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Faculty of Graduate Studies

Marriage Experience among Schizophrenic Clients: Qualitative Narrative Study

By

Wissam Obaied

Supervisor

Dr. Adnan Sarhan

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This Thesis was defended successfully on 8/7/2013 and approved by:

Defense Committee Members		Signature
1-Dr. Adnan Sarhan	(Supervisor)	.....
2- Dr. Sami Adwan	(External Examiner)	.....
3- Dr. Aidah Alkaissi	(Internal Examiner)	.....

أتقدم بالشكر بالحمد والثناء أولا و أخيرا الى المولى عزوجل

الذي أعانني على هذا العمل ووفقني في انجازه

وذمن ثم الشكر والعرفان الى من وقف بجانبي

لحظه بلحظه و لم يتخل عني لحظه

وأخص بالذكر والدي رحمه الله تعالى عليه ووالدتي الغالية

و كل من لم ينسني من الدعاء

لكم مني كل شكر واحترام

الشكر والتقدير

الحمد و الشكر لله تعالى أولا و أخيرا على انجاز هذا البحث العلمي راجية منه تعالى ان تتحقق به الفائدة و أن يكون جزءا من مشوار طويل في طلب العلم .

أتقدم بالشكر للدكتور عدنان سرحان المشرف على البرنامج لجهده المتواصل ودعمه وإرشاده وكل ما قدمه لي من مساندة لإتمام هذا البحث..

والشكر موصول لكل الأساتذة الأفاضل في الصرح العلمي الكبير(كلية التمريض في جامعة النجاح الوطنية) و أخص بالذكر الدكتورة عائده القيسي منسقه البرنامج ، ولوزارة الصحة الفلسطينية لمساعدتها لي في الوصول الى المعلومات اللازمة لهذا البحث.

ولطواقم العمل في مراكز الصحة النفسية في محافظات (نابلس – جنين – طولكرم) من أطباء وممرضين وأخصائيين نفسيين .

كما أتقدم بالشكر الجزيل لجميع المشتركين في الدراسة من مرضى وأقاربهم .

للجميع الشكر والتقدير للمساعدة في إتمام هذا البحث.

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الاقرار

أنا الموقع أدناه مقدم الرسالة التي تحمل العنوان:

Marriage Experience among Schizophrenic Clients: Qualitative Narrative Study.

أقر بأن ما اشتملت عليه هذه الرسالة إنما هي نتاج جهدي الخاص، باستثناء ما تمت الإشارة إليه حيثما ورد، وأن هذه الرسالة ككل، أو أي جزء منها لم يقدم لنيل أية درجة أو لقب علمي أو بحثي لدى أية مؤسسة تعليمية أو بحثية أخرى.

Declaration

The work provided in this thesis, unless otherwise referenced, is the researcher's own work, and has not been submitted elsewhere for any other degree or qualification.

Student's Name : **اسم الطالب :**

Signature : **التوقيع :**

Date : **التاريخ :**

List of Contents

List of Table

Marriage Experience among Schizophrenic Clients : Qualitative Narrative Study

By
Wissam Obaied
Supervised
Dr. Adnan Sarhan

Abstract

Introduction

Marriage is considered a normal developing relation between humans. This study examined the effects of marriage among schizophrenic clients, and if we must need to encourage their marriage or not .

Aim : The aim of this study is to explore the effectsof marriage on single and married schizophrenic clients. Every relationship has its ups and downs, but what does "in sickness and in health" mean if one partner has schizophrenia? While severity of the illness is a factor, relationships can survive if each partner gets the right support (Connie, 2000).

Design : This study is a qualitative narrative study .We tried to answer questions related to the marital status of schizophrenic clients.

Data collection .

Sample : About 80 schizophrenic clients . half of them are married for at least since three years and suffering from schizophrenia for a period which is not less than six months or more . The other half included single clients suffering from schizophrenia for at least six months or more.

Setting : Interviews were conducted in three mental health centers in (Nablus –Jenin and Tul-Karem) were included in the current study .

Data Analysis : The respondents were interviewed in the mental health centers after consenting to share in this study. The interviews were started with 12 close ended questions; about their demographic data such as; age, sex, occupation and other questions.

The second part of the interview was composed of 12 direct face to face narrative questions with the married respondents, and 5 questions with the single ones.

Narrative interviews were conducted (Narrative interview is a form of qualitative research that takes story as either its raw data or its product).

The note was written during the interviews, after taking permission from the participants, and then deep analyses of the clients' interviews were done.

Results

Seven main themes were emerged from the study:

1- The effect of marriage on the Recovery Process of Schizophrenic Clients .Most of the clients encourage marriage , both married and single clients ,they believe that marriage has appositive effects on their lives ,the need of admission and the number of suicide attempt was decreased , and

single clients believe the same, but due to economic factors they cannot marry .

2- The effect of gender of the client on the recovery process of him / her and on his marriage .We can say that the male have more chance to marry , and the male client have more responsibility and more stress related to these responsibility .

3 - The effect of age of the client on the recovery process of him and on his marriage .We can say that the old client less stress and more adjustment with the disease .

4-The Effect of Stigma on Marriage and Recovery Process of Schizophrenic Clients .The stigma prevent the client from having many of their rights unfortunately , such as marriage and work .

5 - The effect of having children on the recovery process of schizophrenic clients. They said that their lives became better after marriage, and they said that , their children consider as the most reason of their happiness .

6 - The big effect of the schizophrenic client's family on planning his life, and the client also said that they are at control of their family members , and they are dependent a lot on them , and they cannot marry without their help and their agreement .

7 -The big effect of the schizophrenic client's community on planning his life and marriage .the stigma against the clients in the community have

negative effect in the subject of clients marriage unfortunately .The psychiatrist some time did not encourage their marriage .

Conclusion

The client has the right like other persons to marry and have children, but before marriage, he must have a work or a job, and the partner must know about his / her condition from the beginning. In general, marriage has positive effect on the client's recovery process, but the other partner faces many problems related to the disease, and must be very patient and has good understanding of his partner.

Key words :

Schizophrenia – Marriage – Single –Recovery process – Divorce .

Chapter one
Introduction

1-Introduction

1.1 The Reality of Schizophrenia Clients in Palestine.

The Schizophrenia is considered worse than other psychological diseases prevalent in Palestine, for example, there is about 12 - 14 thousands mentally ill in Ramallah and Al-Bireh (Dagher, G, 2009).

And about the existence of accurate statistic numbers of psychopaths in Palestine said Dagher : "according to reports, at the Center for Mental Health collegiality of the Ministry of Health in Ramallah 4000 file to a client's myself reviewing the center constantly and receiving treatments necessary noting: that this is not the official figure, considering the presence of weakening this number of clients who did not go to governmental health centers, but are reviewing private clinics as well as non-directed other clients to receive treatment in any place" .

1.2 Marriage is one of the most important events in life, affecting social status as well as the psyche of the individual. It not only serves to satisfy the fundamental biological need of sexual gratification through a socially acceptable way, but also it helps the individual to achieve a higher level of personality maturation (Sathyanarayana , G , et al . 2012) . Typically, marriage leads a couple toward a greater social engagement in the community and, concomitantly, to greater rights and duties. In this way, modern marriage, particularly in the United States, grants couples the full privileges of citizenship (Herdt , G & Kertzner , R , 2006) .

When we give care for schizophrenic clients, we find ourselves in front of important questions, "Can the schizophrenic clients assume the responsibilities of marriage? And should we advise the schizophrenic clients that marriage may be a means to help their recovery? Do we have to state the situation of the clients before marriage to the other party?

There are many of such questions which we can ask ourselves about in this field. Responding to these examples, the situation varies from one case to another. Some families notice that their son begins to talk a lot about marriage and wants to propose marriage to one of the relatives or neighbors without being ready for it, and without having any work or business. The family is surprised that he has gone himself and provides for the engagement of this girl, who may be engaged to another young man and this happens sometimes. And these mean that the readiness to marriage was difference from client to another .

In contrast, we find that a young man schizophrenic client refuses marriage or talking about it , despite his age or his income which may be suitable for marriage , and gives some justifications which do not convince the family .The client feels no desire to link with the opposite sex, as he suffers from depression and the tendency to isolation. Some girls for example refuse to issue marriage because of their fear of marriage responsibility (Chandrasekhar, W, 2000).

One of the problems that the schizophrenic clients face when they decide to marry is the idea about the relationship between the genetic factor and the schizophrenic disease. Researchers discovered for many years that first-degree biological relatives of patients with schizophrenia have a 10% risk of developing the disorder, compared with 1% in general population.

The monozygotic (identical) twins of persons with schizophrenia have40%–50% risk of having schizophrenia. The fact is that this risk is not higher, however, indicates that environmental as well as genetic factors are implicated in the development of schizophrenia (Simon, J, et al, 2010).

Due to deficiencies of marital intimacy in schizophrenia, the duration of illness, type of onset, auditory hallucinations, simple depression at intake, unemployment and economic slide during the course of illness, and a relapsing course of illness, have been all reported to be related to marital outcome. (Vibha ,P, et al 2010).

Thus, people with mental illness should have the right to get married, struggle, and separate if necessary, just like any other couples. In addition, women with mental illness should have the right of being mothers.

1.3 Problem Statements

Extensive literature exists about schizophrenia being the most commonly diagnosed mental health disorder.

A problem statement for a phenomenological study might note the need to know more about schizophrenic clients experiences with the subject of marriage , and if we must encourage their marriage or not. The research findings will help to address the problem of caring for schizophrenic clients in mental health centers and at home, and this will also reflect the awareness of the community to take care of schizophrenic clients in general .

1.4 Significance of the Study

Understanding how the marriage effect on schizophrenic client would provide additional information from which to create effective interventions. Understanding how marriage effect on client and on his family members can elicit important information about recovery process of clients . The study will help in the subject of stigma against the clients , and if the study proved that , the clients can be good parents and take care of their children as any person .

1.5 Background of the Study.

In Palestine there is a great need for studies about mental health, as a result of great psychological pressure that the Palestinian population faces. So the current study is supposed to be an important one in Palestine regarding the effect of marital status on the recovery of schizophrenic clients.

From our experience in mental health with psychiatric clients, many of them and their relatives ask questions related to their marriage .So we can consider this study as a good guide resource to answer these questions.

Families in Palestine and in the Arab world are undergoing major changes as new patterns of marriage and family formation emerge across the region. Universally, early marriage is no longer the standard; it once was there in Arab countries and Palestine. The average age at marriage for both men and women is generally rising, and more Arab women are staying single longer or not marry at all, while these trends are part of a general global phenomenon. According to a census in Palestine: 30% spinsterhood, widows 6% and 1.3% divorced (Rashad, H, et al. 2005).

There are an estimated 25 million women aged 24 and above in the Arab world including the Gulf region — who remain unmarried and large numbers of them have crossed the marriageable age of 35 (Barakat, H, 2012).

1.6Aims of the Study

The aim of this study is to investigate and describe the experience of the clients with the subject of marriage , and if we must encourage their marriage or not . This study will help in the subject of stigma against the clients and their recovery care plan .

1.7 Study questions

1-Do marriages have positive effect on the recovery process of schizophrenic clients?

2-Do gender and age have any effect on the recovery process of the schizophrenic clients?

3-Does stigmas against schizophrenic clients have any effect on the client mental health and his marriage?

4-Do children have positive effect of the schizophrenic client' recovery process ?

5-Do client's family members and the community encourage them to marry?

Chapter Two
Literature Review

2- Literature Review

2.1 Schizophrenia

Schizophrenia is a mental disorder characterized by a breakdown of thought processes and by poor emotional responsiveness. Common symptoms include auditory hallucinations, paranoid or bizarre delusions, or disorganized speech and thinking, are accompanied by significant social or occupational dysfunction. The onset of symptoms typically occurs in young adulthood, with a global lifetime prevalence of about 0.3–0.7%. Diagnosis is based on observed behavior and the patient's reported experiences .Genetics, early environment, neurobiology, and psychological and social processes appear to be important contributory factors (Becker and Kilian , 2006) .

Nyer and Kasckow (2010) concluded in their study among schizophrenia clients that, the participants who were married or cohabitating had a later age of onset of first psychotic episode or hospitalization than those who were single (age, 29.35 vs. 24.21).Married participants rated their quality of life higher than those who were single (mean Quality of life scale score, 72.28vs53.87) and had less suicidal ideation than those who were divorced, widowed, or separated (7.4% vs. 29.2%).

About 20% of patients with schizophrenia recover the full level of functioning that they had before the onset of the disorder, according to National Institute of Mental Health (NIMH) statistics (2002); but the remaining 80% have problems reintegrating into mainstream society. These

patients are often underachievers in school and in workplace, and they usually have difficulty forming healthy relationships with others.

The majority (60%–70%) of clients with schizophrenia does not marry or have children and most of them have very few friends or social contacts. According to International Mental Health Research Organization (IMHRO); Suicide is unfortunately one of the leading causes of death for people with schizophrenia, but it is highly preventable! Over 40% of people who have schizophrenia will attempt to commit suicide at least once. Males with schizophrenia attempt suicide at a much higher rate than females; approximately 60% of them will make at least one attempt (Jokenin , 2010).

Dominican (2002) in his study on a group of clients with schizophrenia, argued that clients and the relatives of people with schizophrenia believe that discrimination and negative attitudes have a great impact on their quality of life. They felt that they were structurally discriminated against in the provision of health services and access to appropriate information.

There were few differences in the views of clients, relatives and health professionals. Schizophrenia significantly and negatively affects the performance of patients and patients' relatives. No single symptom has been identified for the diagnosis of schizophrenia, and biological diagnostic tests do not yet exist.

Jill and Ann (2000) in their study argued that, recent research has shown a resurgence of interest in the study of gender differences in schizophrenia.

Accumulated evidence suggests that, compared with women, men have a higher incidence of schizophrenia, earlier age of onset, poorer course and medication response poorer premorbid social and intellectual functioning, fewer affective symptoms, lower family morbid risk of schizophrenia and affective disorders, more evidence of obstetric complications in their mothers, and greater structural brain abnormalities. The roles of estrogen, neurodevelopment and family history of effective disorders are evaluated as co-contributors to the observed gender differences in schizophrenia (Salem and Kring , 2000).

Within a naturalistic sample of schizophrenic clients treated and followed in routine care the overall Quality Of Life (QOL), showed an improvement over time but this improvement was not influenced by the type of medication prescribed (Malla and Williams , 2005) .

Lim and Sim (2000) found that, there is an increased morbidity of schizophrenia in the first degree relatives of schizophrenic clients. The prevalence of schizophrenia in first –degree relative is found to be 6.8% .

In addition ; Janis , et al (2004) in their study found that, (77.4%) of participants who are taking medication play a critical role in managing symptoms and avoiding hospitalization. The subjective sense articulated by the vast majority (80%) that they would recover from their illness and that the quality of their lives would improve (70.6%).

2.2 Marriage

“Marriage is a social union or legal contract between people that creates kinship” (Krier , 2006) . Healthy marriage or good relationship and good adjustment between couples is hard enough for everyone and it will be harder for couples with mental illnesses, if they have constantly to fight against social stigmatization. The issue seems to show that the professionals and families tend not to consider participants' efforts in forming an intimate relationship as an effort to recover from their illness, while patients desire to get married was directly related to their recovery. It is an institution in which interpersonal relationships, usually intimate and sexual, are acknowledged in a variety of ways, depending on the culture or subculture in which it is found. Such a union, often formalized via a wedding ceremony, may also be called matrimony.

People marry for many reasons, including one or more of the following: legal, social, emotional, economical, spiritual, and religious. These might include arranged marriages, family obligations, the legal establishment of a nuclear family unit, the legal protection of children and public declaration of commitment (Krier , 2006) .

Marriage has become an increasingly important topic in academic and policy research. A burgeoning literature suggests that marriage has a wide range of benefits, including improvements in individuals’ economic well-

being and mental and physical health, as well as the well-being of their children (Lerman , 2000) .

Marriage may influence health through its effect on behavior such as alcohol consumption, drug use, cigarettes, smoking, diet, and exercise. Recent research suggests that marriage has significant effects on the health behaviors of both men and women, but the pattern is mixed, marriage is associated with healthier behaviors in some cases and less healthy behaviors in others. Studies consistently indicate that marriage reduces heavy drinking and overall alcohol consumption, and these effects are similar for young men and young women, and for both African Americans and whites. Although the research is less extensive, Marriage is also associated with reduced marijuana use for young men, but less so for women. Less is known about the effects of marriage on the substance use of older adults. Studies of marriage and smoking reveal no consistent pattern of results, suggesting that marriage may have little or no influence on this behavior (Robert, 2007).

Schoenberg (2004) concluded in his study that the existence of an association between marriage and health does not necessarily imply that marriage causes better outcomes. However, in particular, people who marry may already be healthier than those who do not, and this may be the reason for the better health of married adults.

According to the major international study across 15 countries, 34,493 persons, the results showed that getting married is positive for mental health

of both men and women, and resulting in reduced risks of the likelihood of most mental disorders such as depression, anxiety and substance abuse. By contrast, ending marriage through separation, divorce or being widowed, is associated with substantially increased risk of mental health disorder in both genders, particularly substance abuse for women and depression for men (Lorenza , 2001) .

The family has always been at the center of life in Arab societies, held in great esteem among young and old alike. Families are the main social security system for the elderly, sick, or disabled. They also provide economic refuge for children and youth (Rashad , et al , 2005).

In Islam, Marriage is half of faith"H.adith" literature testifies that the sacred institution of marriage fulfills half of a person's faith and consequently devout of worshippers cannot reach perfection of faith without fulfilling the rights of a spouse. The young men or women who reach a suitable age of marriage and remain unmarried have been referred to as misers. Such people are to be pitied because in remaining unmarried they are unable to benefit from the tremendous blessing associated with this special "Sunnah" (Ahmed, Zu, 2002).

Generally, marriage in Palestine is divided into two types. The traditional one and the marriage of the bourgeoisie, (the modern one). They both have different types of access road to the bride of the young man's dreams, but the rest of the details are similar. In the traditional type of marriage, the mother

of the groom or a sister will search for the appropriate woman, among acquaintances or relatives, or travel to different regions in search of a suitable woman. When they find the appropriate woman - as requested by the groom himself. He goes with them to the woman's parents in her home, to confirm his acceptance after a look at the wife to be (Safi , ,2009).

Jaffe , et al (2007) in their study argued that (Mortality inequalities by marital status remained significant and widened over time for middle-aged and elderly men and women. Changes in cause-specific mortality indicated a widening of cardiovascular disease mortality inequalities by marital status. An increasing trend was also noted for deaths from cancer (+25%) and other causes (+38%, $p < 0.05$) in middle-aged men, but not women (cancer = 0%; other causes = -3%).The stronger beneficial effect of marriage over time may reflect societal changes that have differentially affected men and women).

2.3 Single

In legal definitions for interpersonal status, a single person is someone who is not in a relationship or is "unmarried". If a marriage is annulled, however, or it is found to have been void (i.e. not valid in law to start with), and assuming the person was not married previously, that individual is single, rather than unmarried (Scott , et al , 2004) .

People may remain single for a variety of reasons, including: financial and emotional, or physical health issues, stress in the family, time constraints, education, career, personal preferences, advanced age, social fears or love-

shyness, and even living in a society or locality where there aren't enough people of the sex one is attracted to. Certain careers and positions require that people remain single. Sometimes, this is coupled with celibacy or chastity, either for secular or for religious reasons, such as priests, nuns and monks in certain faiths (Manning, S, et al, 1995).

Marriage may have important influences on mental health. A happy marriage may provide substantial emotional benefits. For many people, marriage creates an important sense of identity and self-worth (Gove, A, 1990).

Gardner and Oswald (2004) in their study discussed that (It is believed that the length of a person's life depends on a mixture of economic and social factors. Yet the relative importance of these is still debated marriage has a strong positive effect on longevity. Economics matter less).

Those who are stably unmarried experience larger increases in depressive

Symptoms than do those who are stably married. Those who remained Unmarried over the five-year follow-up period experienced larger increases in depressive symptoms than did similar people who were stably married over this period (Kim and McKenry , 2002) .

Does marriage make people happy, or do happy people get married?

Stutzer , F , et al (2006) answered this question with conviction, using a study that tracked many thousands of Europeans over a 17-year period. They found, like many researchers before them, that married people are

considerably more satisfied with their lives than unmarried folks. Romantic partners that live together are also happier than the single ones (though not as happy as the married people).

2.4 Divorce

Divorce (or the dissolution of marriage) is the final termination of a marital union, canceling the legal duties and responsibilities of marriage and dissolving the bonds of matrimony between the parties (unlike annulment which declares the marriage null and void). Divorce laws vary considerably around the world but in most countries it requires the sanction of a court or other authority in a legal process. The legal process for divorce may also involve issues of spousal support, child support, child custody (Paul et al, 2011).

Wiser and Werbeloff (2008) also studied the long-term effects of divorce on individuals after the transition to adulthood are examined using information from a British birth cohort that has been followed from birth to age 33. Growth-curve models and fixed-effects models are estimated. The results suggest that part of the seeming effect of parental divorce on adults is a result of factors that were present before the parents' dissolved. Parental divorce during childhood or adolescence appears to continue to have a negative effect when a person is in his or her twenties and early thirties.

Andrews and Peters (1998) in their study examined the long-term effects of divorce on individuals after the transition to adulthood. The results suggest

that part of the seeming effect of parental divorce on adults is a result of factors that were present before the parents' marriages dissolved. But in addition, the results also suggest that there is an effect of the divorce and its aftermath on adult mental health. Moreover, a parental divorce during childhood or adolescence appears to continue to have a negative effect when a person is in his or her twenties and early thirties.

Henry and John (2005) in their study of the effect of children on marriage, concluded that, the success of a marriage depends on the relationship between the couple, and whether a couple's marriage is affected by the presence or the absence of kids would also depend on the couple's individual preference (for children)…and this would vary not just with individuals but also different societies and cultures, and they found that the children have a positive effect on parents relationship and can prevent divorce .

Tomcikova et al (2009), in their study, they found that , parental divorce was associated with lowerpsychological and social well-being in adolescence and, in a longer perspective, with psychiatric morbidity, as wellas increased mortality.

Both of these studies find that the effect of divorce on depressive symptoms is long-lastingand does not appear to be a temporary "spike" in symptoms.

Ormel , et al (2008) found that during the past four decades, parental divorce hasbecome an increasingly common experience forchildren and

adolescents in Western societies .Divorce is a multifaceted process.It implies the falling apart of the family, which is often a painful experience with possibly long lasting consequences such as loss of income and diminished parenting .

5.2 Schizophrenic Clients and Marriage

Thara and Srinivasan (1997) concluded in their study that, marriage is a social process requiring certain social abilities for it to be successful. Schizophrenia, which can lead to a reduction of such abilities, has been associated with a low marital rate, especially in men. Another study deals with changing marital status among a cohort of 76 first-onset schizophrenic patients followed-up for 10 years; a fairly high marital rate of 70% was observed in this sample, with more men remaining single and more women facing broken marriages. It was observed that good marital outcome, in terms of getting married and keeping the marriage intact, was associated with a number of clinical and sociodemographic variables. Duration of illness, type of onset, auditory hallucinations and simple depression at intake, unemployment and economic slide during the course of illness and a relapsing course of illness were all related to marital outcome. Outcome in other areas such as clinical, social and occupational functioning discriminated between the groups of good and poor marital functioning .

Haukka (2003) found unsurprisingly, that fertility in both male and female patients with schizophrenia was markedly lower than in the general

population and that the difference was more pronounced in men. Among the unaffected siblings of the clients, fertility was moderately lower than average inthe brothers but mildly higher in the sisters.

In another study of married male and female schizophrenics followed up for five years, 44%of men and 27% of women had separated or divorced. Many potential risk factors were suggested in the development of schizophrenia such as age , gender; however, it is unclear how they are causally related to the development of schizophrenia (Schulze, and Angermeyer , 2003).

De Vaus, (2002) asked an important question: Does marriage improve the mental health of men at the expense of women? He investigated whether this wide spread belief is supported by data from the 1997 national survey of mental health and wellbeing of adults.

He asked if marriage drives women crazy or if kids make mothers crazy? It does not appear so. Children do not seem to affect the mental health of either mothers or fathers. Marriage seems to have the same mental health effect on both men and women and that is in the direction of protecting them against mental disorders.

Rao, et al (2005) argued that , When a range of types of mental disorders are considered, marriage reduces the risk of mental disorders for both men and women. Married men and women face the same risk of a mental disorder, and children do not increase this risk for either mothers or fathers.

Also they found that clients with schizophrenia are more likely to remain single and unmarried than client in other diagnostic groups .This is particularly true of male patients.

Furthermore for most women in India for example, marriage is a one-time event in life, which is glorified and sanctified and is associated with much social approval. It is also the ultimate fulfillment for most women. If this is endangered or broken by mental illness such as schizophrenia, the lives of these women are shattered beyond repair. Caregivers of these separated/divorced/deserted women suffer much more than the patients themselves (Nambi , 2005).

Very little is known about the married life of couples with schizophrenia. Shim , et al (2010) reported perceptions and experiences of 5 married couples with schizophrenia on their strategies in forming and maintaining healthy marriage. He examined the importance of extended family members, mental health professionals, and the larger society's attitudes toward marriage as a factor in the recovery process for persons with schizophrenia. They found that mental health professionals' decisions regarding the balance between respecting a client's self-determination and protecting a client from risks associated with cohabitation and marriage should no longer be a dilemma for those working with people with mental illness . Participants stated that they felt it was easier to socialize with people around them after they got married, because they thought others acknowledged them as independent adults after they got married.

Paul , et al (2011) in his study revealed that , some of the symptoms that made socializing difficult before participants got married were anhedonia and apathy, which made them feel isolated. Participants in this study began their story of forming their intimate relationship with a strong desire to make changes and improvements in their lives with strong hope for better future. To them, marriage meant becoming "like others" or "normal" despite its challenges, in other words, recovering from their mental illness.

The data in this study illustrates that couples with mental illness often know that marriage is not always the solution to their problems, but rather involves risk as well as many obstacles that might affect their mental health. Despite anticipated hardships, participants in this study showed strong desire to recover from their mental illness, or to "become just like others," and considered getting married as a step forward to such a goal. The study also illustrates the importance of respect, trust, and encouragement from the extended family members and professionals in stabilizing and strengthening participants' marriage (Kiernan and Kathleen , 2000) .

Other studies provided significant evidence that the elements that support any marriage, such as compassion, mutual respect, supportive but no

Intrusive in-laws are also of great importance for couples with mental illness. In other words, basic elements of good relationships seemed to work regardless of diagnosis and cultural differences (Turner and Dopkeen , 1970) .

Finally Bleuler and Mastekaasa (2002) found relatively low rates of divorce and notes that (many of schizophrenic clients were capable of normal love relationships and of generating happiness in a fulfilled marriage).

Chapter Three
Methodology

3. Methodology

The design of the study was qualitative narrative stud , because it is the belief of the researcher that , narrative it is the best way the researcher can have specific data regarding the experience of marriage among schizophrenic clients.

3.1 Study design

The current study is a qualitative narrative study. Qualitative research is a method of inquiry employed in many different academic disciplines, traditionally in social sciences but also in market research, and further contexts. Qualitative research aims to gather an in –depth understanding of human behavior, and the reason that governs such behavior. The qualitative method investigates why and how of decision making, not just what, where and when. Hence, smaller but focused samples are more often needed than large samples (Mahoney and Goertz , 2006) . Also the study was a comparative one, between the married and single schizophrenic clients. Narrative research deal with the human experience. A narrative provides links, connections and meaning to human activity. The stories told bring together the diverse aspects of the human experience. Narrative as data acquired through research may utilize story telling, life history, in depth interview, biography or focus groups. It usually recounts one person's experience. Narrative Inquiry emerged as a discipline within the broader field of qualitative research. It is an approach to understanding /researching

the way people make meaning of their lives as narrative. Narrative Inquiry should be distinguished from story telling in that the word narrative implies an audience and a narrator. Of interest to narrative inquirers is not what happened so much as what means if people make of what happened (Clandinin and Connelly , 2000) .

3.2 Sampling

Due to the stigmatization effect of the psychiatric disorders and deep refusal of the clients to be treated in the mental health clinics, or to be seen by psychiatrists, and also from our experience in the psychiatric field ; We found that many of the psychiatric clients, did not follow the treatment process, for that; about 70% of them refused to take their prescribed medications, and mostly used to send their relatives to take them instead. For these mentioned reasons , we took eighty from these clients- cross section ally, from mental health centers in cities (Jenin- Nablus, Tul –karem) and narrative interviews were conducted with them , furthermore, the sampling was a convenient one, and also according to the participant's marital status. The clients, who have files in different centers, were considered eligible to share in this study.

Interviews were conducted with the clients in the mental health centers. We divided the participants into two groups according to their marital status. The number of single clients was 30 clients and 50 married.

Table (3-1): Distribution of the sample

Gender	First group Married Clients	Second group Single Clients	Total
Female Client	20	10	**30**
Male Client	30	20	**50**
Have Children	F: 15 M: 25	----------	**40**
Have job	F: 2 M: 10	F: 3 M: 8	**23**
Education	F: 5 M: 3	F: 2 M: 5	**15**

3.3 Inclusion and exclusion criteria

Inclusion criteria

The sample is divided into two groups:

The first group consists of married clients:

1-Client's diagnosed with schizophrenia in a period not less than six months, to investigate the effect of the disease on the client after some period of time to be diagnosed .

2- Clients diagnosed with schizophrenia, and married in a period not less than three years (to investigate the effect of marriage after the completed adjustment process with marriage).

Second group consists of single clients:

1- Clients diagnosed with schizophrenia I a period not less than six months.

2- Single clients.

-Exclusion criteria for the first and second group:-

1- Clients who are not diagnosed with schizophrenia for at least six months.

2- Clients who are not married since at least three years in the first group.

3-The aggressive clients and who are in active exacerbation of schizophrenia were excluded**.**

3.4 Data Collection

Narrative interview technique, was used, it is a form of qualitative research that takes story as either its raw data , the time of the interviews between (40 – 50 minutes), we try to conducts the interview by using narrative questions . See appendix No 1, for more details about the interview questions.

3.5 Procedures

The participants gave their consent to participate in the study. When a new client who met the inclusion criteria for the study came to the Mental Health Centers, he or she was told about the study and was asked if he or she and his or her spouse were interested in participating in the study. The client was asked to talk with his or her spouse about the study. Also informed that refusing to participate in the study would not have any consequences on their treatment in the center. It was also explained to the couples that the focus of

the study will be on the effect of the subject of marriage in client's life, and not on them as persons. Eighty clients were included in the study. Also according to the frame of questions used to guide the interviewer, the participants were asked in the form of storytelling of their experiences.

3.6 Limitations

Some of clients refused to participate in the study for many reasons:

1- Effect of stigma on them.

2-Most of the clients refused to visit health centers, because they usually depend on their relatives to bring their prescribed drugs.

3-Most female clients were ashamed from communicated interviews and if they agreed, they didn't talk a lot.

4- We have been prevented from doing the interviews in the clients' homes by the psychiatrist in the mental health centers, which had a negative impact on the study. It was better to make interviews in the clients' homes, because this would help us to have a good idea about the clients'interaction in their real environment.

3.7 Data analysis

Qualitative analysis of the interview was used. In this study we investigated and explored the marriage experience of schizophrenic clients, also their

recovery process regarding to this experience. The interviews were analyzed deeply, and seven major themes were found after the analysis.

The topic segments served as meaning units of the analysis. The meaning unit varied in length from one client to another client. The themes of the topic segments were named. Each of them was given a title. Identification of themes is a part of qualitative narrative analysis.

In phase two, understanding of specific sentences and events is developed. According to McLeod and Balamoutsou (2001).

Since the effect of marriage on schizophrenic client was the focus of this study; the meaning units where clients talk about marriage and how it affected their lives and their relationships with their partners were chosen for closer analysis. This was done by reading the meaning units and deciding if the main topic of the unit had to do with the subject of marriage.

Next, summaries of each meaning unit were written. This was done by using memos written about the text. The summaries of the clients' interviews were written in the form of narrative. The term narrative refers here to reconstructed representations of the stories about the effect of marriage in clients'lives. The narratives had the following structure: Who initiated the topic shift? Who was the main narrator in the discussion? What is the story line? And how did the participants respond to the main narrator's initiative? This form of condensing the text was chosen in order to describe the co-

construction of stories, and how did the partner take part in creating narratives of marriage?

The last phase of the analysis, according to McLeod and Balamoutsou (2001) is communicating what has been found. In the present study, a descriptive statement in the form of narrative was also written. In this narrative, the summarized narratives, which were written in the earlier phase of the analysis, were connected and a coherent narrative of clients' marriage was formed. These summary representations have the same structure as the narratives in the earlier phase of the analysis. The contents of the clients' marriage stories are first presented, and then the co-construction of the stories is described. Extracts from the original text are included in the text to give the reader an idea about the original text.

Table (3-2) : Example about the analysis of the themes .

Participants statement	Condensation	Sub themes	Themes
1-Before I have a work ,and when my mother talked to me about marriage, I told her that marriage is not appropriate to one like me , but after I found a work I became stronger and more optimistic , and my mother - asked me to marry , and I did not refuse.	1- Shyness prevents the client from thinking of marriage.	1-Clients feel ashamed related to their disease .	-The Effect of Stigma on Marriage and Recovery Process of Schizophrenic Clients.
2-Before I was diagnosed with schizophrenia, I was working in my village as a school teacher, and my relationship with my colleagues and students was very good, but since they knew that I have psychiatric problem, they behaved with me in a bad way, and used to laugh at me when they see me at any time. So I was obliged to leave the work which I like, I planned to get marry, but now I am without a job, so I cannot think of marriage.	2- unemployed leads to many psychological and economic problems for the clients.	2-Most of the clients did not have work related to their disease.	
3- I discovered his disease after one year of marriage, when I suddenly saw his sister giving him his medication. I was shocked when I knew the truth , became very angry , and asked him to divorce me , but my family refused because I had a children.	3-Hide the fact about the disease caused the problems between the couple and may lead to divorce.	3-Most of the clients did not told the partner about their condition before marriage.	

3. 8 Ethical consideration

Permission to communicate and to perform the study was taken first from the Ministry of Health. Then seven main ethical issues were adhered to in the study:

1-Informed consent for the clients and their families was obtained prior every interview.

2- Respecting participants' right to withdraw.

3- Maintaining privacy.

4- Confidentiality and anonymity.

5- Avoiding harm to the participants and the researcher.

6- Reporting alleged unethical and illegal conduct.

7- Avoiding compromising the role of the researcher; and providing proper data storage, access and disposal.

In addition: The permission, from the Institution Review Board (IRB) from An-Najah National University was taken.

Chapter Four

Results

4. Results

The purpose of this study is to explore the experience of marriage among the schizophrenic client , The selected sample was 80 clients from different mental health centers , the clients was divided in to two group (single clients – married clients) , We conducted narratives interviews with the clients , then deep analysis to the interviews was done .

According to McLeod and Balamoutsou (2001) the first phase of qualitative narrative analysis is finding meaning and structure in the text as a whole. We read the transcribed interview several times in order to familiarize with the text and to develop initial ideas about the analysis. The texts then were divided into topic segments.The topic segments were identified according to the content of the interview. When the participants changed the topic, a new topic segment was created and who changed it was noted.

Qualitative data from the interview, including field notes, were transcribed, and then the data was coded and tabulated. The information was then extracted from the content line by line using key words or phrases, analyzed and categorized under the main themes.

Themes categories and content were discussed thoroughly, with frequent reference to and review of the original transcript, until consensus was reached between investigators.

4.1 Finding: From the clients´ interviews , seven themes and Twenty-one sub-themes emerged:

1- The effect of marriage on the Recovery Process of Schizophrenic Clients.

2-The effect of gender of the client on the recovery process of him / her and on his marriage.

3- The effect of age of the client on the recovery process of him and on his marriage.

4-.-The Effect of Stigma on Marriage and Recovery Process of Schizophrenic Clients .

5- The effect of having children on the recovery process of schizophrenic clients.

6-The big effect of the schizophrenic client's family and community on planning his life and marriage.

7--The big effect of the community on planning his life and marriage .

Table(4-1):Themes and sub themes that emerged from clients' interviews.

Subthemes	Themes
1-After marriage suicide attempt and the relapse period decreased. 2-marriage was a source of tension especially when they did not find work, or when the partner did not cooperate with them. 3- The client found someone take care of him .	1- The effect of marriage on the Recovery Process of Schizophrenic Clients.
1- The male client have the chance to get married more than female client . 2- The male client have stress and feeling with responsibility more than female client .	2-The effect of gender of the client on the recovery process of him / her and on his marriage.
1- The old age client have less stress and responsibility than young client . 2- The old client have more adaptation than the young client with their disease .	3- The effect of age of the client on the recovery process of him and on his marriage.
1- Clients feel ashamed related to their disease. 2- Most of the clients did not have work related to their disease . 3-Most of the clients did not told the partner about their condition before marriage .	4-The Effect of Stigma on Marriage and Recovery Process of Schizophrenic Clients .
1- Children consider as a source of happiness to most client . 2- In some case children consider as source of stress to the client .	5- The effect of having children on the recovery process of schizophrenic clients.
1- Most of the client without the encouragement from their family members they cannot marry . 2- The family members in most case control the life of the client and his decisions .	6-The big effect of the schizophrenic client's family and community on planning his life and marriage.
1- In most case the community did not give the client the chance to have work . 2- The psychiatrics not all of them encourage the client marriage .	7--The big effect of the community on planning his life and marriage .

4.2 First theme: The effect of marriage on the Recovery Process of Schizophrenic Clients.

In general we can say that marriage of schizophrenic clients functions as an assistant factor on his / her healing and on his journey towards the recovery process. This is a fact because the client after his marriage usually finds someone who may take care of him and helps him take his medication regularly. But we discover a problem related to this condition. It is that, sometimes the partner of the client wants the psychiatrist to give him a large amount of drugs to help the client be calm all the time.

One of the clients during our work in Mental Health Center, came irritable and shouted, and asked the psychiatrist to talk to his wife, not to force him to take large amount of medication, or he would divorce her.

In general, marriage was a source of support to the clients and to their recovery process . 60 years old female a schizophrenic client since 20 years said " *My son died after he shot himself, and I found him in his room dead . Any person will become sick and needs treatment after such a terrible incident, but my husband and my children encouraged me to recover and behaved in good way with the situation* " .

Most of the clients said that after marriage they became better and the relapse period decreased, and the divorced clients wanted to remarry for another time, because marriage gave them many benefits as they said.

Most of the clients said that the need to be admitted to the hospital was decreased since they got married. 35 years old female schizophrenic client since 10 years said *"I have got married since 5 years, and during this period I needed only one time to be admitted to the psychiatric hospital, and before my marriage I was admitted to hospital for many times* " . He thanked his wife because she took care of him, and encouraged him to take his medication on time. Most of clients said that the suicide attempt after they got married decreased.

40 years old female a schizophrenic client since 15 years said " Sometimes *I used to think in suicide, but when I thought about my kids, I decided to be strong and not to commit suicide"* .

Other clients said that their marriage was a source of tension especially when they did not find work, or when the partner did not cooperate with them.

40 years old male a schizophrenic client since 5 years said *"My condition became worse after marriage because my wife most of the time kept asking for money, at the time I did not have work and have no money, I thought many times in divorce, but my father prevented me"* .

The importance of marriage in the recovery process, abbreviated in the words of one of clients' mothers when she said: " Now I take care of him but what will happen to him when I die? " .

And when we speak about single clients we found that , most of them want to get married , but they cannot marry for many reasons such as (stigma – financial issues) . And this fact was a source of depression for the clients , and this also may be a reason for increasing the number of admission to the hospital , and for increasing irritability and aggression of the clients .

4.3 Second theme: The effect of Gender on marriage and Recovery Process of Schizophrenic Clients.

We noticed that in our community it is easier for male clients to get married than females for many reasons. The main reason is that ,unfortunately, males in our community have more rights than females, and one of these rights is the choice of marriage.

Most female clients, who are married, have the disease after some years of their marriage. But when the female has the disease the chance to be married decreases.

Many of clients' wives did not know about their husbands' disease before marriage so they choose to be divorced when they discover their husbands' problems , but mostly their families refuse the divorce idea for cultural perception , and force them to stay with their husbands .On the other side husbands can marry other women and can easily seek divorce.

A wife of Schizophrenic client since ten years said " *My family is very poor and I am not educated and it is not easy for me to have a job , so when I*

told my family members about my desire in divorce , they prevented me and told me that , if I choose the divorce .they will not take care of me and my children so I choose not to seek divorce " .

When we observed the single clients we found that , in our community male is responsible for himself and must work , when he wants to marry he must have a lot of money , and this increases his tension , at the same time the family members of female clients are responsible for her , and they control her life most of the time , she is not responsible for any things , but as a result of her disease ; in most cases she loses the chance of getting married, and this makes her depressed and her condition become worse .

39years old male a schizophrenic client since five years said *" The disease prevents me from having a job , and I have five children , my condition became worse only when I remember the responsibilities I have , none of them enters the university* yet "

4.4 Third theme: The effect of Age on marriage and Recovery Process of Schizophrenic Clients.

The age affects the young clients in that; the chance to get married decreases when the person is having the disease. Old clients' condition is better, because they have wives / husbands or children who may take care of them.

We noticed that the older age clients' condition is more stable than younger, because as they said they did not have responsibilities like the young clients.

30 years old male schizophrenic client since five years said *" I do not have work since three years, and I have three children one of them is at school , and when I think about the lack of money and responsibility ,I find myself frustrated and wish to end up my life "* .

In contrast 60 years old male a schizophrenic client since 20 years said *" These days I feel better because my children especially Muhammad takes care of me and every month he gives me some money , so I am not frightened from the responsibility as I was in the past "* .

The response to the disease differs according to the age , because the period they take medication is different , and this affects his/her condition and his/her marriage in general . 22 years old female a schizophrenic client since two years said *" I don't want to take medication , but my family members want that , and I don't want them to be angry with me if I don't do that "* .

4.5 Fourth theme: The Effect of Stigma on Marriage and Recovery Process of Schizophrenic Clients.

The subject of stigma against the psychiatric clients is found everywhere, but its effects are different from country to another related to many reasons depend on culture, customs and traditions, and the development of mental health services in the country. Unfortunately the effect of stigma in Palestine on the schizophrenia clients in general is very big, and no one has the power to admit that he or someone else from his family has psychotic problems.

This truth applies to most , even the educated persons or the workers in the field of mental health.

For all these reasons we focused on stigma when we studied the subject of the marriage of schizophrenic clients , because one of the main reasons which prevents clients to marry is the stigma against them.

As the result of stigma, the problem started from the beginning, because the client and his family did not tell the partner about his or her condition because they were sure that if they tell the truth they would not have the chance to marry.

One of the schizophrenic clients' wives said *" I discovered his disease after one year of marriage, when I suddenly saw his sister giving him his medication. I was shocked when I knew the truth , became very angry , and asked him to divorce me , but my family refused because I had a children* " .

We can easily notice that , not to speak about the fact of the disease , does not apply to good and strong marriages, and we must start and continue with truth and understanding, and not like such these beginnings.

33 years old female a schizophrenic client since three years, during the interview said *" I have three daughters, and I am worried about their future. I think no one of them will get marry, because people in our country are afraid from psychiatric diseases and believe that they are genetic, how can I help my daughters? Tell me? "* .

Any normal marriage needs a lot of money, and the stigma prevents clients from getting any good job, and even when they get jobs some employers don't give them their rights like other workers. They for example don't give them enough salaries. Such discrimination is illegal, but it still happens! Most of clients do not have any work .Although some of them were graduated from Universities, as teachers or engineers.

25 years old male a schizophrenic client since four years , said *" Before I have a work ,and when my mother talked to me about marriage, I told her that marriage is not appropriate to one like me , but after I found a work I became stronger and more optimistic , and my mother asked me to marry , and I did not refuse"* .

Stigma leads to fear, mistrust, and violence. Even though the vast majority of people who have mental illnesses are not more violent than others. Some television viewers interview some people with mental illnesses each week, and most of them are portrayed as violent. Such inaccurate portrayal leads to fear from those who have mental illnesses. So this fact prevents the schizophrenic clients from getting the right opportunity to marry, because most people are afraid even of simple interaction with them, so they do not agree to marry them.

44 years old male a schizophrenic client since fifteen years told us that one of her sons returned one day from school very upset and started shouting, because his classmates in class were afraid to play with him because of his

father's illness, and they were afraid he might catch illness from his father and infect them.

Stigma can lead to prejudice and discrimination in general. Many individuals try to avoid working with people who have mental illness .

28 years old male a schizophrenic client since three years told us about his story with the disease and said *" Before I was diagnosed with schizophrenia, I was working in my village as a school teacher, and my relationship with my colleagues and students was very good, but since they knew that I have psychiatric problem, they behaved with me in a bad way, and used to laugh at me when they see me at any time. So I was obliged to leave the work which I like, I planned to get marry, but now I am without a job, so I cannot think of marriage* " .

So we can say that , the stigma has negative effect on client life , both single and married at the same degree .

4.6 Fifth theme: The Effect of Having Children on Marriage and Recovery Process of Schizophrenic Clients.

Most of the clients said that children are the best thing in their lives, and they want to do the best for them.

30 years old female schizophrenic client *said " The best day in my life was when I saw my child Ahmed , I can't describe my feeling in those moments*" .

But at the same time we cannot say that this applies to all cases.

Some children are considered as a source of stress to the client, and sometimes the relationship with their father or mother is not good and they have many problems with them. Some children cannot deal with special situations of their fathers or mothers, which can lead to the existence of big stress to the clients and their children.

We noticed that most children feel ashamed from their fathers' or mothers' disease. During our interviews with clients in the mental health center, one daughter of a schizophrenic client talked about her father without any respect and in a way shows that she is responsible for him. She said *" We suffer too much from his disease, and we are obliged to be very patient with his aggressiveness as most of the time he kept shouting, I wish my mother asked for divorce since many years ago, but she refused to choose this way* " .

We noticed something during interviews with the clients that some of them dealt with their children before the disease, better than when they got it, and we heard many times the sentence " He deals with them as if they are not his children" . Children are considered as the main factor gives the client power and the desire to live, and not to commit suicide.

40 years old female a schizophrenic client since 10 years said " I *have five children; I considered them as the source of my happiness . I can't imagine my life without them, I live only to take care of them " .*

Children are also considered as a big factor to prevent divorce. One wife discovered her husband's disease after they had their first child , and she did not ask for divorce , because she did not want her child to live without his father, and because her family refused to take care of her and her child .

24 years old male a schizophrenic client said *" I can't divorce my wife, even when I saw her aggressive and delusional behaviors , because she is my children's' mother , and they can't live without her "* .

But single clients and because they do not have children, lost the chance to have people taking care of them, or to support them when they feel depressed or unhappy . Most of the clients want to marry only to have children, they consider children a source of happiness and make them feel like the other people .

4.7 six Theme : The effect of Family on Planning the Client's life and Marriage .

The Palestinian's society is similar to other Arab societies. The person cannot live without interaction with other family members. When any problem happens, the family members always try to help him, and most of sons live with their parents even after they get married. Most of clients want to get married, but they only marry when their families encourage them to do so, because most of them don't have any work, and they need economic help from their families. We can say the schizophrenic clients depend a lot on their families financly and psychology .

27 years old male client has schizophrenia since five years, said *" My family doesn't want me to get married , but one year ago , my older brother encouraged me to get married in order to make me forgive him because he made a mistake to me , He said he wanted to help me, but I refused "* . This shows how much the family members can control the client's life.

Most of clients when they were asked about who will help them if they want to marry said, their family members will help them, and without their help they cannot marry.

Some family members said they will not encourage them to marry because they will be responsible for them and their wives and children, and that they cannot deal with such a situation and responsibility.

But in contrast one mother said *"Now we take care of him, but we will not stay with him forever, and he needs someone to take care of him, and the best one to take care of him is his wife* ".

Some family members when we asked them if they encourage the marriage of the schizophrenic clients said they do not encourage them to marry, because their condition does not allow them to marry, and they wonder about the right decision the client should take, and what he can do . Like everyone in the family even children can be affected because of his marriage.

All clients we interviewed admitted that, their lives became better and more beautiful after they have the first child.

But the relationship with the children is not the same as in the other families. One of schizophrenic client's wife said " *When he became aggressive, and begin shouting, my children blame me and say I am responsible for this situation, because I didn't ask for divorce from the beginning* " .

The family has many effects on the client's marriage, and the families as we said are responsible for the financial support and without this support the marriage could not continue.

Also generally the parents of schizophrenic clients want and like to help their son get married because they want someone to take care of him after they die.

But brothers and sisters don't want their brothers to get married because they feel that, they will have to take care of them , socially and financially of them and their children, for that they refuse to help him get married.

Also , the family and the community can have a big effect in preventing divorce through traditional and religious beliefs. One of schizophrenia clients' wives said *" The only reason which prevented me from asking for divorce is my family , as they told me from the beginning that Islam encourages the wife to stay with her husband when he became sick , and I do not want my children to live away from their father* ".

In another case, the schizophrenic client's wife agreed to be with her husband, in one condition. It was if he agreed to take his medication all the

time, and if his condition stay stable, and not irritable. As a result of this condition, her husband felt as if he is a prisoner, and he came to see the psychiatrist crying and was very upset; Said *" Please doctor, tell my wife not to give me the medication, and if she wants divorce I will divorce her, I do not want to be with her any more "* .

After we made interviews with eighty clients, we can say that marriage can help the clients to be better, most of them encourage other clients to marry, and they admitted that their lives became better after marriage. Married clients encourage unmarried clients to marry in most cases, and the divorced clients like to marry again. But their partners do not encourage the marriage from schizophrenic clients, but if they marry they do not ask for divorce for many reasons, such as they have children or they do not want to leave a person who needs their help alone.

4.8 Seven Theme : The effect of Community on Planning the Client's life and Marriage .

The community in general has a big effect on client's life, because if the community does not encourage the client and give them the chance to have a work, the clients will not have chance to get marriage . Also the psychiatrist have a big effect on the subject of client's marriage , because client's family members in most cases before they decide if they must encourage his marriage or not ask the psychiatrist about his opinion , and they follow his advice .

30 years old schizophrenic client since five year said (*I decide to marry only after my doctor encourage me to marry , and if he told me that the marriage not good to me , I will not marry)* .

Chapter Five
Discussion

5. Discussion

5.1 Discussion

This study tried to focus on the experience of schizophrenic clients and their family members especially the partner in the subject of their marriage.

In this study, to develop a clear understanding of the effect of marriage on a client's life, we used qualitative narrative approach to have a good idea about life experiences of clients and their family members about the issue of marriage.

To achieve the objective of the study, face to face deep interviews with clients were conducted , and during the interviews notes were written to ensure not to loss any piece of information .We did not record the interviews because most of clients refused that ,as they did not feel comfortable to do so, as a result of their feeling ofstigma from their disease . All interviews have deep analysis to every word said.

After a deep analysis of the interviews, we found seven themes, and every theme was analyzed separately after that. These themes are:

1- The effect of marriage on the client's recovery process.

2- The effect of gender on marriage and recovery process of schizophrenic clients.

3- The effect of age on marriage and recovery process of schizophrenic clients.

4- The effect of stigma on marriage and recovery process of schizophrenic clients.

5- The effect of having children on marriage and recovery process of schizophrenic clients.

6- The effect of family on planning the client's life and marriage.

7- The effect of community on planning the client's life and marriage.

5.2 Discussion of the study

Themes that emerged from the clients' interviews were five major themes.

5.2.1 The Effect of Marriage on Client's Recovery Process.

As we noticed from our interviews, we can say that, marriage is considered to be a strong point in the clients' life. Most of them believed their condition became more stable after marriage. The need to be admitted to the psychiatric hospital decreased. Also the suicide attempts decreased. At the same time some clients consider marriage as a source of stress. So their condition became worse. This in our view depends on the partner and his/her way in dealing with the client, and this depends on the gender of the

partner. We noticed that, females are more patient and more cooperative than males.

The success of marriage depends in general on the family members, also on the support from the community like giving the client a chance to work like others because if he doesn't have a work ,his life will become worse.

Our study finding was in line with the other scientists around the world, who discussed the experience about the effect of marriage on the recovery process of schizophrenic clients.

Jungbauer , J , et al (2011) in their qualitative interview study of 52 spouses of schizophrenia clients found that; spouses not only face illness-specific burdens, but also burdens resulting from their partnership and family roles. From a biographical point of view, schizophrenia is often evaluated by the spouse as a decisive point in life that seriously affects the couple's relationship, the family, and the spouse's own life. The chronic burdens of everyday living can profoundly reduce the quality of life and the subject's satisfaction with the partnership. Though partnerships with schizophrenia patients are at risk of breakdown and separation in many respects. They are often maintained for years. Despite the illness related burdens, many spouses take positive stock of living together. Stable partnerships seem to be achievable when the partner's impairment is perceived as moderate or moderately severe, and when the frequency at which psychotic episodes occur is assessed as still being tolerable.

We noticed the great effects of marriage on the client's life .We can consider it as a strength point to the client , and it has effect on him in many ways (physically ,psychology , and in economic status…..etc) . According to Theodore, F, et al (2003),"marriage is the central relationship for most adults and has beneficial effects on health. At the same time, troubled marriages have negative health consequences. This review outlines the physiological pathways through which marital relationships influence health based on a stress/social support model.

Our study support that the marriage in most cases is not considered as source of burdens, the opposite is also true; marriage was a source of encouragement in most cases, and the divorced clients want to marry again, because as they said, the marriage was a good thing happened to them.

In addition, we reviewed recent findings suggested that the unhappy marriage is associated with morbidity and mortality. We then turned to studies of marital interaction that include assessment of physiological pathways through which marital functioning influences health , cardiovascular, endocrine, immune systems, alterations in hormones related to stress, and deregulation of immune function. Using recent conceptualizations of the physiological impact of chronic stress(Robles ,TF, Kiecolt-Glaser , JK , 2003) .

Waite, L, et al (2007) in their study argued that ,"Studies that follow people as they marry, divorce, or remain single strongly indicate

thatmarriage on average boosts the mental health of both adults and children. Adults who marry experience higher levels of emotional well-being and lower levels of mental illness than do adults who are single or divorced although the research on African American marriage and emotional well-being is more unclear".

Their study supports the results of our study, which confirmed the importance of marriage on the recovery process of the clients.

5.2.2 The Effect of Gender and Age on the Clients Recovery Process and Marriage.

In Palestine like many Arab countries, males have more rights than females, and one of these rights is the right to marry. We noticed the shyness in the faces of girls when they were asked about their opinions in marriage , so sometimes they are not asked about their right to marry a specific person, but in the opposite the male client himself tells his family that he wants to get married, even if he doesn't have work .

The father of (M--) 20 years old, a schizophrenic client since two years told us that he believes that marriage will improve his son's condition, and the psychiatrist advised him to cause his son get married, and he thinks seriously in this subject.

There is another difference related to gender. The male client has more stress related to his responsibilities, and this stress increases if he doesn't have a

work, in the same time the female is not responsible for the financial issues of the family.

Canuso, CM, et al (2007) in their study, focused on the effect of gender on schizophrenia. They said that, although schizophrenia affects men and women with equal frequency, the illness is expressed differently between the sexes. Women with schizophrenia tend to have better premorbid functioning, a later age at onset, a distinct symptom profile and better course of illness, and different structural brain abnormalities and cognitive deficits. Additionally, premenopausal women appear to have a superior response to typical antipsychotics compared to men and postmenopausal women. These gender differences are thought to arise from the interplay between hormonal and psychosocial factors.

Walders, N, et al (2002) argued that," family members may have different expectations for men and women in terms of course and outcome of schizophrenia, we need a better understanding of differences in treatment(aside from neuroleptic medication and community care needs) of men and women with schizophrenia given differentials roles (e.g., parenting and work expectations), different family response and community tolerance. Social and occupational role demands may be greater for males, leading to higher stress and less realistic expectations for male clients readjustment to living in the community" . And these results not oppose our result which saysthat the role of male in any community is different from the female's role.

Compared to other study factors related to family expectation, regarding schizophrenic client was conducted in an out-patient setting in the city of S. Paulo, Brazil. Comprised the sample (25 males and 19 females). The Discrepancy means score was twice as high for males as for females ($p < 0.02$), and there was an inverse relationship between the discrepancy score and social adjustment ($r = -0.46$, $p < 0.001$). Moreover, sex and social adjustment exerted independent effects on the discrepancy score when age, age at onset and number of psychiatric admissions were controlled by means of a multiple regression technique(Shirakawa , F & Jair , D , 2000).

We found some study's results that differ from our result, and when we talk about gender, we relay that to our community and the way of dealing with females in it which differs from other communities.

Hafner , H (2003) studied the Sex differences in schizophrenia which can be caused by the disease process itself, by genetic and hormonal differences, differences in the maturation and morphology of the brain and in age- and gender-specific behavioral patterns.

In another study, the female clients and their response to the disease, was different from the male client. Ten years after initial diagnosis, approximately 50% of people diagnosed with schizophrenia are either noted to be completely recovered or improved to the point of being able to function independently. 20% are improved, but require a strong support network, and an additional 15% remain unimproved and are typically hospitalized.

Unfortunately, ten percent of the affected population sees no way out of their pain except through death and ends up committing suicide. Long-term statistics for thirty years after diagnosis are similar to the ten year mark, except that there are even more people who improve to become independent. However, there is also an increase in the number of suicides to fifteen percent. Over time, women appear to have a better chance at sustaining recovery from symptoms than men do(Nemade , R, 2009). In Palestine, the response to the disease differs from male to female as in any country, but there is no study about this subject unfortunately.

Traditionally, girls in our community have married at a significantly earlier age than boys, however, early marriage and childbearing are associated with serious health and mental problems.

Douki , M , et al (2007) in their study about the mental health of women in the Islamic world , their study was not found to be different from our study , because Palestine is considered part of the Islamic world , and has the same traditions and costumes , they argued that (In Arab communities, several cultural factors, derived mainly from the subordinate position of women, have been shown to affect the prevalence, clinical picture, health seeking behavior, course and management of psychopathology of women. Women are definitely at a greater risk of developing mental disorders such as depressive, somatoform, anxious or eating disorders, as well as suicidal behaviors. Furthermore, mentally ill women are more stigmatized, have less access to care and suffer from worse social outcome.

Also Alonzo ,D , et al (2012) studied that mothers with schizophrenia and their offspring have distinctive needs. This study indicates that these mothers demonstrated improved parenting skills from participation in clinical treatment with their children, including enhanced early parent-child bonding, and improved ability to fulfill their children's developmental needs. Also, parents with schizophrenia were found to have reduced levels of stress, enhanced self-esteem, improved medication adherence and stronger relationships with healthcare professionals through their involvement in appropriate interventions.

The result of this study is not different from our result, we found that, the mother or father with schizophrenia, take care in a good way of their children, there is some problems but in general we can say that, they can do the role of being parents in an appropriate way.

Aleman, A &Sommer, IE, Kahn , RS (2007), found that, Schizophrenia can occur at any age, but it tends to first develop (or at least become evident) between adolescence and young adulthood. Schizophrenia in childhood is likely to be severe. Although the risk of schizophrenia declines with age, its incidence has been known to peak in those who are about 45 years old, and again in people who are in their mid-60s (mostly women). Late-onset schizophrenia that develops in the 40s is most likely to be the paranoid subtype with fewer negative symptoms or learning impairment. Such clients usually have functioned at a near-normal level until structural deficits in the

brain break down. In our community, most cases of the disease started between the age of (20 – 30) .

In a study examined the relationship of marital status to depression, positive and negative symptoms, quality of life, and suicidal ideation among 211 clients with schizophrenia-spectrum disorders. Participants who were married or cohabitating had a later age of onset of first psychotic episode or hospitalization than those who were single (age, 29.35 vs. 24.21). Married participants rated their quality of life higher than those who were single (mean Quality of Life Scale scores (72.28vs 53.87), and had less suicidal ideation than those who were divorced, widowed, or separated (7.4% vs. 9.2%).

Conclusions: In middle-aged and older individuals with schizophrenia or schizoaffective disorder and depressive symptoms, marriage appeared to enhance quality of life and protect against suicidal ideation. Efforts that focus on providing additional support for those who are experiencing divorce or separation could prove to be lifesaving for these individuals. (Nyer M, Kasckow, J, et al, 2010). Our study supports the same result, the marriage in most cases is considered as a positive effect on the clients ’lives, and their conditions become more stable, the depression and suicide ideation were decreased.

5.2.3 Effect of Stigma on Marriage and Recovery Process of Schizophrenic Clients.

In this study about our clients with schizophrenia, we found that almost all participants reported some stigma experiences .They were worried about being viewed unfavorably and avoidance of self-disclosure about mental illness among them.

Most of clients reported stigma experiences. More than half of clients indicated that these experiences occurred "Sometimes" or more often. Many clients also endorsed hearing others making offensive statements about persons with mental illness and being treated as less than competent. Approximately half of clients indicated that these experiences occurred sometimes, or more frequently.

Stigma and discrimination faced by clients with schizophrenia are the most important barriers to accessing care and they could cause treatment delays. Stigma is universal but the nature, the source, and the impact of stigma vary from one country to another .Social Anxiety Disorder (SAD) or social phobia is a co-morbid effective disorder in schizophrenia, presented in up to one of three individuals(Birchwooda ,F , et al , 2006) .

The stigma as we noticed was the reason that prevents the client from telling the partner about his/her condition before marriage, and when the partner discovers the truth many problems happen. This study is not different from the study of Brian , K (2011); when he found that unfortunately, few individuals receive the psychiatric treatment they need, as individuals often

do not seek services and frequently do not remain in care once they begin. The WHO (2001) has suggested that stigma is one of the largest barriers to treatment engagement, even though treatment has shown to be effective, even in low income countries. While stigma remains evident in society, within individuals themselves, and among health professionals, the ethical problem of health professional stigma places an additional barrier on clients who seek needed mental health services.

Brohan , E , etal (2010) , concluded that self-stigma appears to be common and sometimes severe among people with schizophrenia and other psychotic disorders in Europe. The tailoring of interventions to support the elements of self-stigma which are most problematic for the group, be it alienation, stereotype endorsement, social withdrawal or discrimination experience merits further consideration.

Camp, C, et al (2002), questioned the inevitability of the effect of stigma on self-based on the hypothesis, in order to exert a negative influence on self-concept. They study women with long term mental health problems, and found that those women did not accept negative social perception as relevant to them. They attributed the negative perceptions to deficiencies among those who stigmatized them. The results of this study support our results, which focus on the effect of stigma on the client's marriage.

We can say from other mentioned studies and our study that, the schizophrenic clients mostly stigmatized in their society, and as a result of stigmatization their chance to marry or to be recovered declined .

5.2.4 Effect of Children on Marriage and Recovery Process of Schizophrenic Clients.

Marriage may help the clients to be better, and most of them encouraged others to behave like them and get married. Most clients admitted that their lives became better after marriage, at the same time the divorced clients liked to marry again, however the partners do not encourage to marry from schizophrenic clients, but when they marry, they do not ask for divorce for many reasons, such as having children, or because they do not like to leave a person who needs their help alone, also to keep their lives stable.

It is often said that parenting is the hardest job in the world. No parent could or should manage it perfectly. Indeed, what child could live up to a perfect parent? Parents make mistakes with their children all the time and the way that these mistakes are negotiated within the relationship provides valuable lessons in the child’s development.

Henshaw , C , et al (2011) found that mothers with mental illness feel socially isolated; they fear that they will lose custody of their children and worry about who will look after their children if they become ill again. They feel traumatized by their admissions to hospital and want more community supports.

Jan-Mar, E (1997),in his study supported our result. He said that,” less men got married and more women had broken marriages especially if they were childless”.

Cooklin , K (2008) studied the effects of parental mental illness on their children and found that now well documented children are commonly left without explanation or discussion of the parent’s illness, although there is evidence that this can mitigate against the harmful effects .

In another study about the effect of children on female clients, women with schizophrenia and broken marriages in India, are disabled and stigmatized not only by the illness, but by the social attitudes to marital separation and divorce. Most families expressed intense distress and were especially concerned about the long-term future and security of these women. Care of the children of those women was an additional problem, in the face of total lack of any financial support from the husbands (Klamath , W , et al, 2011).

In our country the situation is not different , because most females do not work , and after divorce they usually depend on their family members , also if she has children ;the family members do not agree in most times to take care of her or her children .

Janov, Z, et al (2010), came to the result that , the majority (60%–70%) of clients with schizophrenia do not marry or have children, and most have very few friends or social contacts. The impact of these social difficulties as well

as the stress caused by the symptoms themselves is reflected in the high suicide rate among clients with schizophrenia.

About 10% commit suicide within the first 10 years after their diagnosis, a rate 20 times higher than that of the general population. But in our society the situation is not the same. In Palestine like any other Arab country, people respect marriage, they respect the presence of children, and they consider it as a very important subject, and real reason for getting married.

Plaisier , A , et al (2008) in their study they examined the effect of becoming parent and have children , they argued , the effect of social roles partner, parent, worker on mental health may depend on the total number or the quality of the individual occupied social roles . The quality of social roles was assessed by the GQSB (Groningen Questionnaire Social Behavior). The number of social roles had no significant effect on the risk of developing depressive and anxiety disorders, but particularly the partner-role had a significant positive effect.

These results support our study 'results, which support the fact that to be a parent with mental health problem has positive effects on the client mental health.

Patricia, L , et al (2011) found that Children of mothers with mental illness are at risk for multiple untoward outcomes , including child maltreatment and foster care placement. Important differences in safety and stability were found between children of mothers with and without mental illnesses, as well

as some variability across diagnoses. The results of this study are consistent with our study , the children of mothers with mental illness as we noticed filled with shame and low self-esteem in most cases as a result of their mothers' or fathers' disease and they feel they are responsible for their parents and not the opposite.

5.2.5 Effect of Family and Community in Planning the Client's Life and Marriage .

Family can play important roles in their relative's treatment, rehabilitation and recovery. For instance, people with schizophrenia may have difficulty in maintaining attention and processing information, so families need to practice good communication skills. Likewise, because schizophrenia is associated with unusual vulnerability to stress, families can help their relatives by maintaining supportive environment and by resolving family problems in constrictive manner. The course of schizophrenia is typically marked by attention period of remission and relapse, so families also need to learn and respond to signs of impending relapse. In fact, professionals now believe that majority of relapse can be prevented.

One of the most frustrating problems faced by families is their relative's failure to adhere to the medications that have been prescribed. Although most people suffering from mental illnesses receive considerable benefit from taking medications, a sizable percentage chooses to drop them at some point in their illness. Once medications have been discontinued, client often become psychotic again, and create a great deal of turmoil for themselves

and their families, and often cycle back into the hospital. 27 years old male schizophrenic client since five years , said (*My family didn't want me to marry , but one year ago , my older brother encouraged me to get married in order to forgive him , because he made a mistake , he said he wanted to help , but I refused*) . We can conclude from this example how the family members control the clients' life.

According to Van Os &Kapur (2009), most people with schizophrenia live independently with community support. In people with a first episode of psychosis a good long-term outcome occurs in 42%, an intermediate outcome in 35% and a poor outcome in 27% .Outcome for schizophrenia appear better in the developing than the developed world.

Life events are associated with relapse in schizophrenia. However, the role and interplay of marriage and social support have not been explored in research on schizophrenia, especially stable client . Life events and social support were assessed in two groups comprising 30 married and an equal number of unmarried clients of schizophrenia. The married group reported higher stress score and greater number of undesirable life events. Negative correlation was present for social support with number of undesirable life events in the sample as a whole (Gupta ,N, et al 1999). Hence, it is concluded that marriage leads to experiencing more stress but there are other psychosocial variables mitigating the same and preventing relapse.

Tommy (2001) said that the culture of the client, also known as the consumer of mental health services, influences many aspects of mental health, mental illness, and patterns of health care utilization. One important cautionary note, however, is that general statements about cultural characteristics of a given group may invite stereotyping of individuals based on their appearance or affiliation. And this study supports our result, our result focuses on the big effect of culture, that in most cases was negative .

Pitschel-Walz, et al (2004) in their study of twenty-five intervention studies, were meta-analytically examined regarding the effect of including relatives in schizophrenia treatment. The studies investigated family intervention programs to educate relatives and help them cope better with the client's illness. The client's relapse rate, measured by either a significant worsening of symptoms or rehospitalization in the first years after hospitalization, served as the main study criterion. The main result of the meta-analysis was that the relapse rate can be reduced by 20 percent if relatives of schizophrenia patients are included in the treatment. If family interventions continued for longer than 3 months, the effect was particularly marked. Furthermore, different types of comprehensive family interventions have similar results. The bifocal approach, which offers psychosocial support to relatives and schizophrenia clients in addition to medical treatment, was clearly superior to the medication-only standard treatment. And this result is consistent with our results that the family and community in all countries

have a big effect, but the result of that effect differs from one country to another.

After looking at the symptoms, it should come as no surprise that schizophrenics can lead to difficult and socially isolated lives. Indeed, given that the disorder usually develops during a time in life when people typically learn essential occupational and self-sufficiency skills, it can be difficult for schizophrenics to reintegrate into society. Most don't get married, raise a family or have gainful employment. Sadly, as many as 5 percent of schizophrenics end up homeless (Javitt , B , 2000) .

Most of studies support our results , we can say that ,the effect of the community on the client's marriage was very obvious in all countries .

And when we proposed the effect of the social community on the subject of schizophrenic client's marriage , we must consider the opinion of the psychiatrist in this subject , because the psychiatrists' opinion has a big effect on the client and his family decision , we found that some of them encourage marriage and some of them do not , and that there are some conditions under which marriage should take place when they encourage it, the most important condition , is the desire and readiness from the partner to deal with all the problems and difficulties he or she may face as a result of marrying a schizophrenic client .

Also it is very important from the community to encourage the clients to have jobs, because when they have jobs, they become financially stable ,and the divorce rate will be decreased .

When we asked the psychiatrists about their opinion in the subject of client marriage, some of them encourage while others do not. Dr- M said " In the past I think marriage was considered as one of clients' rights which he must have, but after many years from working with clients , and as a result of many problems I saw , problems to the client and to his family members after marriage , I encourage the client's not to get marry " . At the same time , Dr- K said " The marriage from psychiatric client is like any other marriage , in one condition , the partner before the marriage must know everything about his partner's disease , also must be patient in understanding his special condition , and special needs " .

Conclusion and Recommendations

6.1Conclusion:

We conclude our study regarding the major dependent variables and themes that.

1- Effect of marriage on the client's recovery process; we found that marriage has a big positive effect on the client's recovery process.

2- Effect of gender and age on client's marriage and recovery process; we found that there is a difference between males and females , the male has more chance to get married even when he has the disease , but the contrast not true to female clients , and this is related to customs and traditions of our community , when we spoke about age , we did not found any obvious difference , because the disease in all age groups needs treatment and patience, the only difference we found according to age was the feeling of responsibility among schizophrenic clients, which decreases in old age , as their children were responsible for them .

3-Effect of stigma on marriage and recovery process of schizophrenic clients , we found that the stigma has a very big effect on schizophrenic client in general and as a reason of preventing him from marriage , because most people don’t want to deal with psychotic clients and of course not to marry them.

4-And we also discussed the effect of having children on schizophrenic clients' marriage, we found that the children have positive effects on the clients' lives and recovery process as they are considered as a source of happiness .

Finally we discussed the effect of the family and the community in planning the client's life and marriage; we found that the family and community control the client's life. Without the encouragement from the family members, the community and the psychiatrics, the clients cannot marry.

To live with a partner diagnosed with schizophrenia will never be easy. They will not be like other couples. But with love, patience, caring, and proper medical help, life will go on in reasonable fashion.

"Would you marry someone with schizophrenia if everything else was perfect with him?" Will be always a difficult question which needs a deep answer different from one to another.

6.2 Recommendations

The results of this study highlight many points that should be used for clinical implications in the mental health field.

6.2.1 Recommendations for clients and their family members.

It was clear from the results of the study that there is lack of knowledge and understanding about schizophrenia either from the family members or the clients themselves .This lack of knowledge is reflected by the way they deal with the client, and in the client's recovery process.

1- There is a need for psycho education programs, which should include the client and his family members in order to increase the awareness about the disease and the use of the best management practices.

Most persons should know everything about the disease. Partner must know about the challenges as he or she will face when they agree to marry a schizophrenic client, and when they agree, they must know everything, about medication.

2-The family members are highly encouraged to help the client see the psychiatrist regularly, and not as we see, the partner or any one from the client's family members goes to the psychiatrist to take the prescribed medication.

3- The partner before marriage must know everything about the disease, and the challenges he / she will face when they get married to the schizophrenic client.

4-Psychotherapy sessions should be performed for family members, because they usually suffer from the presence of schizophrenic client in their home.

5-Centers for counseling and supporting must be there to help the partner and the family members deal with the clients' behavior and daily problems they meet.

6.2.2 Recommendations for policies:

Ministry of Health should help in decreasing the effects of stigma against schizophrenic client, and help in improving the client’s condition, by many strategies such as:

1- Giving many courses about the disease to increase social awareness.

2- Enhancing the process of screening and diagnosing schizophrenic problems in the community and ensuring regular contacts with the psychiatrists to monitor the disease, response to medication, and family member’s education.

3- Medical Health records should be performed in the MOH to monitor clients and to achieve research purpose.

6 .2 .3 Recommendations for future researchers:

Improving the research in the recovery process of schizophrenic client and the effect of marriage on schizophrenic are needed. Future research should

focus on the number of admission to the mental health hospital and that marriage is needed.

6. 2. 4 Recommendations for the Community.

1-The clients must have the chance to have a work like any other person.

2- The stigma associated with schizophrenia represents a challenge for effective mental health care. The solution for minimizing this stigma through anti-stigma programs is essential and necessitates the collection and analysis of complex information, particularly including client perceptions. Dealing with stigma should be part of treatment and psycho-educational programs. Better treatment and rehabilitation for the illness and its symptoms is important, but so is educating members of the community, who are viewed as the primary source of stigma and discrimination.

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(APPENDIX)

موافقة عامه

أنا وسام عبيد(طالبه ماجستير– تمريض صحة نفسيه مجتمعيه)، يشرفني مشاركتكم في دراستي التي هي بعنوان (خبرة الزواج لدى مرضى الفصام الذهاني).

الهدف من هذه الدراسة علمي بحت، حيث تهدف إلى تقديم كل ما هو في صالح المريض النفسي, والعديد من أقاربهم، وهذا السؤال هو هل يستطيع مريض الفصام الزواج وتحمل مسؤولية الاهتمام بعائلته؟ وما هو تأثير الزواج على المريض النفسي؟ وهل التأثير ايجابي أم سلبي؟.

إن سريه المعلومات و خصوصية المشاركين، سيتم المحافظة عليها ، خلال فتره الدراسة وبعد انجازها كذلك. وفي المقابل نتوقع من المشاركين التعاون، والصدق في إعطاء المعلومة لما له من فائدة للجميع، ولمصلحه المرضى والبحث العلمي.

سوف يتم الطلب من المشاركين التعاون لإجراء مقابله لمده تتراوح نصف ساعة، والإجابة عن الأسئلة بطريقه السرد القصصي ومن حق أي مشارك الانسحاب من الدراسة، في أي وقت يرغب بذلك . وسوف لن يتم تعريض أي مشارك الى أي نوع من الاذى النفسي او الجسدي .

وفي الختام نشكر لكم مشاركتكم وحسن تعاونكم.

جامعه النجاح الوطنية– الدراسات العليا.

الطالبة: وسام عبيد المشرف: د. عدنان سرحان

(APPENDIX NO. 1)

-Narrative Questions for Schizophrenic Clients:

-Closed ended questions as a form of demographic questions, will be asked

For the participants.

-Questions for married clients:

A-Did you choose to marry?

B- Who encouraged you to marry?

C-Are you satisfied with your marriage life?

D-Tell me about your financial, socioeconomic status?

E-How can you manage your daily expenses?

F-If he / she has children: Did you choose to have children? And do you feel happy to have children?

G-What about your sexual life?

H-What about your relation with your partner?

I-If you are still single would you choose to marry?

J-Do you advice single clients to marry or not?

-Questions for single clients.

A- Did you choose not to marry?

B-If you like to marry, what prevents you?

C-Do you think that your situation will be better if you marry?

D- Do your expectations consider having positive or negative consequences of the marriage experience?

E- If you choose to marry, who will support you financially and socially?

(APPENDIX NO. 2)

أسئلة للمشاركين(مرضى الفصام الذهاني) المتزوجين:

1- كيف جاءت عمليه تفكيرك بالزواج؟

2- من قرر لك أن تتزوج وكيف كانت عمليه اختيار الزوجة؟

3- هل أنت راض عن حياتك الزوجية؟

4- اخبرني عن وضعك الاقتصادي و الاجتماعي؟

5- كيف يمكنك اداره مصروفاتك اليومية؟

6-إذا كان لديك أطفال: هل اخترت أن يكون لك أطفال؟ هل أنت مسرور بإنجابك الأطفال؟

7-ماذا عن حياتك الجنسية؟

8-ماذا عن علاقتك مع الشريك؟

9-لو كنت لا تزال أعزب هل ستختار الزواج ؟

10-احكي لي عن تجربه الزواج لديك؟

11-هل شعرت بان حياتك من الناحية المرضية أفضل عندما تكون متزوج؟

اسئله للمرضى (مرضى الفصام) العزاب:

1- ما هي نظرتك للزواج ؟

2-إذا كنت ترغب في الزواج , ما الذي يمنعك؟

3-هل تعتقد أن وضعك سيكون أفضل إذا تزوجت؟

4-ماذا تتوقع من تجربه الزواج , نتائج ايجابيه أم سلبيه؟

5- إذا اخترت الزواج من الذي سيقدم لك الدعم المالي و الاجتماعي؟

(APPENDIX NO. 3)

DEMOGRAPHIC DATA:

1-Patients' Name:

2- Age: ☐ > 20year ☐ 20-25 year ☐ 26-30year ☐ 31-35 year

☐ 36-40 year ☐ 41 - 45 year ☐ 46-50 year ☐ 50 year

3- Sex: ☐ Male ☐ Female

4-Occupation: ☐ Do not work ☐ worker ☐ Officer ☐ Dealer

Other: be specific

5- Education: ☐ Elementary ☐ Preparatory ☐ Secondary

☐ High study.

6-Marital status: ☐ Married ☐ Single ☐ Divorced

☐ Widowed

7-Monthly income:<1000 NIS ☐ 1000-1500 NIS ☐ 1.600- 2000NIS

☐ 2000-2500 NIS ☐ 2600 -3000 NIS ☐ > 3000 NIS ☐

8-Since when you were sick: ☐ since 1 year ☐ since 1-3 year

☐ Since 4-6 year ☐ >6 year

9-Since when you are married: ☐ < 1 year ☐ 1-3 year ☐ 4-5year

> 6year ☐

10-Is there any other schizophrenic client in the family , or any another

Psychotic problem? ☐ Yes ☐ No

If yes: ☐ father ☐ mother ☐ brother ☐ sister ☐ Other: be specific.

11-Number of children: ☐ 1-3 ☐ 3-5 ☐ >5

12-Telephone number:

13- Address: ☐ city ☐ village ☐ camp

(APPENDIX NO. 4)

معلومات عامة:

1- الاسم :

2- العمر: ☐ اقل من 20 سنه ☐ 20-25 سنه ☐ 26 - 30 سنه ☐ 31- 35 سنه ☐ 36-40 سنه ☐ 41- 45 سنه ☐ 46- 50 سنه ☐ أكثر من 50 سنه

3-الجنس: ☐ ذكر ☐ أنثى

4-المهنة: ☐ لا اعمل ☐ عامل ☐ موظف ☐ تاجر ☐ غير ذلك : حدد

5 -المستوى التعليمي: ☐ ابتدائي ☐ إعدادي ☐ ثانوي ☐ جامعي

6-الحالة الاجتماعية: ☐ متزوج ☐ أعزب ☐ مطلق ☐ أرمل

7-عدد الأطفال إن كنت متزوج: ☐ 1- 3 ☐ 3- 5 ☐ اكثر من خمسه

8 -الدخل الشهري: ☐ اقل من 1000 شيكل ☐ 1000 -1500 شيكل ☐ 1600-2000شيقل ☐ 2000 -2500 شيكل ☐ 2600 -3000 شيكل ☐ من 3000 شيكل

9 -المدة الزمنية للإصابة بالمرض: ☐ اقل من سنه ☐ 1-3سنوات ☐ 4-6 سنوات ☐ أكثر من 6 سنوات

10-هل هناك شخص آخر مصاب بالفصام الذهني في العائلة , أو أي مرض نفسي آخر.

☐ نعم ☐ لا

إذا كانت الإجابة بنعم: ☐ الأب ☐ الأم ☐ الأخوة ☐ غير ذلك حدد

11-المدة الزمنية للزواج : ☐ اقل من سنه ☐ 1-3 سنوات ☐ 4- 5 سنوات
أكثر من 6 سنوات ☐

12- مكان السكن: ☐ مدينه ☐ قرية ☐ مخيم

13- رقم التلفون:

جامعة النجاح الوطنية

كلية الدراسات العليا

خبرة الزواج لدى مرضى الفصام الذهاني

اعداد

وسام عبيد

اشراف

د. عدنان سرحان

قدمت هذه الأطروحة استكمالاً لمتطلبات درجة الماجستير لتخصص تمريض الصحة النفسية المجتمعية بكلية الدراسات العليا في جامعة النجاح الوطنية في نابلس – فلسطين .

2013

خبرة الزواج لدى مرضى الفصام الذهاني

إعداد

وسام عبيد

إشراف

د. عدنان سرحان

الملخص

المقدمة :

يعتبر الزواج علاقة طبيعية بين البشر بحثت هذه الدراسة آثار الزواج بين مرضى الفصام و اذا كان يجب تشجيع زواجهم أم لا .

الهدف من الدراسة:

يعتبر الزواج علاقة طبيعية بين البشر . تناولت هذه الدراسة خبره الزواج على مرضى الفصام، وإذا كان علينا أن نشجع زواجهم أم لا. والهدف من هذه الدراسة هو استكشاف تأثير الزواج على مرضى الفصام المتزوجين والغير متزوجين . كل علاقة لها نجاحاتها واخفاقاتها، ولكن ماذا تعني عبارة "في المرض والصحة" إذا كان الشريك لديه انفصام الشخصية؟ تعتبر شده المرض عامل مهم في التأثير على المريض و لكن كذلك دعم الشريك لمريض الفصام له الدور الكبير كذلك في تحسن حالته.(Connie , 2000)

نوع الدراسة :

هذه الدراسة عباره عن سرد نوعي حاولت الاجابة عن حاله المريض بالنسبة لوضعه الاجتماعي.

جمع البيانات:

العينة : حوالي 80 من مرضى الفصام. نصفهم متزوجون على الأقل منذ ثلاث سنوات و يعاني من الفصام لفترة وهي لا تقل عن ستة أشهر أو أكثر . وشملت النصف الآخر مرضى فصام مصاب بالمرض منذ ستة أشهر على الأقل أو أكثر من ذلك .

المكان : أجريت المقابلات في ثلاثة مراكز للصحة النفسية في (نابلس- جنين وطولكرم).

تحليل البيانات :

أجريت المقابلات مع المشاركين في مراكز الصحة النفسية بعد الموافقة على المشاركة في هذه الدراسة وقد بدأت المقابلات مع أسئلة حول البيانات الديموغرافية مثل العمر، الجنس، المهنة وغيرها من المسائل..

الجزء الثاني من المقابلة عبارة عن أسئلة مباشره للسرد القصصي 12 سؤال للمرضى المتزوجين وخمسه أسئلة لغير المتزوجين .

تم كتابة الملاحظات أثناء المقابلات، بعد أخذ إذن من المشاركين، ومن ثم تم القيام بتحليل عميق للنتائج .

النتيجة :

ظهرت سبعة مواضيع رئيسية من الدراسة:

1- تأثير الزواج على عملية الشفاء من المرض، معظم المرضى المتزوجين وغير المتزوجين شجعوا على الزواج على حد سواء، أنهم يعتقدون أن الزواج له آثار ايجابية على حياتهم، وقد تناقصت الحاجة للدخول الى المستشفى وعدد محاولات الانتحار، وجميع المرضى لديهم الرغبة في الزواج ولكن بسبب العوامل الاقتصادية لا يستطيعون .

2–تأثير نوع جنس المريض على عملية التعافي وعلى زواجه، يمكننا القول أن الذكور لديهم فرصة أكبر في الزواج، و يتحمل مسؤوليه أكبر مما ينتج عنه زياده في الضغط النفسي الناتج عن هذه المسؤولية .

3 – تأثير عمر المريض على عملية التعافي من المرض وعلى زواجه، يمكننا القول أن المريض الكبير في السن أقل مسؤوليه و بالتالي أقل توتر نفسي بسبب المسؤولية على عاتقه .

4–تأثير وصمة العار على الزواج وعملية الشفاء لمريض الفصام . وصمة العار تمنع المرضى من الحصول على العديد من حقوقهم للأسف، مثل الزواج والعمل .

5_ تأثير وجود الأطفال على مرضى الفصام. أغلب المرضى قالوا إن حياتهم أصبحت أفضل بعد الزواج .وأن أطفالهم السبب الاهم في سعادتهم .

6_التأثير الكبير للعائلة على مريض الفصام و تخطيط حياته أغلب المرضى قالوا أيضا أنهم تحت سيطرة أفراد أسرهم، وأنهم يعتمدون كثيرا عليهم، وأنهم لا يمكن أن يتزوجوا من دون مساعدة و موافقه أفراد عائلتهم .

7_التأثير الكبير من المجتمع على مريض الفصام وعلى تخطيط حياته والزواج. وصمة العار ضد المرضى في المجتمع في الغالب تأثير سلبي في موضوع زواج المريض للأسف. بعض الأطباء النفسيين أنفسهم لا يشجعون على زواج مريض الفصام .

الخاتمة:

لمريض الفصام الحق مثل غيره من الأشخاص في الزواج وإنجاب الأطفال، ولكن قبل الزواج، لا بد له من توفر عمل أو وظيفة، والشريك يجب أن يعرف عن حالته من البداية. بشكل عام، الزواج له تأثير جيد على عملية شفا، مرضى الفصام فعلى سبيل المثال الحاجه للإدخال الى

مستشفى الامراض النفسية وعدد حالات الانتحار بعد الزواج قد قلت لكن الشريك الآخر يواجه العديد من المشاكل المتعلقة بهذا المرض، ويجب أن يتحلى بالصبر والفهم الجيد لوضع المريض.