and less conflicted experience to emerge:

*but I have played several cards and I have played many cards at a time, about 56 000 million euros... when I play, I did not play and then but they said [Auditory commentary] to me thereafter I won and well and....*

This was continuously challenged as these two realities struggled to coexist (*"I don't have a lot of money, I do not know if this is true..."*). Uncertainty developed when the perceived outcome of his experiential world is delayed (*"but still talking to me and stuff, but*

*have not seen anything yet*”). In an attempt to deal with the uncertainty, new expectations arose; thus the experience became circular and always returned to a pivotal point of departure (“...and they have always been with me, well, and I uh they never left me, the voices...”).

Part of his internal experience was to challenge his external world in an attempt to find answers. This was achieved through challenging his internal and external experiences. Andrew achieved this by going to the police, giving his statement in the form of an affidavit and then tried to obtain external confirmation of his experiences. Conflict arose again when he was not taken seriously by family, the police and society. This was illustrated as Andrew explained:

*I do not know how to approach to find out whether this is true and stuff, and if I must go to the police station to take an affidavit and stuff I, I in any case don't have a telephone number and stuff, and I think in any case the doctor organized it and stuff and if they have not heard about it and stuff, maybe the message that they're talking to me and stuff.. that it will take time and stuff.. is just for me... just as [sigh followed by silence]... keep Pretoria North International police ... but I doubt... and it is... they really didn't speak to me for nothing and stuff they really spoke to me far, and nearby... and spoke softly... but and want to come out...*

Andrew became despondent as he discussed his limitations regarding his possible employment:

*that is why I did not make an effort and then continued with lotto and stuff... and spoke and stuff.. I do not know if a person now leaves here and stuff or a*

*person must try and stuff, but I will again... I will have to get a job and stuff,  
but I cannot from here from the bottom and... and with nothing...*

Leon began to acknowledge the role of his parents in his life; their generosity, and then realised his dependence, followed by recreating a balance between the external and internal reality of his situation. The experience was the realisation that he is reliant on others, more specifically his mother. This was further disturbing for him when he realised his mother controlled him,

*Well... and they have my pension and I wanted to go and renew for pension,  
but they care now for me at the moment... My mother and them... yes they care  
for me. That's all I do for them and so on... Oh, I have a lot of things I do for  
them, I mean they, they are willing to take out and give and it's not a problem  
for me, but... But I feel I have, I have talents that I used that I must again go  
forward that I must earn money in my life. Life does not stand still... I must go  
on, but I must sort out my accommodation it's very important... it's very  
important .. but I will first, I will first, but I do not want to talk about it now  
because I'm not absolutely sure of that story ... I cannot tell you ... and I must  
first sort it out with them again ...*

Leon spoke about the things he should be doing, which is replaced with another's voice, indicating that he should focus on finding a place to stay:

*Like to sing and dance and all that kind of stuff that I must do... but I will at  
the moment look and yes... but I must first keep my place, my home is number*

*one that I must sort out... it's number one. No... it does not bother me at the present moment... I just want to sort it out with my mother, you know, because she wants to talk about a place, but I first want to sort out the story with her... that the things are in place, the things get nicely into place, that I see where the side... you know, I see where I stand... that's the thing... and now I must still talk to my mom and them about my accommodation story... I don't know... things just don't fall into place.*

Experience at the hospital was restricting, as Leon indicated:

*Oh it is just in the evenings you get locked up... they lock the door and so on and you don't have that privacy of being out and do your thing.... Ok, what can I do at the moment here because I do not even have transport, if I can for example get to the Hotel or your pals come and fetch you and we go dance a bit and so on, then I cannot even do it now, but I must now wait with that story, it will still take a long time, that I stop with that story... it's just... all that I can say now is to sort those two things with my mother... my medication, and that which I want to ask her about the praying place. She said it is also and she said we will go on Sunday. That is all that I must see*

Solomon's betrayal was understood through identifying with the other patients at the hospital, and experience had taught him that on his own he was not taken seriously, and through the inclusion of other narratives ("*they told us and they told us lies*") his voice may have more merit. Solomon's frustration with his external world is understood through his

experience thereof. Solomon's experience was that of feeling lost within a world that did not understand him, which continued to restrict his movement and his journey towards becoming a musician. Solomon's experience of the hospital as being restricting was reinforced during the strike. *"I told them that I have got keys and I want to look for my keys but they don't..."*. Solomon indicated

*I can stay I can stay in the hostel while I am getting disability grant in Winterveld where my uncle is... I will stay, I will stay eh you can give me disability grant I would stay at the hostel. The hostel with my uncle at [hospital].*

Solomon described an earlier experience where he had no control over his future, as it was orchestrated by another boy,

*the lady prophet said to me and my mother that that scholar is the one that worked on my book so that I must become bewitched, so that I must loose [lose] my mind. And that I must be prosperous and I must not be prosperous and that I must be prosperous and he or she brought eh eh brought it brought it back, brought that book back to me. So then... they have worked on my book so that I must loose [lose] my mind and that I must not pass matric and I must not be prosperous in life...*

Solomon was returned to the hospital as he was aggressive at home, following his discharge from the life care centre. Feeling done in, Solomon tried to abscond from the hospital:

*And I told the person actually that I was left three, only three days to go to open ward. When I am leaving I am going to OG [occupational therapy] so Dr Susan said I'm left with only three days to go to open ward. So Doctor say I must still stay two weeks and be here and not go to open ward. So the following day, the following day when I go to OG [occupational therapy] I totally absconded and the security arrested me and bring me back here.*

## **Conclusion**

This chapter outlined the participants' narratives relating to their experiences prior to, during and after, a public servants' strike. Outlined in the participants' narratives, the researcher was able to extract their experiences in an attempt to extrapolate the essence behind their accounts of the events. Notwithstanding the complexity of an individual's experience of an event, the researcher provided the reader with an understanding of the subjective lived experiences of psychiatric patients.



## **CHAPTER 5**

### **Introduction**

As the final chapter of this research project, the researcher outlines the strengths and limitations of the study. In addition, plausible avenues for future research will be discussed.

### **Reflections of this study**

That the “war” on mental illness has been won, was a bold statement issued by the Surgeon General of the United States in 1999 (Davidson, Rakfeldt, & Strauss, 2010). For those involved in mental health care this statement may symbolize a victory. The progression in the treatment and change in attitude towards individuals with mental illness has improved over the past decades leaving the road to recovery to extend beyond the borders of psychiatric hospitals. As deinstitutionalization gained momentum, the role of psychiatric facilities shifted from primary intervention to secondary treatment, focusing on acute stabilization rather than institutionalization (Romansky et al., 2003). This change in focus has allowed a shift toward the understanding and treatment of patients living with mental illness (Davidson, Rakfeldt, & Strauss, 2010). The war on mental illness surpasses the notion that this war is viewed as an individualistic war, and should encompass social action, policies and social views of mental illness. Through the exploration of the impact social actions may have on individuals with mental illness, those that have for so long remained hidden, silenced and disregarded may be seen, heard and acknowledged once more. The researcher rests upon the notion that research

in its own right is a form of intervention (Terre Blanche, Durrheim & Painter, 2006). It is through intervention that the casualties of the war on mental illness are acknowledged, whether it is physical, mental or social implications: the ‘Unknown Soldier’ is never forgotten.

The platform for this research project was created when the public sector, including mental health care practitioners, went on strike in August 2010. As a mental health care practitioner, working in a psychiatric facility, the researcher was exposed to the organisational implications of the public servants’ strike of August 2010. As many of the patients had been discharged during the strike, the focus of the hospital was on managing personnel and ensuring that a strike of this magnitude would not occur in the near future. This led the researcher to wonder about the implication a strike would and could have on psychiatric patients.

The results of this study reflected each participant’s unique experience of the public servants’ strike of August 2010. These narratives provided an understanding of their subjective lived experiences prior to, during and ensuing the strike. A dominant theme among all participants was the lack of control over past, present and future events. This is understood through; Andrew’s experience of abandonment, Leon’s experience of ambivalence and Solomon’s experience of betrayal. Furthermore, the participant’s current experience at the hospital is understood through the inclusion and illustration of past and future narratives. This brings forth the notions that, only through the inclusion of these experiences are the participants able to express their current experience of their internal and external world.

The themes provided by the researcher in chapter 4 illustrate the complexity of subjective lived experiences. Through employing phenomenological reduction, the researcher highlights the following core theme as the participant's original experience, namely abandonment. As discussed in chapter 2, Husserl emphasizes the importance of core themes in the understanding of subjective lived experiences. The theme of abandonment is carried forward throughout the participant's experience of the public servants' strike of August 2010.

### **Strengths and limitations of study**

The aim of this research project was to explore the lived experiences of psychiatric patients prior to, during and ensuing a public servants' strike. Understanding mental illness from the eyes of the individual could provide valuable insight for future treatment. In addition, the narrative of the participants has equal value, and deserves to be heard. In most instances their voices are swiftly silenced by the label bestowed on them. This researcher provided three psychiatric patients with an opportunity to tell their story. This was described in chapter 4, where the researcher discussed the participants' experience prior to, during and events ensuing the public servants' strike of August 2010.

Giorgi and Giorgi (2008, p. 47) advocated there is "no perfect method" and it is the researcher's responsibility to work within the limitation of the chosen methodological approach, and through these limitations the researcher is able to view and interpret the findings emerging from the research study within these limitations. All three research participants were interviewed approximately 15 months after being discharged from the

hospital during the public servants' strike of August 2010. Giorgi and Giorgi (2008) highlight the limitations of a retrospective study suggesting that the participants' accounts of the events and experiences may not be an accurate reflection of the events. The purpose of the research was to obtain a psychological understanding of the lived experiences of psychiatric inpatients that experienced a shared phenomenon, rather than an objective study exploring the events and impact of a public servants' strike. The research question outlined the objectives of the research study, which focuses on the subjective accounts of a specific group of individuals and their accounts of the events that unfolded during and after a public servants' strike. From a psychological point of departure, the subjective accounts of the events substantiates the validity of the study, as the researcher is interested in the subjective experiences and psychological meaning that unfolds from the investigation.

As indicated in chapter 3, the researcher is aware of the subjective nature of the themes or units of analysis that become evident in the research, and that these emergent themes may have been influenced by the researcher's subjectivity. The researcher discussed guidelines provided by Smith et al., (2009) in an attempt to address the researcher's subjectivity. The researcher made use of the IPA method: this approach does not negate the researcher's influence, rather it discourses the influence it may have on the analytic process. However, this does not account for the researcher's "unconscious dimensions" (Giorgi & Giorgi, 2008, p. 49). The researcher acknowledges his role in the research process, utilizing acceptable guidelines in doing qualitative research, and making the research finding available in the form of a mini-dissertation, thus addressing the "objective" approach adopted by the research in disseminating the research findings. IPA emphasises that the research findings belong to the participant of the research study, and should not be generalised as a common

experience among people sharing a similar experience (Smith et al., 2009). Furthermore, the phenomenon is explored within a specific context as discussed in chapter 3.

## **Recommendations**

Research lacunae in South African literature supported the need for an explorative research study within the researcher's area of interest. In addition, the researcher views this research project as a pilot study, with the hope to stimulate interest in an area which remains unexplored.

From a practical and therapeutic standpoint, the researcher recommends that in the event of a strike, hospital staff, management and professionals within the facility remain mindful of the impact of a strike on the treatment of psychiatric patients. In addition, the opportunity may arise to use the unexpected disruption in hospital functioning as a possible therapeutic intervention. Furthermore, provision should be made to utilise the opportunity to provide non-striking staff, including students, with supervision, support and therapeutic intervention if needed. According to Kohn and Wintrob (1991), supervision during a strike should be provided by other facilities not taking part in the strike and discuss the ethical implication and the impact the strike has on treating patients.

Forced termination of therapeutic interventions is not uncommon, especially within psychiatric training institutions. The impact of the strike on patients, their experience of the strike and termination of therapeutic interventions, are valuable components to understanding

the implications of forced termination. The occurrence of forced termination is not uncommon to training institutions, as perhaps this study reveals the importance of adequate preparation as well as contingency policies that should be put in place to reduce the impact of such events of psychiatric patients (Last & Schutz, 1990).

## Conclusion

The researcher ends with an extract from Giorgi and Giorgi, (2008) signifying the completion and contribution this research project has made to the understanding of the subjective lived experiences of psychiatric patients prior to, during and ensuing the public servants' strike of August 2010.

*“The true closure of a research process is when the published material is read by a competent colleague. Without the reading of a research report, the entire process becomes practically useless” (Giorgi & Giorgi, 2008, p. 47).*

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