Research Paper

LOOKING IN THE MIRROR: THE CULTURAL EXPERIENCES OF PATIENTS DIAGNOSED WITH SCHIZOPHRENIA

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Schizophrenia is a debilitating mental illness that affects people from all walks of life. Individuals attach meaning to their illness based on their cultural ral point of view. For some traditional black South Africans, causes of ill health are ascribed to culturally laden inferences. This study aimed to explore how black South Africans diagnosed with schizophrenia experience their illness from their cultural point of view. The study followed a hermeneutic phenomenological approach. In-depth interviews were conducted with three patients diagnosed with schizophrenia and on medication for their illness. Their stories were analysed using thematic content analysis. Five themes emerged during the study. Theme 1 related to "Naming Things". The name given to their illness significantly affected the meanings that were attached to the illness. Theme 2 referred to "Being Without". Losses as well as gains became apparent. Participants had lost their roles, independence and intimacy; however, they developed other coping strategies and some relationships became stronger. Theme 3 pertained to "Connections and Disconnections". While participants were connected to their families and their community, they also felt disconnected due to the stigma perceived. Theme 4 was the theme of "Being Spiritual". Spirituality played a vital role in how participants attached meaning to their illness, and it helped them to cope with challenges. Theme 5 was "Rainbow after the Rain". The negative connotation of having a mental illness turned into personal, interpersonal and spiritual growth. The devastating illness became a gift to all participants; they demonstrated immense levels of resilience and they found their own way of being and relating. Culture played a crucial role during the initial stages of the illness; all participants sought spiritual help and it determined the meanings attached to the illness. This study proposes a need for mental health workers to explore the challenges that hamper openness within families and communities in order to lessen the perceived stigma experienced by the patients, and to acknowledge and encourage different coping and meaning-making structures, such as spirituality.

Schizophrenia, patients, experiences, culture, Black South African.

South Africa (Mkhize, 2012). Studies in South Africa suggest that some Africans consider the soul as the seat of feelings; the mind is situated in the brain and is the initiator of action that is required for health (Mosotho, Louw & Calitz, 2011). Patients perceive the cause of their mental illness as dirty blood, bewitchment and bad luck (Motlana, Sokudela, Moraka, Roos & Snyman, 2004). Mufamadi and Sodi's study (2010) also revealed that traditional healers identified some of the causes of mental illness as: ancestral dissatisfaction, witchcraft, untreated epilepsy, water in the brain and as heredity. to ritual *uphasa* Treatment ranged from herbs, ointments, rituals like dances. Traditional healers play a crucial role in the treatment of -mental illness and they form part of the mental health multi disciplinary team at some South African institutions (Sorsdhal, Fisher, Wilson & Stein, 2010).

Sadock and Sadock (2014) describe schizophrenia as one of the most debilitating illnesses of the Western world affecting young adults. Schizophrenia starts slowly and progresses to a state where ambitions, potentials and hopes are destroyed. People with schizophrenia experience the illness as devastating and their future as unpredictable (McCann & Clark, 2004). Schizophrenia also redefines one's identity (Estroff, 2004) and one has to adjust to the new role of being mentally ill (Brady & McCain, 2004). The disease leaves in its aftermath broken thoughts, inappropriate emotions and internal voices that often make existence a living hell (Sadock & Sadock, 2014). Johnson's (2012, p 207) frustrations of living with schizophrenia are voiced as "a curse, this schizophrenia, because it has me asking questions… it has me questioning the basics of basics every 15 minutes over, and over again …".

The stigma associated with the initial diagnosis of schizophrenia is perceived as a second illness which leads to social isolation, invariably adding to the experience of the illness (Schulze & Angermeyer, 2003). Some studies (Ruiz, Sadock & Sadock, 2014) show that the social characteristics of the patient and their family are related to the degree of the stigma perceived by those diagnosed with the illness and their family. After having disclosed their mental illness at work, some people diagnosed with schizophrenia have to deal with colleagues and employers who tend to comment negatively

مقدمة

Schizophrenia is a debilitating mental illness that affects people from all walks of life. Individuals attach meaning to their illness based on their cultural point of view. For some traditional black South Africans, causes of ill health are ascribed to culturally laden inferences. Castillo (1997) describes culture as meaning systems that shape the experience of self through the construction of cultural schemas, while Lehman, Chiu and Schaller (2004) defines culture as an ordered system of meanings and symbols in which social interaction takes place. It is also a "framework of beliefs, expressive symbols and values in terms of which individuals define their world, express their feelings and make judgments" (Rice,1980, p. 30). Normal behaviour and the levels of tolerance for different "abnormalities" is a social construction which results in different cultural groups' imposing different social consequences on different patterns of deviance (Sadock & Saddock, 2014). The relationship between "madness" and culture is complex and is deeply rooted in history (Cross, 2010).

Religion contributes immensely to the understanding and care of the mentally ill. The early Christian churches believed that mental illness was caused by demonic possessions and sacramental healing and exorcism was practised to heal the affected person (Huguelet & Koenig, 2009). Individuals diagnosed with mental illness reported that religion offers a sense of hope, comfort, love and compassion. However, some believe that their illness is a punishment from God, that their religious faith and practices are lacking or that they are being attacked by demons because they have sinned (Huguelet & Koenig, 2009). Most Africans perceive religion as fundamental to their lives and non-Africans at times misunderstand the spiritual view and beliefs of Africans (White, 2015). Religion has served as the structure around which all institutions such as cultural, economic, political and social organisations are built (Adeolu, 2003). However, White argues that urbanisation has resulted in the evolution of the African traditional religions.

There are reports that indigenous faith-based approaches to mental health remain marginalised within the healthcare system in

after the interview. Transcripts also included significant non-verbal observations. All recordings were deleted after information had been obtained.

Data analysis

Thematic analysis was used to interpret the data, guided by the following steps (TerreBlanche& Kelly, 2009):

. The transcripts were read through *Familiarisation and immersion* repeatedly to extract the meaning from the stories.

The stories were read again to determine the *Inducing themes.* patterns or themes that emerged, and these themes were analysed for the possibility of alternative meanings.

. Texts with similar meanings were grouped together. *Coding* Different sections that were relevant to one or more themes were noted.

. Themes were explored more closely in order to capture *Elaboration* the nuances of meaning not captured by coding.Coding and elaboration continued until no further significant themes emerged.

. This is the final step, where the *Interpretation and checking* phenomenon under study was put together. Excerpts from the conversations were used to substantiate the themes. Contradictions were also noted.

Trustworthiness

Credibility in phenomenological studies depends on how vivid and faithful the description is to the experience that is being investigated (Laverty, 2003). The quality of a research study depends on the rigorous use of the systematic method of data collection and analysis, together with the transparency in documenting these (Ajjawi & Higgs, 2007). The use of anecdotes allows the themes emerging from the participants' stories to be grounded in the data (Van Manen, 2006). Therefore, verbatim quotations were used during the discussion of the findings. The researcher also remembered her own preconceptions about psychosis from her black traditional perspective and noted how these influenced the trajectory of the questioning and comments during the interviews. This memory resonates with Morse, Barrett, Mayan, Olsen and Spier (2002, p. 10) argument that in hermeneutic phenomenological studies, "the research is only as good as the investigator". This view is supported by Whitehead's (2004) insistence on Heidegger's notion of revealing one's presuppositions to ensure sound textual interpretation.

Results

The five main themes extracted from the conversations included: Naming Things; Being Without; Connections and Disconnections; Being Spiritual; and The Rainbow after the Rain.

Naming things

From an African perspective, the names given to things play a crucial role in the meanings attached to the name. There is a ; which is loosely translated as "a *leina lebe seromo*SeTswana saying: bad name is like an itchy rash". All three participants attached meaning to schizophrenia according to what name they used for the … *they say* …condition. Leseka named his illness depression. He said: *doctors here at Medforum … Not Medforum, at Louis Pasteur hospital … they said I must go to that hospital. They call it depression.* Sindi mentioned that the traditional healer whom she had consulted - (a culture*mafunyane* earlier during her illness told her that she had bound syndrome caused by bewitchment or spirit possession where a person's behaviour is strange and unpredictable). However, Sindi … *and then I* preferred to call her illness being negative. She said: *I was so negative, thinking* She added:*started being negative again.*

towards them (Lee, Lee, Chiu & Kleinman, 2005). Parents experience challenges in disclosing their illness to their children (Fox, 2014). These parents cite one of the difficulties as finding the appropriate moment to disclose the information as well as the fear that other people may perceive them to be unfit to parent.

Level of education seems to be associated with the extent of the concealment of the illness. Schulze and Angermeyer (2003) report on instances where friends drifted away from the ill person because they felt that they had nothing more in common with the person and that it was no longer easy to communicate. People perceive a psychiatric diagnosis as a stain on their reputation; therefore, they keep their psychiatric diagnosis a secret (Schulze & Angermeyer, 2003). Psychiatric diagnosed are therefore inclined to keep their condition a secret as they tend to internalise the stigma of their illness, resulting in reduced self-esteem and self-efficacy (Watson, Corrigan, Larson & Sells, 2007).

Given the above considerations, and bearing in mind that few studies have been conducted to document the views and perceptions of South Africans about the meanings attached to schizophrenia, this study explored how Black South Africans diagnosed with schizophrenia experience their illness from their cultural point of view. In doing so, it described the experiences of individuals diagnosed with schizophrenia and the meanings that they attach to their illness from their cultural point of view.

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To gather in-depth information regarding these experiences and meanings, a method that allows in-depth probing and flexibility was chosen. Phenomenology is described as "a discipline that focuses on people's perceptions of the world in which they live and what it means to them", and was therefore the most appropriate approach for this study (Landridge, 2008, p.4). Hermeneutic phenomenology seeks to clarify the conditions in which understanding occurs and it is commissioned with putting forward specific procedures for understanding (Breakwell, Smith & Wright, 2012). Interviews serve specific roles in hermeneutic phenomenological studies; they are used to explore and gather stories of lived experiences and facilitate the development of a conversational relationship between the researchers and the participant (Ajjawi & Higgs, 2007). Englander (2012) perceives sampling as one of the most important processes in hermeneutic phenomenology as it forms a vital part of data collection. Through purposeful sampling, three individuals diagnosed with schizophrenia and receiving treatment from the Soshanguve Community Health Centre were selected to participate in the study. Pseudonyms were provided to protect their identities. Inclusion criteria were: Diagnosed by a psychiatrist and fulfil the DSM-V criteria of schizophrenia; Black and SeTswana or SePedi speaking; Have the ability to engage in a logical conversation and to express their experiences; Be 18 years or older and have the ability to provide informed consent. Participants included "Sindi", a 41-year-old unmarried woman diagnosed with schizophrenia in 2003. She has an LLB degree and had just written her law board exams. "James" is a 55-year-old married male; diagnosed in 1984, he worked as a messenger before his diagnosis "Leseka" is a 57-year-old unmarried man diagnosed in 1995. He was living with his younger sister at the time and had worked as a farm labourer before his illness. Interviews were conducted at the clinic where they obtain their medication, and lasted one to two hours.

Data collection

All interviews were conducted in SeTswana, which is a language that the participants were proficient in and it is also the researcher's mother tongue. Fersch, (2013, p 90) insists that translating the text from a foreign language poses an "extreme case of hermeneutic difficulty". The conversations were audiotaped and transcribed

Others in the community, especially the youth, mocked him and *Yes. People talk … they* made demeaning comments. He recounted: *talk a lot. They say I am crazy; it hurts a lot when people say that about me. They are the ones that make me get all messed up; especially people* They were saying that I He furthermore added: *in my home town.* *have a mental illness and I shouldn't be staying in the community. They* He shared that his father *said that I belong and should stay in hospital.* never acknowledged his illness and the conflict between the two escalated to a point where connections were completely severed.

In contrast to James, Leseka's relationship with his nuclear family improved and he became closer to his children and wife, as it was a *We sit together and read the Bible* space where he felt safe. He shared: He recounted the role of the *and discuss the Word of God, you see.* *We are getting a lot of support from the church. That is where* church: When asked who else was there for him, he *we get our support.* His community ostracised *It's just me and my wife at home.* answered: his family and they blamed his wife instead of supporting the family. Sindi felt comfortable and supported by her partner; however, there was a pseudo- connectedness in her family. She experienced her family as having discomfort with her illness and no one in the family ever mentioned mental illness. She expressed the wish that her family were capable of openly talking about her illness as this denied her of the much needed support from them. The discomfort within the family influenced her behaviour outside the family system. She never disclosed her illness to the community around her or anyone who was *I*known to her. She commented on her stance regarding disclosing: *… never disclosed publicly to people, I am still … I think I will feel* *to somebody I don't kn ow and it is I talk* : …She added *embarrassed.* *ou see here in my community, I yeasy. Be ca use I w il l say… (Sic)* *won't say hey, I get a disability grant. But when I meet someone I don't know, I am able to say, hey, I am here to draw my disability grant. I* Sindi showed signs of *can tell someone who doesn't know me.* paranoia as she believed that people were conspiring against her and she therefore tried to avoid contact with others. She resigned from work in an attempt to avoid the negative thoughts that she had, *I was so* especially in relation to her work colleagues. She recalled: *negative, thinking that people are conspiring against me. I didn't speak* *, everyone. I*any other (sic)*to any of my family members. I was against would just hate them. I didn't face reality.*

Being spiritual

Spirituality played an important role in the lives of all three the participants. Being spiritual enabled them to deal with the challenges of living with the diagnosis of schizophrenia. All three participants initially sought spiritual help to manage their illness; two consulted traditional healers and the third consulted a pastor. Sindi's experience *You know, the* from the traditional healers was not positive: *witchdoctors have filled my mind with all the witchcraft stuff; they* She added that her mother called the pastors from *are still there.* *They prayed and prayed for me. But my* church to visit them at home: *mother said that she is happy that she took me to the hospital and I am healed.*

She recounted her consultation with the second traditional healer, who recommended that her family seek medical treatment for her *There are some things that the witch doctors are able to cure … I*illness. *am not against them. But if you go to the witch doctors … you must … you see. They took me to this other man and he told my family know* The healer stated that what Sindi had *to take me to the hospital.* (a culture-bound syndrome characterised by *mafufunyane* was psychotic symptoms). This traditional healer further commented on Sindi's condition:

He said even though the other traditional healer said it was amadlozi (ancestral spirits), this is not amadlozi … it is mafufunyane … He gave me a lot of things, he said I must burn them on the stove (hob). I must

that people are conspiring against me. I didn't speak to any of my family members. I was against any other, everyone. I would just hate She became paranoid and believed that *them. I didn't face reality.* *bolwetse ba* people were out to get her. James named his illness which is loosely translated as the illness of the head. He heard *tlhogo,* incomprehensible voices that were so debilitating that he had to isolate himself in an attempt to silence the voices. James controlled the noise in his head by keeping to himself. He stated that he felt *I think the* better if he kept away from the outside noise. He claimed: *main thing is that one should take care of oneself. One should avoid being in noisy places because that makes one feel bad.*

Being without

A diagnosis of schizophrenia brings with it significant changes in the lives of those diagnosed with the illness. All three participants experienced fundamental losses in most areas of their lives. This included loss of independence, loss of relationships and loss of roles. James felt that if he had not been ill, he would have been able to take *: There are lots of changes… work … I haven't*care of himself. He said He is also convinced *been able to work since. Everything fell apart….* that his life would have been different if he had not been ill. He *I wouldn't want to marry someone and not be able to provide* added: *for them. It wouldn't be a good thing … If I was not ill, I would have* . Leseka mentioned *been married and would have had my own house* "It disturbed the loss of financial independence as being frustrating: *me … eh … it interfered with my ability to continue work. I had* Sindi had to resign from her *challenges at work; it was really not nice.* *If I didn't leave ESKOM, I would* job due to her illness. She stated: *I … my life would* . She added sadly: *have been far in my profession have been far, far, far away. Because I am still picking up the pieces … maybe I wouldn't be here, I would be somewhere … I don't know* .*where…*

Relationships are also negatively affected by schizophrenia. James's *I wish* relationship with his father had been tarnished by his illness. *… they have explained to that someone could explain that … he knows* The *him that I am ill. Mhm. He just doesn't want to understand.* untenable situation between him and his father pained James but he expressed the hope that the relationship could be restored. Since his diagnosis, Leseka had lost his ability to perform sexually and he thought that his low libido was caused by the anti-psychotic *It is in connection with … what is that* medication that he was taking. *thing … issues of sex. You see, sometimes my penis bothers me with … with … it does not get a good erection.* Roles also change due to schizophrenia. Sindi had to give up her role of being a parent to her daughter as she was not coping with the responsibility of parenting during the earlier stages of her illness. She blamed her daughter for her illness and had thoughts of harming her. *I remember I wanted to strangle* She recalled the earlier experiences: *I was close to kill my the* child. I was … *when I was staying with her,*). At the time of the study, she felt that her illness was under *(sic child* control and that she was ready to have another child. However, she was unsure if having a child would be appropriate. She expressed fear that the medication that she was taking for schizophrenia might negatively affect the child or that she might transmit her illness to her *I think that perhaps the child will be born with … I … I* child. She said: *think that the child might be born with some disorder.*

Connections and disconnections

The theme of being connected or disconnected to self and to others was apparent in this study. Being diagnosed with schizophrenia allowed two of the three participants to be connected with their families and their communities. James experienced both a connection and a disconnection with family and community. On the other hand, a neighbour understood his illness and was nurturing towards him.

the illness.

Prayer seemed to play a crucial role, and the belief that God would never forsake him made it easier for Leseka to make sense of his illness. However, all three participants were of the opinion that the treatment they had received from the hospital or the clinic was more effective in ameliorating the symptoms than the traditional medicine or prayer. The participants seemed53 to adopt the "both and" approach towards treatment of their illness as they needed to get an opinion from their spiritual practitioner first. Huguelet and Koenig (2009) argue that religion is a meaning system that guides one's perception and experiences, offers self- development and instils meaning, purpose and hope in the lives of those diagnosed with a serious mental illness. This "both and" approach is explained by Swartz (1998) as a complex and overlapping nature of people's healing systems, practices and beliefs. White (2015) notes that black Africans have a tendency of combining African beliefs and Christian beliefs. White further adds that urbanisation changes the way black Africans perform their traditional ritual practices. These changes in the practice of traditional ritual practices, which lead to changes in ancestral worship practices, emerge from changing social norms and economic status of black Africans (Wanamaker, 1997).

The theme of connectedness and disconnectedness highlighted the ambivalence that people diagnosed with schizophrenia experience. Despite the connections the participants were able to forge with their families and their communities, they at times needed to distance themselves (disconnect) from others to control the inner turmoil that arose from the schizophrenic manifestations. Estroff (2004) argues that schizophrenia overtakes and redefines one's identity, and the perception that one has of him/herself changes according to the inner self and the new identity which is characterised by some incapacities.

Stigma plays an important role in how people who are diagnosed with schizophrenia connect with others. This stigma could either be real or imagined. According to Watson's (2007) model of self-stigma, people with mental illness tend to internalise the stigma of their illness. However, Michaels, Lopez, Rusch and Corrigan (2012) argue -that not everyone who is diagnosed with schizophrenia self stigmatises. This study supports the assertion by Phelan, Broment & Link (1998) that people who mostly self-stigmatise have college degrees. White (2015) argues that according to traditional life, we are part of a community and whatever happens to one, affects the whole community; I am because we are. In this study the family that was open and willing to be part of the community felt the most support from the community.

The names that these participants gave their illnesses revealed the meanings that they attached to their illness. The importance of naming things and the significance of language is apparent in how these individuals explained and named their illness. These everyday nuances are easily taken for granted and could easily be missed if one disregards how things are said. What we name things represents the meanings attached to those specific things. This notion is affirmed by Gadamer's opinion that thought and language are inseparable (George & Klijn, (2013). Schizophrenia as a label is perceived to stand in the way of healthy self-regard All three participants labelled their illness according to what the illness represented to them. The names given (the *bolwetse ba mantswe* were: Being negative, depression and hearing of voices illness).

Finally, this study revealed the different coping strategies that are used to deal with a debilitating illness such as schizophrenia. As noted earlier, spiritual rituals such as prayer formed an important practice which gave meaning to their suffering. Other coping strategies included disconnecting from family members and the community in order to silence the internal turmoil caused by the

then inhale the smoke … Maybe to assist me to sleep or what. No, no, no. I James recalled his first visit to the traditional healer: *didn't trust him. I just looked at him when he was spitting stuff out. His concoctions didn't help at all. What helped me was the treatment from the medical doctors. Yes, they injected me; they injected me and gave me three months. Since then, I have been okay.*
Leseka was more positive in his recollections of the role of the *: Yes, and prayer … prayers from the church. Yes,* church and prayer *they prayed for me … on several occasions. They really tried to fight this depression issue.*

The rainbow after the rain

Schizophrenia was an immense burden one for all participants. In spite of all the challenges that their illness had brought into their lives, these individuals decided not to allow the illness to hinder them from living life. Sindi felt that being able to continue with her studies contributed to her "okayness". She initially thought that being diagnosed with schizophrenia would mean the end of her life, however, she later became more positive and commented on how she *I have achieved a lot. I … that is, I saw that I can* now regards herself: *of doing whatever the ability prove myself. I can do whatever. I have* Leseka also felt that he is now *anyone who is not mentally ill can do.* "okay" to do evangelical work with his wife. His relationship with his children has improved since his diagnosis because he spends most of *We* his time with them. They also read the Bible together. He shared: *sit together and read the Bible and discuss the Word of God, you* In spite of his sexual challenges, he was able to bear children. *see.* Being spiritual acted as a buffer for the challenges that he and his family experienced due to schizophrenia.

James became more independent; he had started to assert his position as an older brother. He wanted to provide for his siblings. He *I just want to help my sister and my brother at home. My sister* shared: *now is not manageable; when I still stayed at home, I was able to manage her.*

Discussion

The debate around the causes of schizophrenia from the biomedical model has been going on for years. Even though it is one of the most researched illnesses, it is also one of the most misunderstood. Causes range between genetic factors, too much dopaminergic activity (Sadock & Sadock, 2014), viruses (Whitehead, 2004), atrophy of the hippocampus, splitting of the ego and projective identification and (Arnold & Roux, 2001). Many traditional black South Africans believe that schizophrenia is caused by bewitchment Mkize, 1998; Mufamadi et al, 2010; Sorsdhal et al, 2010; Motlana et al, 2004) possession by evil spirits (Sorsdhal, Fisher, Wilson & Stein, 2010;) and *tshifafa*Mkize, 1998), water on the brain, untreated epilepsy (ancestral dissatisfaction (Mufamadi et al, 2010; Sadock & Sadock (2014) argues that schizophrenia is a socially accepted explanatory model for containing inner turmoil and coping with psychosocial stressors. All three participants attributed the cause of their illness to spiritual factors. Leseka's illness was believed to be caused by bewitchment. Prayers from the church had a profound effect on how he coped with the early stage of the illness. His family derived comfort, warmth and acceptance from the pastor. James consulted a traditional healer, who told him that he was bewitched. However, James was sceptical and was convinced that it was psychosocial stressors that had caused his illness. Sindi was also told by the traditional healer that she was bewitched and she was given traditional medicine to drink. All three participants initially sought religion and spirituality to help with their illness; however, they later committed to taking medication as prescribed by a psychiatrist, and have been compliant since. The initial spiritual consultations were significant as it seemed to have contained the early and acute stage of

voices. Each family adjusted and adopted new ways of existing that fit their respective family structures. They had to deal with loss of financial independence, loss of intimacy and loss of being a mother. This is consistent with Ruiz et.al's (2014) assertion that people with mental illness always find ways of managing and dealing with the changed self.

The study revealed that individuals respond to what is happening in their lives based on the social spaces in which they find themselves. The three participants in this study were not restricted by the dominant narrative which assumes that black South Africans ascribe the causes and treatment of ill health to religion or spiritual factors. They did what worked for them. The participants' invitation to look into their "mirror" and witness their experiences revealed the resilience and the determination to normalise what had initially been a burden.

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This study highlighted the burden that people with schizophrenia carry and the diverse repercussions of being diagnosed with the illness. The fluidity of culture has been apparent in this study as it was evident that these participants adopted the "both and" attitude towards their illness. Spirituality informed how these participants understood their illness and they also used it as a coping strategy, especially during the difficult stages of the illness. Participants also elicited a need for distance and closeness and this was determined by their perception of stigma, either real or imagined. The level of self-stigma in this study was the highest in the participant who also had the highest level of education. This study also highlighted the degree of resilience observed in the participants. They became more appreciative of the relationships they had with their family members and the community. The notion of "I am because you are", which is the cornerstone of Ubuntu, was evident in the relationships that some of the participants were able to foster with others.

Recommendations

This study recommends that mental healthcare providers be aware of the challenges that stigma poses on those diagnosed with schizophrenia. Mental healthcare providers should facilitate the discourse about schizophrenia in families, which might improve relations and encourage openness within families regarding schizophrenia. All the participants reported that it took them a while to connect and build rapport with the psychiatric nurses, and the current state of staff rotation made it challenging for them to trust and open up to the mental health nurses about personal issues such as their sexuality and the stigma they perceived. Therefore, allocating permanent mental healthcare nurses in the clinic might enable the patients to raise questions and seek assistance for their challenges. Finally, it is recommended that mental healthcare workers be made aware of the significance of spirituality in managing mental illness in patients diagnosed with schizophrenia, and that traditional healers and/or spiritual health practitioners be made part of the multi-disciplinary team in clinics.

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