THE IMPACT OF SCHIZOPHRENIA ON FAMILY FUNCTIONING:
A SOCIAL WORK PERSPECTIVE

by

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DECLARATION

I declare that this research study entitled: “The impact of schizophrenia on family functioning: A social work perspective” is my own work and that all sources I have consulted have been indicated and acknowledged by means of complete references.

S. R. MOJALEFA
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SUMMARY

As a social worker working in a mental health hospital, the researcher became aware of an increase in the number of deteriorating patient-family and patient-friend relationships. In addition, there was an increase in the relapse of discharged patients suffering from schizophrenia. Against this background, the researcher was motivated to investigate the impact of schizophrenia on the relationships, interactions and functioning of the family.

The objectives of the study included the following:

- To undertake a literature study of the phenomenon of schizophrenia and family functioning from a social work perspective
- To investigate the impact of schizophrenia on relationships, attitudes, interaction and functioning of the family
- To investigate relevant family intervention programmes and develop social work guidelines for use by social workers to guide the family to cope with the impact of schizophrenia, particularly in the home and community.

A quantitative research approach was chosen to describe the relationships between the lack of insight into schizophrenia as a type of mental illness and the negative impact of schizophrenia on family functioning. The type of research for the study was applied. As an outcome of determining the negative impact of schizophrenia on family functioning, guidelines were developed for social workers to guide the patients and their families, through family intervention programmes, to cope with the negative impact of schizophrenia and to rebuild their family life.

A descriptive research design was chosen to reveal the potential relationship between the lack of insight into schizophrenia and the negative impact of schizophrenia on family functioning.

A pilot study was undertaken to test the validity of the semi-structured interviewing
schedules. Through dimensional sampling, five patients were selected for the research, diagnosed respectively as catatonic, disorganised, paranoid, residual and undifferentiated. In addition, the patients’ key relatives who were also the caregivers, were selected as respondents.

Semi-structured interviewing schedules were self-administered and conducted twice with the same patients and their key relatives. The first interviews were conducted mostly one month after the respective patients’ admission to the hospital, once their conditions had been stabilised. The second interviews were conducted with the same respondents one month after the patient had been granted a leave of absence or discharged to be with his family at home.

The research findings indicated that there is a negative impact on family functioning when a patient in the family suffers from schizophrenia. The reasons for this impact can be consolidated in a lack of insight in schizophrenia as a type of mental illness and an inability to cope with the impact of the illness in the recovery process. Research findings confirmed the need for family intervention programmes designed and implemented by social workers.

Social work guidelines were developed by the researcher in collaboration with social workers from Weskoppies Hospital. The social workers were engaged in a focus group which was conducted by the researcher and a co-interviewer from North Gauteng Mental Health. The proposed guidelines for social workers for family intervention programmes involving the patient suffering from schizophrenia and his family reflects an integrated perspective derived from the literature survey, empirical research findings and the findings from the social workers’ focus group.

Derived from the proposed guidelines, specific recommendations are made for social work family interventions. In conclusion, recommendations are made with regard to further research in this field of research.

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1 The term “key relative” also refers to the caregiver throughout this research study.

2 Throughout this research study the words “he”, “him”, “his”, “himself” refer to both the female and male gender.
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