## Appendix A: Summary of initial categories of articles

<table>
<thead>
<tr>
<th>Author</th>
<th>Aim</th>
<th>Methodology</th>
<th>Recruitment/Participants</th>
<th>Data collection</th>
<th>Data analysis</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>1. Kalathil et al., 2011</td>
<td>Explore distress &amp; recovery from mental distress from experience of African, African Caribbean and South Asian women.</td>
<td>Reflective Methodology</td>
<td>Researcher living with mental illness</td>
<td>27 women one-to-one interviews, researchers became interviewees (steering group of 7 members)</td>
<td>Reflective Methodology</td>
<td>*Why further explore 9 participants out of 44?</td>
</tr>
<tr>
<td>2. Noh et al., 2008</td>
<td>Explore the nature of hope in 25 Koreans with schizophrenia (16 men &amp; 9 women)</td>
<td>Qualitative Study</td>
<td>25 Koreans with schizophrenia (16 men &amp; 9 women)</td>
<td></td>
<td>Thematic analysis</td>
<td></td>
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<tr>
<td>3. Armour, 2009</td>
<td>To examine the lived experience of African-American persons recovering from serious and persistent mental illness</td>
<td>Hermeneutic phenomenological study</td>
<td>Secondary data analysis of the qualitative data collection from an African-America subset (n=9) of all larger sample (n=44)</td>
<td></td>
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<tr>
<td>4. McKay, 2010</td>
<td>Explore recovery within the context of the person’s everyday life</td>
<td>Narrative inquiry, the life history interview</td>
<td>To explore the experiences of five women living with enduring mental illness in their community</td>
<td>Data was recorded and transcribed verbatim. Data analysis: -individual unique analysis of each women’s life was created</td>
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<td>Author</td>
<td>Aim</td>
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<tr>
<td>5. Borg &amp; Davison, 2008</td>
<td>Explore recovery within the context of the person’s everyday life</td>
<td>Qualitative study, using narrative</td>
<td>Seven women and six men were interviewed about their everyday lives and experiences</td>
<td>Seven women and six men were interviewed about their everyday lives and experiences</td>
<td>Thematic and step-wise approach used to analyses the interviews</td>
<td>A comprehensive abstract that clearly delineates the core contents of the research. However, the size of the sample has not been mentioned.</td>
</tr>
<tr>
<td>6. Noiseux &amp; Ricard, 2008</td>
<td>Recovery as perceived by people with schizophrenia, family members and health professionals: A grounded theory. To propose a theoretical explanation of recovery based on the concept of human responses put forward by the American Nurses’</td>
<td>Grounded theory</td>
<td>Data were collected from 41 participants: 16 people living with schizophrenia, 5 family members, 20 health professionals</td>
<td>Open coding-underlining significant events, facts and incidents that assist to identify themes</td>
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<td>*Axial coding-refining open-coding and place a theoretical explanation to each category</td>
<td>Further research could be done on finding out the perceptions from each of the three categories (people living with schizophrenia, family members, and health professionals), rather than grouping them together in the discussion. To help compare.</td>
</tr>
<tr>
<td>Author</td>
<td>Aim</td>
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<td>Recruitment/Participants</td>
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</table>
| 7. Tooth et al., 2003 | To identify factors consumers identify as important to recovery from schizophrenia | Four-part qualitative process, consultation with two consumer focus groups | 57 people who identified themselves as in recovery were interviewed and tape recorded | Thematic analysis used to identify common themes used by participants         | Thematic analysis used to identify common themes used by participants       | -Although more men were interviewed in this research, than women, this is said to have no significant on the findings.  
-A clearly written research, very similar to the present                      |
| 8. NG et al., 2008  | To investigate the meaning of recovery from patients' perspective in China, Hong Kong | Qualitative methodology based on a three hours focus group | It consisted of four men and four women, and these were randomly selected at the rehabilitation centre which they attend on regular bases | Data was collected from a focus group that was conducted for three hours. It consisted of four men and four women, and these were randomly selected at the rehabilitation centre which they attend on regular bases | Word-for-word transcription of the audio-taped recording was made by the research assistance  
The generated data was then analyzed using thematic content analysis approach based on grounded theory. Central thematic framework to describe the data was then used | Well written research paper.  
*Issue of language difference is not clearly delineated. For an example what has been done to limit the change of meaning of participants' information during data analysis, were the research assistants English literate?  
*What would have been the cause of the hopelessness? In the researchers' discussion of the result this does not come out vive, are these findings or suggestions of what might have caused participants' hopelessness? |
| 9. Lysaker et al., 2010 | To explore the issue of whether the quality of a person's personal narrative of his or her life and challenges is a meaningful aspect of recovery from schizophrenia.  
*Sought to replicate previous findings linking quantitative assessments of personal narrative with the quality and quantity of an aspect of wellness | Narrative research (Methodology is not explicit). A quantitative study | 88 adult men and 15 women with Structured Clinical Interview for the DSM-IV (SCID) | Thematic analysis                                                              | Statistical data analysis using three stages.                                 | *This research paper is not clearly written.  
The abstract is not summative; it is written as a paragraph, yet it is clearer when the abstract has subheadings of the main points. For an example, the authors would have made it more authentic by indicating the: background, method, results/discussion, and then the conclusion.  
*Authors get carried away when discussing the instruments under method. Instead of discussing how the instruments were used in their research, they detailed the general use of each.  
*Initials SCID are used earlier in the text, yet explained further down (procedures), confuses the reader |
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<tbody>
<tr>
<td>10. Spaniol et al., 2002</td>
<td>To identify themes associated with improvement in function and subjective experience</td>
<td>Qualitative Longitudinal</td>
<td>12 individuals with schizophrenia</td>
<td></td>
<td></td>
<td>Similar findings as those of to William, Marilyn Armour and David with Leroy, Wewiorki; the stages of the recovery process.</td>
</tr>
<tr>
<td>11. Piat et al., 2009</td>
<td>To explore (for stakeholders receiving, providing or planning mental health services in Canada) the meaning of recovery from the perspectives of consumers receiving mental health services in Canada</td>
<td>Qualitative</td>
<td>54 mental health consumers</td>
<td>In three stages: -interviews were coded independently: codes from the questionnaires and others from the data -summaries for each interview was done based on individual themes -summaries were compared and contrasted, and rewritten as a single analytical summary.</td>
<td>In three stages: -interviews were coded independently: codes from the questionnaires and others from the data -summaries for each interview was done based on individual themes -summaries were compared and contrasted, and rewritten as a single analytical summary.</td>
<td>A very good research with clearly stated methodology and method of analyzing data. Conclusion: “Thus, conceptualizations of recovery need to account for both definitions it the recovery movement is to represent the view of all consumers.”</td>
</tr>
<tr>
<td>12. Hoffmann &amp; Kupper, 2002</td>
<td>To identity factors that may facilitate recovery from schizophrenia</td>
<td>Qualitative case study research</td>
<td>Four out of the 75 participants’ interviews were developed into case studies, (looked at in details). These were selected because they illustrated the varied</td>
<td>Four out of the 75 participants’ interviews were developed into case studies, (looked at in details). These were selected because they illustrated the varied</td>
<td></td>
<td>A significant comment: Due to the varied definition of recovery, as perceived by those living with schizophrenia/mental illness, it is very important for health professionals to ensure that comprehensive services of recovery are made available to all patients. -This research did not look at definition of recovery from the patients’ perspective, but rather what the researchers found out to promote recovery. In other words it appears as if the researchers made their own conclusion of things that</td>
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<tr>
<td>Author</td>
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<td></td>
<td>To examine whether patients’ perception of recovery differed for those receiving treatment order (CTO) compared to those who were not</td>
<td>Qualitative study</td>
<td>86 patients</td>
<td>courses taken by individuals in the recovery process.</td>
<td>Univariate analysis</td>
<td>promote recovery from schizophrenia, rather than being delineated by participants themselves.</td>
</tr>
<tr>
<td>Patterson et al., 2011</td>
<td>To learn important lessons from individual narrative and to determine whether common patterns exist within the lived experience of recovering individuals.</td>
<td>Qualitative study</td>
<td>Four accounts of women who experienced prolong psychiatric disability and recovered</td>
<td>Four accounts of women who experienced prolong psychiatric disability and recovered</td>
<td>Thematic analysis, Constant comparative method: involves identifying and extracting significant statements or meaning units from the narratives. Mishler’s (1986) narrative analytic method used to augment the thematic analysis-helps identify the core narrative (global theme)</td>
<td>There is no stipulation of how participants perceive or define recovery, yet this would provide clear evidence that there is indeed no difference in the perception of recovery between the two groups of participants. In other words, what is the yardstick of measuring that there is no difference in the perception of recovery? Therefore it appears as if this research is not looking at participants’ perception of recovery, but is investigating if there is a difference in the perception of recovery between patients on CTOs and those who are not. Table accounts/narratives were done by a different person from the research, validity of findings compromised, therefore: -Participants non verbal communication not capture -Some significant information might have not been captured by those who collected the data.</td>
</tr>
<tr>
<td>Chadwick</td>
<td>To understand recovery in service</td>
<td>A personal Construct Repertory Grid Study</td>
<td>32 adults participated in the</td>
<td>Repertory grid</td>
<td></td>
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<td>Jenkins &amp; Carpenter-Song, 2005</td>
<td>users with psychosis and study</td>
<td>Qualitative investigation</td>
<td>90 persons taking second-generation antipsychotic medication</td>
<td>Narrative analysis</td>
<td>A good research paper. Method of data analysis is not vivid; the cultural conundrums (puzzle/confusion) are not clearly discussed. However this is not of significant in this research. -Comment by researchers (Use of medication because participants fear relapse and hospitalization, “this problem complicates the meaning of recovery”): this is not relative, because this is how participants define their own recovery, i.e. recovering/recovered with medication.</td>
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<tr>
<td>Bradshaw et al., 2007</td>
<td>Examine the experience of recovery over a period of 3 years</td>
<td>Hermeneutic Phenomenological Study</td>
<td>45 Adults with serious and persistent mental illness (SPMI)</td>
<td>Thematic analysis</td>
<td>-Total number of participants is different in the abstract (45) of this paper and when discussing the methods: subjects (44). Corroborate -Even though this was a qualitative study, the use of specific figures would have promoted a vivid description of the findings. 20% - only figure mentioned about participants and the relationship with the case manager.</td>
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<tr>
<td>Smith, 2000</td>
<td>To adduce &amp; enumerate common</td>
<td>Qualitative study</td>
<td>10 people with persistent and</td>
<td>QSR NUD*IST, a software package for qualitative data</td>
<td>Well written paper</td>
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<td>Author</td>
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<td>Methodology</td>
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<td>elements operating</td>
<td>severe psychiatric disability</td>
<td>Qualitative study-grounded theory</td>
<td>7 semi-structured, qualitative interviews and two focus group discussions with 18 people</td>
<td>Grounded theory analysis used to identify common, underlying components of the recovery process</td>
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<td>among the uniquely</td>
<td></td>
<td>7 semi-structured, qualitative</td>
<td>7 semi-structured, qualitative interviews and two focus group discussions with 18 people</td>
<td>Grounded theory analysis used to identify common, underlying components of the recovery process</td>
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<td>personal struggles for</td>
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<td>interviews</td>
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<td>recovery from severe</td>
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<td>psychiatric disability</td>
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<td>19. Young &amp; Ensing,</td>
<td>To explore the meaning of recovery process from the perspective of</td>
<td>Hermeneutic phenomenological study</td>
<td>Interviews</td>
<td>Interviews were transcribed, read and coded to cluster thematic aspects, Atlas-t used to recode transcripts and retrieve quotes to dimensionalize each essential theme</td>
<td>Interviews were transcribed, read and coded to cluster thematic aspects, Atlas-t used to recode transcripts and retrieve quotes to dimensionalize each essential theme</td>
<td>Positive aspects of this research -53% of participants had a diagnosis of schizophrenia -Two consultants used to monitor the influence of subjectivity on the data</td>
</tr>
<tr>
<td>1999</td>
<td>mental health consumers</td>
<td>(study of meaning of a text)</td>
<td>Interviews</td>
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<td>20. Bradshaw et al.,</td>
<td>To examine the lived experience of persons recovering from serous</td>
<td>Interviews</td>
<td>Interviews</td>
<td>Interviews were transcribed, read and coded to cluster thematic aspects, Atlas-t used to recode transcripts and retrieve quotes to dimensionalize each essential theme</td>
<td>Interviews were transcribed, read and coded to cluster thematic aspects, Atlas-t used to recode transcripts and retrieve quotes to dimensionalize each essential theme</td>
<td>Positive aspects of this research -53% of participants had a diagnosis of schizophrenia -Two consultants used to monitor the influence of subjectivity on the data</td>
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<td>2006</td>
<td>and persistent mental illness (SPMI)</td>
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Appendix B: Swaziland Letter of permission to conduct the study

02nd August, 2012

MPhil Research Student
The University of Salford
The Crescent
Salford Greater Manchester
M6 6UP
United Kingdom

Dear Sphiwe

RE: PERMISSION TO CONDUCT A RESEARCH STUDY

Permission to undertake a research study on Swazi women living with schizophrenia (perceptions of recovery and their experiences with services provided at the hospital) at the Swaziland National Psychiatric Hospital is granted.

The hospital is grateful that you are conducting this study. The hospital will gain and the findings will be used when providing care to our patients.

We expect you to give the hospital the findings so that the result can be implemented.

Yours faithfully,

P Dlamini
(Hospital Management)
Dear Siphiwe,

RE: ETHICS APPLICATION HSCR12/33 – Swazi Women living with schizophrenia: perceptions of recovery in relation to their experiences of the services provided at the Swaziland National Psychiatric Hospital (SNPH)

Following your responses to the Panel’s queries, based on the information you provided, I am pleased to inform you that application HSCR12/33 has now been approved.

If there are any changes to the project and/or its methodology, please inform the Panel as soon as possible.

Yours sincerely,

Rachel Shuttleworth

Rachel Shuttleworth
College Support Officer (R&I)
Appendix D: Participants’ information sheet

WHAT IS THIS STUDY ABOUT?
- It is a study taking place at the Swaziland National Psychiatric Hospital, Out Patients’ Department (OPD).
- If you are a Swazi women living with schizophrenia the researcher would like to talk to you about your views on recovery and how services in SNPH has helped or could help to promote your recovery.

WHAT IS THIS STUDY HOPING TO DO?
- To find out what recovery means from the point of view of Swazi women diagnosed with schizophrenia.
- To find out how their experiences of services provided by the SNPH have helped or hindered their recovery.
- To recommend how mental health services at SNPH could help women recover from schizophrenia.

WHAT WILL HAPPEN DURING THE RESEARCH?
- You will be given information about the research and you can also ask questions.
- Care provided to you will not be affected in any way should you refuse to participate.
- If you are happy to participate you and the researcher can arrange a good time for the interview to take place.
- Before being interviewed you will be asked to sign a consent form. If you wish the form will be explained to you so that you know what you are agreeing to do.
- Once you have signed the form you and the researcher will go to one of the rooms in the OPD where the interview will take place.
- The researcher will provide you with an opportunity to tell your story about what recovery means to you and to share your experiences of services at the SNPH.
- The researcher is interested in what you have to say and hopes that during this process you will feel respected, valued and having dignity.
- You will be free to terminate the interview at any time.

WHAT NEXT?
- Take the information leaflet and think about participation, contact details are written at the bottom of this sheet if you want more information.
- Or inform any member of staff at the OPD if you are ready to participate now.

(Researcher’s name) 25054176  (Swazi Nurse’s name)  at  25058879

Thank you for taking time to listen.
Appendix E: Consent form

CONSENT FORM FOR A RESEARCH ON:

Swazi women living with schizophrenia: perceptions of recovery in relation to their experiences of the services provided at the Swaziland National Psychiatric Hospital (SNPH)

Please tick the appropriate boxes

Taking Part
I have read the information sheet (dated August 2012), I have been verbally informed about the above research and I understand what I am being asked to do in the project. □ □

I have been given the opportunity to ask questions about the project, and all questions have been satisfactory answered. □ □

I agree to take part in the study. Taking part in this study will include being interviewed and this will be audio recorded. □ □

I understand that my taking part is voluntary; I can withdraw from the study at any time and I do not have to give any reasons for why I no longer want to take part, and that my withdrawal will not affect any aspect of my care. □ □

Use of the information I provide for this project only
I understand my personal details such as my name, phone number and address will not be revealed to people outside this project. □ □

I understand that my words may be anonymously quoted in publications, reports, web pages, and other research outputs. This means that my name will not be revealed in any report. □

____________________  __________________  Date
Name of participant     [printed]  Signature  

____________________  __________________  Date
Researcher               [printed]  Signature  

Appendix F: OPD Information poster

Greater Things Are Yet To Come!

Women Arise and Shine

Do you want to be heard?

You have the right to contribute to your care

How do you best recover from mental illness?

What has helped, what else can

Make informed decisions, no pressure

Ladies who would like to share their views, be listened to and improve care provided at this hospital can obtain more information on how to do this at the hospital’s Out Patients’ Department (OPD). Contact researcher at Nurse at 29546178 (Appendix G)
Appendix G: Letter of invitation

Dear Madam,

Invitation to participate in research study

My name is xxxxxxxx and I am currently studying for my PhD at the University of Salford, UK. I am writing to invite you to participate in my study.

To be eligible in the study, you must be:

- Female
- Diagnosed with schizophrenia and currently be attending the out-patient department at the SNPH

Your involvement would require you to talk to the researcher in private about what recovery means to you and what services at the SNPH have helped in your recovery and what other services might help more. The interview will last approximately 60 minutes, and will take place in private in a quiet room in the outpatients department of the SNPH. With your permission the interview will be audiotaped.

The university’s ethical has been given approval for this study. All information about you collected for this study will be kept confidential, and any identifying information on tape will be removed when the researcher transcribes the tapes.

If you are interested, please feel free to contact xxxxxxx [member of staff] or contact me on my Mobile number xxxxxx and I will provide you with further details of the study.

Your help would be greatly appreciated

Yours sincerely
Xxxxxxxxxxxxxxxxxxxxxxxxxxx
Appendix H: A summary of Bhoyi’s story

Bhoyi

My name it Bhoyi. I live about 18 miles away from this hospital. I do want to become better, but I think I am becoming much better now. I do not do the things I did in the past. In the past I would run aimlessly, all over the place, I would even jump over fence. I would go to my work place and swear at my work mates.

When I was admitted in hospital I think the medication helped to make me feel better.

Both my parents died, I am now left with my grandmother. She gives me food and other things that I need. I am able to buy my own clothes because I work in a shop. I am happy about my job and feel good about the fact that I am working. I am now waiting for my sick sheet so that I will be able to take to work and they will pay me for this day, even though I did not go to work. They pay me as long as I bring the sick note to confirm that I was in hospital.

I want to know when I will stop taking these tablets; I have been taking them for a long time now, since 2008.

Researcher’s response: This is a good question; it is worth discussing with the doctor when you see him next. We encourage you to take you medication as prescribed, and prevent stopping treatment abruptly because it could result to a decline in mental state.
Appendix I: Interview Schedule

**INTERVIEW SCHEDULE**

**DEMOGRAPHIC DATA:**

Name: .........................................................................................................................

Address: .......................................................................................................................

Contact Number: ...........................................................................................................

Age: ..............................................................................................................................

Date: ..............................................................................................................................

Time: ..............................................................................................................................

(NB. The above will be filled in prior to the interview starting and kept strictly confidential by the researcher only. For the purpose of the research data pseudonyms will be allocated to each participant.)

**AREAS OF DISCUSSION DURING NARRATIVE INTERVIEW**

1. What do you understand by the word recovery?
2. What has helped you to feel better while you are admitted at the SNPH?
3. Think about your recovery – what do you think helped your recovery
   a. At home
   b. At home
   c. In the wider community
4. What specific things provide by the SNPH helped your recovery process?
5. What else do you think would have helped your recovery?
   a. At the SNPH
b. At home

c. In the wider community

**INTERVIEW SCHEDULE**

1. Introduction of the researcher
2. Thank participant for choosing to be involved in the study
3. Provide information about the research, looking at the information sheet and considering ethical issues
4. Give participant opportunity to ask questions
5. Explain the interview process
6. Ask participant to sign the consent form
7. Collect demographic data
8. Ask participant open-ended questions regarding the above
9. Terminate the interview and thank the participants.
Appendix J: Pholile’s story with lines numbers

How do I get lines

Appendix K: Initial noting and development of themes
Making notes with tracking comments on the side, Heading needs to be out of the box
### Appendix L: Pholile’s Clustered themes

#### Pholile’s Clustered Themes (super-ordinate)

<table>
<thead>
<tr>
<th>EMERGENT THEMES (subordinate themes)</th>
<th>CLUSTERING (super-ordinate themes) using: abstraction, numeration, subsumption, polarization, function contextualisation</th>
<th>Pinkie’s KEY WORDS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family support: knowledgeable and a Christian (1:5,6)</strong></td>
<td><strong>Chronology of the illness (The horrible the illness)</strong></td>
<td>I was terrified, people coming towards me</td>
</tr>
</tbody>
</table>
| **Illness: horrible, terrible, tortured, horrifying experience (1:10-12)**  
**First encounter: came from church (1:10)** | **Illness: horrible, terrible, tortured, horrifying experience**  
**First encounter: came from church (1:10)** | These people were fighting |
| **Seeing being attacked (1:11)** | **Seeing being attacked (1:11)** | He made me breath like the spirit was coming out |
| **Insomnia (1:15)** | **Insomnia (1:15)** | See a lot of people’s.. |
| **Solicit help at church, benefited (1:16,17)** | **Second episode: brain confused, came from church, alone (1:19)** | Smell non existing smells |
| **Second episode: brain confused, came from church, alone (1:19)** | **Trigger: illness made by prince, causing her to breath as if to take out the spirit(1:21)** | Felt like a lot of things were coming out |
| **Trigger: illness made by prince, causing her to breath as if to take out the spirit(1:21)** | **Visual: people’s pictures (2:32)** | |
| **Not confused, relieved past experience (1:25)** | **Olfactory: none existing smells (2:33)** | |
| **Support through prayer with friends**  
(1:26) | **Tactile: things like demons coming out**  
(2:34) | |
| **Then sent to hospital (2:30)** | **Uncontrollable behaviour: walking, insomnia, became weak** | |
| **Hallucinations:** | | |
**Visual: people’s pictures (2:32)**

**Olfactory: none existing smells (2:33)**

**Tactile: things like demons coming out**

(2:34)

**Uncontrollable behaviour: walking, insomnia, became weak (2:35)**

**Injection: helped to sleep (2:41)**

**Rough experience of the medication: ‘dragging’ me (2:43, 44)**

**Benefits of the injection (2:48)**

**Listening to nurses (2:49)**

**Nurses’ conditional love: listen/obedient (2:51)**

**Seclusion: Lonely, (2:56)**

**Little help: spirit left me (2:57); to get better (3:68)**

**Seclusion: compulsory on admission (3:67, 72)**

**Not nice, disliked (3:60)**

**A prison, encaged (3:62)**

**Compulsory on admission (3:72)**

**Discharge from seclusion based on client’s will to comply (listen) (3:71,72,74)**

**Medication beneficial, if well taken (3:75)**

**Nurse’s love: re-enforces: allow family bond (3:80, 81)**

**Nurse: acceptance, not stigmatise me (3:82)**

**Rough experience from medication and the illness (Dragged)**

**Rough experience of the medication: ‘dragging’ me (2:43, 44)**

**Benefits of the injection (2:48)**

**Side effects of medication error: labelled as ill, no one interested in listening (5:118)**

**Injection deprives ones’ liberty, becoming unproductive (5:130,131)**

**Injection a hindrance: physically, emotional and life progress (12:324,325)**

**Rest not helpful, feels worthless, not industrious/energetic (8:223)**

**A desire for change: reiterated bad treatment when not ill (10:287-288)**

**Chemical restrained: injected (10:288)**

**Irreversible effects: dragged on the floor, life time pain, was normal before (11:289)**

**Retarded progress: bible college and marriage: no money (9:256, 257)**

**Coerced treatment: the pain that never dies (11:304)**

<table>
<thead>
<tr>
<th>Walking the whole night, I could not stop</th>
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<tbody>
<tr>
<td>They gave me an injection, then I slept</td>
</tr>
<tr>
<td>Feeling like I was dragged, they just dragged me</td>
</tr>
<tr>
<td>Injection helped me</td>
</tr>
<tr>
<td>I confused the medication...became very sleepy</td>
</tr>
<tr>
<td>Given an injection...not ill...injection made me sleepy</td>
</tr>
<tr>
<td>This injection wasted my time because it made me feel like I was dragged</td>
</tr>
<tr>
<td>I just sit and rest for a moment, I am useless, but ask for support</td>
</tr>
<tr>
<td>I am looking at this thing that happened to me, it really hurt</td>
</tr>
<tr>
<td>That I was given an injection when I was well</td>
</tr>
<tr>
<td>This injection hurts your life, you find yourself being dragged on the floor</td>
</tr>
<tr>
<td>I need money for my wedding...have the gift of marriage and preaching</td>
</tr>
<tr>
<td>But the injection just kills you</td>
</tr>
<tr>
<td>Injection made me swell, I</td>
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Nurses: Reprimand to guide you, as one does to a child (3:85)
Hospitalisation: return to normal, become productive, excel (3:87)
Recovery with medication, identify with others, back at work (4:89-91)
Recovery: perseverance: (4:92)
Fulfilment of a unique need: visits from significant others and universality (4:97-103)
Fulfilment of need for visitors emphasised, medication, food not a substitute (4:97-103)
Home food boring, no variety, self admission requested (4:105,110)
Voluntary admission for food, makes you better (4:112)
Stigmatised: mentally ill because of different beliefs (5:117)
Side effects of medication error, labelled as ill, no one interested in listening (5:118)
Accused of insomnia (5:125)
Professionals’ stigmatisation (5:126, 127)
Injection deprives ones’ liberty, becoming unproductive (5:130,131)
Misunderstood: excitement or illness (5:134)
Labelled with mental illness because of hatred (5:138)
Ridiculed and mocked by a neighbour (5:140, 141)

Body disfigured by injection, loss of self confidence, esteem (11:307)

Seclusion is like a prison  (Ekhulukutfu kubuhlungu)
Seclusion: Lonely, (2:56)
Little help: spirit left me (2:57); to get better (3:68)
Seclusion: compulsory on admission (3:67, 72)
Not nice, disliked (3:60)
A prison, encaged (3:62)

Care and support form family, community and church (Support: community)
Family support: knowledgeable and a Christian (1:5,6)
Solicit help at church, benefited (1:16,17)
Fulfilment of a unique need: visits from significant others and universality (4:97-103)

Hospital stuff’s love and support (Support: hospital)
Nurses’ conditional love: listen/obedient (2:51)
Nurse’s love: re-enforces: allow family bond (3:80, 81)
Nurse: acceptance, not stigmatise me (3:82)

Nurse: acceptance, not stigmatise me (3:82)
Half brother causing conflicts, influenced by weed (5:143)
Chased from home by half brother, lived with uncle (6:145)
Conflicts/stigmatised at uncle: sorting and burning old cloths: labelled mad (6:150)
Her children abused by lady, stopped from attending school (6:152)
Stressful life: being bullied, emotional abuse (6:155-158)
Labelled: mad women spreading to the whole neighbourhood (6:156)
Continually infuriate, disturbed mind, no peace within: defended herself (6:160-163)
Spoke with the doctor, not heard, restrained and injected (6:166-168)
Stigmatised: coerced, mistreated, misinterpreted, misunderstood, misjudged (6:168-170)
Mistreated, helpless: fighting back by calling pastor (6:170)
Coerced treatment, side effect weight gain (7:174,175)
Exasperated by lady’s emotional abuse, developed physical symptoms (7:178-180)
Recovery associated with emotionally stable (7:186)
Not employed advantageous, less stress, can sleep, misunderstood by step mother (7:187)
Step mother: not supportive responsible for financial abuse (7:188)
Step-mother tortured me and abused my children (7:191-197)
Financial difficult, step mother’s financial abuse a contribution

Nurses: Reprimand to guide you, as one does to a child (3:85)
Hospitalisation: return to normal, become productive, excel (3:87)
Recovery with medication, identify with others, back at work (4:89-91)
Voluntary admission for food, makes you better (4:110)

God with me, it will be okay (Support: above)
Spirituality: trust in the supernatural to help (8:204)
Finical support received through offering from others (8:205, 208)
Surrendered problems to God: (8:229)
Looked for solution, prove fruitless, files missing in court (9:238)
Trust God’s intervention (9:236)
Trust in God brings home, coping strategy, helps to persevere (10:267-269)
Hopes that things will be sorted at the right time (10:270,271)
Have confidence in God and church due to previous provision (10:275-279)
Strongly belief in God for future success (10:282)
Coping strategies: reassured by God’s revelation about the lady (9:251)

At the firm where I used to work, you go back to normal
You really become well with this medication
Told the doctor no, I want to stay here.
I have asked God’s servant and the church to pray for me
...ask for others to help me..go to town to ask for support
I am looking unto the King to help me
Told..no files..this book with that one..this book was with that one
God helped me there
He will open a way, he is faithful
...lots of support from the church
Yes if you trust God he will open for you big opportunities
There is so much conflict now
Yet because I believe in God, I do pray, he helps you when you
No strength/ motivation to work contribute to financial difficult (7:201, 202)

Spirituality: trust in the supernatural to help (8:203)

Financial support received through offering from others (8:205, 208)

The pain of seeing one’s children being abused (8:213, 214)

Rest not helpful, feels worthless, not industrious/ energetic (8:223)

Step mother: financial abuser, non empathetic (8:226-228)

Surrendered problems to God: (8:229)

Looked for solution, prove fruitless, files missing in court (9:238)

Trust God’s intervention (9:236)

Conflicts with half siblings (9:240)

Ridiculed, mocked & insulted by siblings (9:242-246)

Evil from half siblings is contagious, physical effects (9:246-249)

Coping strategies: reassured by God’s revelation about the lady (9:251)

Difficult circumstance: (9:256-286)

Retarded progress: bible college and marriage: no money (9:256, 257)

Perpetual family conflicts, no progress (9:258; 10:260-264)

Trust in God brings home, coping strategy, helps to persevere (10:267-269)

Difficult circumstance: (9:256-258)

Trust in God for help (11:302)

I must be willing to work with the nurses (Up to me)

Listening to nurses (2:49)

Discharge from seclusion based on client’s willingness to comply (listen) (3:71, 72, 74)

Medication beneficial, if well taken (3:75)

Recovery: perseverance: (4:92)

No strength/ motivation to work contribute to financial difficult (7:201, 202)

That mad women: ridiculed for living with the illness (She is mad, don’t worry?)

I can talk for myself, only listen?

I am not mad, only listen (stigma+listen)

Accused of not sleeping (5:125)

Stigmatised: mentally ill because of different beliefs (5:117)

Labelled with mental illness because of hatred (5:138)

Ridiculed and mocked by a neighbour (5:140, 141)

Half brother causing conflicts, influenced by weed (5:143)

Conflicts/stigmatised at uncle: sorting and burning old cloths: are in need

I listened to what the nurses were saying

You stay there until you can listen

The medication is good, it help you a lot, if you drink it well you become better

You get home..feel pressured

No getting up to go to the boss..I do not have that strength within me

......they told lies about me....said I was not sleeping

...he told people that I did not sleep

In this area one of the people did not like me

Lady left her house..came to mine...caused trouble

It was not until one of my half brothers started causing trouble

She started telling everybody that she sis mad, she is mad

She would force my child to stay home and do chores...I realised that she did not go to
| **Hopes that things will be sorted at the right time (10:270,271)** | **labelled mad (6:150)** |
| **Have confidence in God and church due to previous provision (10:275-279)** | **Her children abused by lady, stopped from attending school (6:152)** |
| **Strongly belief in God for future success (10:282)** | **Stressful life: being bullied, emotional abuse (6:155-158)** |
| **A desire for change: reiterated back treatment when not ill (10:287-288)** | **The pain of seeing one’s children being abused (8:213,214 )** |
| **Chemical restrained: injected (10:288)** | **Labelled: mad women spreading to the whole neighbourhood (6:156)** |
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| **Talked to nurse, not heard (11:298)** | **Spoke with the doctor, not heard, restrained and injected (6:166-168 )** |
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| **Coerced treatment: the pain that never dies (11:304)** | **Coerced treatment, side effect weight gain (7:174,175)** |
| **Staff listened to me in the past when I had come to ask for food. Why did they not listen to me this time (11:305, 306)** | **Exasperated by lady’s emotional abuse, developed physical symptoms (7:178-180)** |
| **OR** | **Step mother: not supportive responsible for financial abuse (7:188)** |
| **Do they not recognise that I am the same lady who use to ask for food and went back home (11:305, 306)** | **Step-mother tortured me and abused my children (7:191-197)** |
| **Body disfigured by injection, loss of self confidence, esteem (11:307)** | **Financial difficult, step mother’s financial abuse a contribution (7:199-200)** |
|  | **Professionals’ stigmatisation (5:126, 127)**

**school**

- She would insult me and insult me....shout on the other side saying this mad lad, this mad lady
- I was then called a mad person
- She never stopped, she provoked me and provoked me
- They continued to hold me and injected me, I did tell the doctor

**step mother**

- I felt I should phone my pastor and report that they took me to hospital even though I was not ill
- I us to suffer from headaches because this lady would talk a lot and she would insult me a lot
- The step mother does not support you...she tortured my children
- My life is difficult...have no money...yet money is being withheld by the step mother
- The doctor did not speak much, all he knows is that this is a patient, she is mad
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<thead>
<tr>
<th>A plea for staff to pause and listen to patients at all times (11:313)</th>
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<td>Found others in hospital who were wrongly admitted: pastor (11:314-316)</td>
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</table>

| Others taking control over me as if they know me better than I do (12:321) |

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</thead>
<tbody>
<tr>
<td>I us to come to the hospital tell them that I was not okay...I needed food...gave me food..went back home</td>
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</table>

| I know myself, I know my illness..know importance of taking medication..don’t want to die...I have my children |

| I want the staff at the hospital to listen to patients, not to inject them without listening |

| I met a pastor...said I was stood at the bus rank holding my bible...police took me..said...told by this person that you are not okay |

| ..my wish that this would not happen again |
| 12:334-336 | ...we did not get the money |
Appendix M: Pholile’s enumerated themes

Pholile’s emergent themes

Family support: knowledgeable and a Christian (1:5,6)

Illness: horrible, terrible, tortured, horrifying experience (1:10-12)

First encounter: came from church (1:10)

Seeing being attacked (1:11)

Insomnia (1:15)

Solicit help at church, benefited 10/12

Second episode: brain confused, came from church, alone (1:19)

Trigger: illness made by prince, causing her to breath as if to take out the spirit(1:21)

Not confused, ?relieved past experience (1:25)

Support through prayer with friends
(1:26)

Then sent to hospital (2:30)

Hallucinations:
Visual: people’s pictures (2:32)

Olfactory: none existing smells (2:33)

Tactile: things like demons coming out
(2:34)

Uncontrollable behaviour: walking, insomnia, became weak (2:35)

Injection: helped to sleep (2:41)

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Nurses: Reprimand to guide you, as one does to a child (3:85)

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Recovery: perseverance: (4:92)

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Injection a hindrance: physically, emotionally and life progress (12:324, 325)
Promised financial support at the hospital, did not materialise (12:334-336)
Appendix N: Merging to super-ordinated themes

Bringing them all together

How the sub-ordinate themes were merged into super ordinate 1.

1. The terror/illness of the brain
   - Chronology of the illness, Polile
   - Being dragged, medication, Polile
   - I was not who I am because of the illness, Welile
   - How it started, Polile
   - Illness: the thing that tortures the body and brain, Salaphi
   - The restrictions of the illness: behaviour, thoughts mood and others, Winile
   - Potential limiting illness: voices, fear, Thobile
   - Illness started with disturbance of my spirit, Nono
   - Talking with invisible people, Selina
   - Injury to the brain, Tholu
   - Risk to others, Tenele
   - My brain was hurt, Felaphi
   - Uncontrollable, dehumanising behaviour, Eti
   - Illness changed me, Lulu
   - Problems, problems, problems make me crazy, Jojo
   - The mental pain of being financially crippled, Jojo

2. Spirituality
   - God my comfort
   - God with me, it will be okay, Polile
   - At church benefit from giving and receiving, Nono
   - Prayer did not help me, Winile
   - I do go to church, not getting much there, Selina
   - Praying makes me feel well in the brain, Eli

3. Kubancono (Being better)
   - Attending church is therapeutic, Welile
   - At least I can look back and be happy, Felaphi
   - Family support, attention to basic needs, Tenele
   - Living with the illness and being HIV positive is not easy, Selina
   - Acceptance of what I cannot change, focus on my desire: determined to be discharged from hospital, Tholu
   - When I am better: use of hobby, community involvement, Selina
   - It’s up to me, I must be willing to work with nurses, Polile
   - Benefits from medication and family support, Selina
   - It’s up to me: my choice to comply, Winile
   - I am responsible for where I want to be, Tholu
   - Medication can be good or bad, Thobile
   - Being better; family support, harmony, love, balancing work and rest, Nono
   - It’s up to me: determined to be productive, Thobile
   - Being in control: I know me best not you, Salaphi
   - Being productive, occupied helps become better, Lulu
   - A sense of hope at the end of the tunnel, Eli
   - Difficult rule of medicine, better flexibility of traditional medicine, Winile
   - Taking medication out of fear, Eli
   - Being better, indicators: self care, respect, Eli
   - Taking medication because the doctor said so, Welile
   - Being better is not possible, Londi
   - Benefited from going to church: power of fellowship, Lulu
   - I can chose whether to be admitted or not: home is best, Welile
   - I know when I need hospital admission, Nono
   - Hopelessness, Jojo

4. Who will help me?
   - Interruption to being better: imposed treatment, Salaphi
   - Fulfil a need
   - Dreadfully treated by hospital staff: bitten, bad language, Welile
I will not be admitted in hospital again. Traditional healers are the same (beaten there too), Winile
Beaten by hospital staff, Tenele

5. Buhlungu bekhulukutfu!

You are destroyed in seclusion: thrown in, Winile
I did not deserve being sent put in seclusion, Salaphi
Poisoned with medication, Salaphi
Seclusion too small, could suffocate, Selina
Dignity lost in seclusion, Welile

6. Some of them are better.

Hospital medication, injection helped to become better, Winile
Hospital holistic care: education support, food, therapeutic environment, Salaphi
Hospital care average, staff not excellent: health education from students on placement, Welile
Empowered by hospital staff: regained lost social skills, Thobile
Talking with staff helped, Nono
Good care from hospital staff, Selina
Medication is not the answer, Jojo
Hospital staff did less, Selina
Engaging in therapeutic activities, a therapeutic distraction, Tholu
Hospital care changed for better, Felaphi

7. Luhlanya lolu.....

My child and I dumped by the father, Selina
That mad women, ridiculed for living with the illness of the brain, Polile
Living with the illness and socio-cultural dynamics, Salaphi
Being put down by those in power: husband, police, professionals, Salaphi
Unplanned hospital admission – dumped: relatives and hospital staff, Nono
Wanting to fit in: pauses high risk of relapse, Welile
Not accepted by everybody, Winile
Return to work delayed, restrictions not acceptable, Thobile
Disadvantaged because I live with the illness: land and job taken away from me, Eli
Self confidence: I refused to go to seclusion for no reason, Tenele
Stigmatised, Jojo

8. Being fulfilled/ability to overcome

Peace with others, Felaphi
I am better than those that don’t accept me, Felaphi
Something good comes out of this illness, Salaphi
I have a dream to generate income, Selina
I am not as bad as others think I am, I have accomplished a lot, Thobile

The war within me, Thobile
Desire to overcome, Welile
The joy of being included, Winile
Determination to rise above constraints, Winile
The joy of being valued by others, Tholu
Motivated to win: hobby used productively, set goals, refused seclusion (to be put down by others) , Tenele
Working hard, making goals, learning new things, Eli
Appendix O: Further merging to super-ordinate themes

Together 2

Bringing them all together 2

*How the sub-ordinate themes were merged into super ordinate, stage two.*

1. The terror/illness of the brain (Experience of living with schizophrenia)

1.1 The illness defined

- Brian hurt, injury to the brain,
- My brain was hurt, *Felaphi*
- Injury to the brain, *Tholu*
- Illness started with disturbance of my spirit, *Nono*
- How it started, *Polile*
- Chronology of the illness, *Polile*
- The mental pain of being financially crippled, *Jojo*
- Problems, problems, problems make me crazy, *Jojo*

1.2 The changed self

- Uncontrollable,
- dehumanising behaviour, risk to others
- Risk to others, *Tenele*
- I was not who I am because of the illness, *Welile*
- The restrictions of the illness: behaviour, thoughts mood and others, *Winile*

1.3 The illness tortures

- the body and brain,
• limiting, restricting: behaviour, mood, Conflicts within
• Illness changed me, Lulu
• Talking with invisible people, Selina
• Potential limiting illness: voices, fear, Thobile
• Illness: the thing that tortures the body and brain, Salaphi
• Being dragged, medication, Polile

2. Kubancono (Being better) (what does it mean to me to be better, makes me say I am better or not, evidence, indications, I am better when...)
• God my comfort
• God with me, it will be okay, Polile
• At church benefit from giving and receiving, Nono
• Prayer did not help me, Winile
• I do go to church, not getting much there, Selina
• Praying makes me feel well in the brain, Eli
• Attending church is therapeutic, Welile
• At least I can look back and be happy, Felaphi
• Family support, attention to basic needs, Tenele
• Living with the illness and being HIV positive is not easy, Selina
• Acceptance of what I cannot change, focus on my desire: determined to be discharged from hospital, Tholu
• When I am better: use of hobby, community involvement, Selina
• It’s up to me, I must be willing to work with nurses, Polile
• Benefits from medication and family support, Selina
• It’s up to me: my choice to comply, Winile
• I am responsible for where I want to be, Tholu
• Medication can be good or bad, Thobile
• Being better; family support, harmony, love, balancing work and rest, Nono
• It’s up to me: determined to be productive, Thobile
• Being in control: I know me best not you, Salaphi
• Being productive, occupied helps become better, Lulu
• A sense of hope at the end of the tunnel, Eli
• Difficult rule of medicine, better flexibility of traditional medicine, Winile
• Taking medication out of fear, Eli
• Being better, indicators: self care, respect, Eli
• Taking medication because the doctor said so, Welile
• Being better is not possible, Londi
• Benefited from going to church: power of fellowship, Lulu
• I can chose whether to be admitted or not: home is best, Welile
• I know when I need hospital admission, Nono
• Hopelessness, Jojo
• Some of them are better.
• Hospital medication, injection helped to become better, Winile
• Hospital holistic care: education support, food, therapeutice environment, Salaphi
• Hospital care average, staff not excellent: health education from students on placement, Welile
• Empowered by hospital staff: regained lost social skills, Thobile
• Talking with staff helped, Nono
• Good care from hospital staff, Selina
• Medication is not the answer, Jojo
• Hospital staff did less, Selina
• Engaging in therapeutic activities, a therapeutic distruction, **Tholu**
• Hospital care changed for better, **Felaphi**

3. Violation of rights (hindrances of recovery)

**Buhlungu bekhulukufu! (The pain of seclusion)**
• Interruption to being better: imposed treatment, **Salaphi**
• Dreadfully treated by hospital staff: bitten, bad language, **Welile**
• I will not be admitted in hospital again. Traditional healers are the same (beaten there too), **Winile**
• Beaten by hospital staff, **Tenele**
• You are destroyed in seclusion: thrown in, **Winile**
• I did not deserve being sent put in seclusion, **Salaphi**
• Poisoned with medication, **Salaphi**
• Seclusion too small, could suffocate, **Selina**
• Dignity lost in seclusion, **Welile**

4. Tarnish (a standalone hindrance to recovery)
• My child and I dumped by the father, **Selina**
• That mad women, ridiculed for living with the illness of the brain, **Polile**
• Living with the illness and socio-cultural dynamics, **Salaphi**
• Being put down by those in power: husband, police, professionals, **Salaphi**
• Unplanned hospital admission – dumped: relatives and hospital staff, **Nono**
• Wanting to fit in: pauses high risk of relapse, **Welile**
• Not accepted by everybody, **Winile**
• Return to work delayed, restrictions not acceptable, **Thobile**
• Disadvantaged because I live with the illness: land and job taken away from me, **Eli**
• Self confidence: I refused to go to seclusion for no reason, Tenele
• Stigmatised, Jojo

5. Being fulfilled/ability to overcome (a standalone enhancer of recovery)
• Peace with others, Felaphi
• I am better than those that don’t accept me, Felaphi
• Something good comes out of this illness, Salaphi
• I have a dream to generate income, Selina
• I am not as bad as others think I am, I have accomplished a lot, Thobile
• The war within me, Thobile
• Desire to overcome, Welile
• The joy of being included, Winile
• Determination to rise above constraints, Winile
• The joy of being valued by others, Tholu
• Motivated to win: hobby used productively, set goals, refused seclusion (to be put down by others), Tenele
• Working hard, making goals, learning new things, Eli
### Appendix P: Summary of participants’ stories

<table>
<thead>
<tr>
<th>Name, Age, Distance, Educ., Yr living with schizophrenia</th>
<th>SUMMARY</th>
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<tbody>
<tr>
<td><strong>Nono</strong>, 50, 26, Std. 2 (4), 2005</td>
<td>To hospital to refill medication in 2011, left by car, no money then admitted for a couple of days. Last admission 2009. <strong>Recov:</strong> can cut grass to make mats, can care for grandson, medication is good, good staff, had a 1:1 with nurse not working in the ward, <strong>nurse talked like you,</strong> when <strong>grandchildren grandmother died,</strong> nurse <strong>encouraged forward</strong> thinking, nurse said work on mats, have a break, implemented, it worked. Good relationship with husband (repeated x2), talks well with her, encourages balance between work and rest, enjoys working hard at home. Joined church, cleans at church, attend weekly prayer, share problems, prayer answered.</td>
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<tr>
<td><strong>Londi</strong>, 30, 8, G. 1 (Recept.), 2005</td>
<td>Doesn’t believe in being better, sent to hospital by mother, told her in the morning that she was not well, and to go to hospital, enjoyed running away with boyfriend, abscond through the window, wanted cigarettes, no access at the hospital, not allowed, enjoyed hospital stay, enjoyed sex with boyfriend.</td>
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<tr>
<td><strong>Lulu</strong>, 36, None, 2001</td>
<td><strong>Recov:</strong> not forgetting, being normal: stops talking to self, clean house, not write aimlessly, keep busy, child minder. Medication helped: repeated x2. Want to work in the soup kitchen for orphans. Wants to resume attending church, had enjoyed youth programs. At the hospital played games, helped become better. Wants to go back to church become involved with cleaning activities, helps to be surrounded by church people makes her forget illness, get absorbed in helpful things, does not want to be alone at home. Wants to go to college to become a journalist.</td>
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<tr>
<td><strong>Eli</strong>, 56, 20, F.3 (9), 1973</td>
<td><strong>Recov:</strong> do many things, respect self, not stripping in public, can have a bath, not forget way home going to forest, stay at home in peace. Forgetful when unwell. Dr said studying hard, but books got lost when about to write JC. Taken by relatives to be prayed for, helped, but medication is very helpful. <strong>Improvement</strong> in hospital treatment, staff don’t shout any more, directed by receptionist where to go. Stigmatised by seller of land, after father died, wanted land back, threaten to harm her physically, asked for prayers, disturbances stopped. Going to church helps, share problems others pray and encourage her, trust God to solve problem. Brothers and sisters supportive: give money for transport to hospital and to buy food, make me feel that I am not alone, thought I live alone. Taught at a preschool, place take for someone living near school, the worked as a cleaner at a hospital, it closed, now will train as a rural health motivator, also a member of red cross. Live alone mentioned x2(?! Worried). <strong>Improvement</strong> at the hospital, people are becoming better. Only constraint is lazy patients, or excessive alcohol consumption.</td>
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<tr>
<td><strong>Jojo</strong>, 10, G. 1 (Recept.), 1989</td>
<td><strong>Recov:</strong> fewer problems, repeated many times. Became unwell, couldn’t sleep, heard people talking. Medication is good, regular changing of medication now takes two tablets, feels good , ?involvement during change, nothing makes things better, endless problems, no wallis to get</td>
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Thobile, 50, 15, None, 1985

Wants to be better so that she can help her children much better. Wants to go back to work. Worked as a gardener, ploughing vegetables, illness is restrictive: cannot do what she wants, illness consumes her strength. Wants to stop sleeping, sleeps after medication, medication makes her sleep. Solution: wants employer to accept her back to work, employer said she is not well yet, wants to start slow, gradually and gain strength gradually. Wants to work and not sit idly, waiting to be told by employer when she can return to work. Lack of employment: wants to sell vegetables to start being active. Medication very helpful, taking medication for a long time, relapsed when not taking medication, lost marriage through the illness, also stressed by death of grandchild + not taking medication. Stopped taking meds, cause she thought she was cured, will not stop taking meds, does not want to relapse. Nurse took good care of her, washed her daily repeated x3, gradually realized importance of having a bath, last bath herself with help of nurses, likes looking beautiful, given food repeated x4, and combed her hair, medication given at the right time. Having no stress makes her feel better x2, avoids talking a lot, eating food makes her better, no food at home: “I even thought that my mother has been brought to life” 7:134. Heard two voices, one bad and the other bad, telling he not to eat, sometimes over powered the bad, ate: then voice came back shouting at her that she ate poisoned food, had a 1:1 counseling with nurse, given skills on how to deal with voices, it worked, also given medication, then it stopped, now has normal dreams. Community: cooks for orphans soup kitchen, well accepted at the soup kitchen, arranging to return, had only stopped because of the illness, also involved in cleaning the royal kraal, and in community women activities, these helped to learn to talk and respect others. Medication has been important in her recovery. Feels happy to have brought up 9 children as a single parent, children are now happily married.
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<tr>
<th>Name, Age, Distance, Educ., Yr living with schizophrenia</th>
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<tr>
<td>14, Felaphi, 64, 13, University degree, 1978</td>
<td>Went to Kenya to further her studies. Still not recovered, injured by pastor, not supported when daughter became pregnant premarital, instead he visited me at home, and blamed me for her pregnancy. Experienced a lot of stress from church, hence became unwell. Advised not to attend church, did not for a year, but this did not help. Illness started when she broke up with her boyfriend from Lesotho, he was controlling, refused her to attend a graduation ceremony where she was invited to participate, arguing that she was going to be seen by other men. Boyfriend later told her his family had arranged another lady for him to marry, a Mosotho, because she was Swazi. He was physically abusive, coerced her to get married at the district office, she refused, unfortunately she became pregnant with his child, he encouraged her to abort stating that nobody would marry her if with a child, she refused. However, contemplated aborting because she suspected rejection on her return home, but did not want to live with guilt of having taken an innocent soul. Does not regret decision, accepted at home on her return; daughter is very support now: helped her finish building her house, gives her food and money. Illness triggered by work stress in 2001. Recovery: reading and listening about forgiveness, tries to forgive, yet finds herself remembering part hurts. Lady at church hurts her, by making bad remarks. Learns from challenges faced, but still does not believe Christians should hurt each other, rather should be a place of peace and harmony. Comfort to realize that the lady possible had inferiority complex, she did not complete school, and her husband beat her. During admission, nurses were observant, saw that I was not sleeping, gave medication, helped, and managed to sleep. Nurses are caring, no long waits at the OPD, only waiting today because of police brought a patient. Live in peace with people in the community. Doesn’t mind minor issues of people being jealous about her accomplishments. Content that her children are doing well, two are at the university, one is amongst the top 50 best students in the country. Teaches Sabbath school at church, very happy.</td>
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<td>Tholu, 68, 3, Std. 5 (6), 1977</td>
<td>Started being unwell when husband had extramarital affairs, caused a lot of distress. Took her livestock (cows), gave to second wife. Also took a lot of her belongings she had worked for with her children. Angry: wanted to beat them. Told by doctor to stop bothering her, did stop, and then died in 2000. &quot;Reward I get from someone called husband, need to tell myself that I was not born with this person&quot; Quickly changed the topic, said she wants to move on. Readmitted after the death of her daughter. Loss of appetite and weight when unwell, kept thinking about the problems. In hospital learnt how to bake from volunteers who came to teach us. Played netball at the hospital, made a lot of friends, then we could be allowed to go out on leave, shopping at Tiger City with my friends we were identified as getting better. One of the friends embarrassed her while they had gone out, undressed in public, and attributes this to not making the right choice. Children very happy when they visited, found her full of life, wearing shorts. Had fun at the hospital. Accepted her situation, but told self that she was in hospital, but wanted to become better, therefore decided to participate in all activities. Recov.: use of available resources, sells avocado from tree at home, sells fruits, good management of money, with pension she gets, buys food, and gives to others. Good support from children voluntarily give her money, she does not need to ask. Have fun with her daughters and daughters in law. Happy because children are doing well, believes she brought them up well, one has built a big house in South Africa, another girl lives in Swaziland, got a loving husband, this makes me feel well in the brain. Believes God has helped her teach her children that it is not good to be involved in corruption, did not take anything from corruption; have been reprimanded in the past, if involved with corruption. Involve with orphans support, 34:722 in charge of making sure that they are well fed; ensure food is not stolen by those who prepare it.</td>
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| Selina, 34,12, | Feeling better: doing things that would couldn’t do when unwell. Use to hear voices of people discussing issues, debating "I feel hot" To be |

| Name, Age, Distance, Educ., Yr living with schizophrenia | SUMMARY |
**F.1 (7), 2006**

| Better: nurses did nothing, but gave medication to drink, not seen anything bad at the hospital, nurse give medication x2. At home mother encourages me to take meds at the right time; relationship with brother is not good: arguments over food, because I don’t work, not bringing much home, wants to work and support her one year old baby. Opt to selling vegetables, needs money for stock. Child’s father working, but not supportive, reported to social welfare, only gave little money (£10) once, therefore spends time thinking about where she can get money, get frustrated when thinking about where to get money. Also living with HIV, needs travel money to collect medication twice a month, this hinders recovery. Wants to focus on vegetable business, and not think about the father’s child who does not give money. Given money by sister bought milk for the baby. Tablets help her to “have a sound mind and to perform her duties.” Happy to live with family and not need to buy food, as she would in her own flat. Recommended outreach: to be given medication at the community, and not to be coming to the hospital on monthly bases. |

**Tenele, 22, 10, Std. 4 (5), 2008**

| Being better: not beating people for no reason, thinks this is because she was hearing voices of airplanes passing. Triggered by being given a hand shake by a stranger, fainted, became unconscious for a long time, relatives sent me to be prayed for, became conscious and normal. Mother gives me food at night when I am hungry, sister gives her money to come to hospital and going to church. Wants a better paying job, make sleeping mats for now, sell in Swaziland and in South Africa. Wants to restart school, in 2013, then study to become a police officer. Plans to study in South Africa, only mother is concerned that she might not take her medication. Was beaten by staff at the hospital, with a broom, forced to go to seclusion, refused. Observed to be tearful, agreed that I inform the matron (had a 1:1 session with her), refused to talk further because the experience was recent. Does chores at home, assists her mother. Problem: has a huge appetite |

**Titi, 55, 9, G.1 (Recept.), 1975**

| My name is Titi, I am 60 years old, and I live about 8 miles away from this hospital. Nothing promotes my recovery from schizophrenia. I enjoy doing hand craft. I use to make bags from a special green white threaded plant. The problem was that I could not find buyers. I learnt this skill when I was still a student at high school. Financial support: Nothing at the moment. *(There was a moment of silence)* I have children, however, they do not give me money, and they only buy things for me. People in this hospital are good, even in the wards everything is alright. I don’t like the seclusion. That room is very small. I have been fortunate, I have never been sent there. I am afraid that I would suffocate in that room, it is very small. Those who were severely disturbed benefited by being taken to seclusion because they could not abscond, but I wouldn’t have been helped. I participate in community activities where we remove weeds from the chief’s fields. I sometimes brew alcohol and sent to the royal kraal when the community is instructed to do so. |

**Pholile, 48,**

Please refer to Pholile’s story in appendix J
<table>
<thead>
<tr>
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<th>Winile, 14, F. 2 (8), 1994</th>
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<tr>
<td>Winile was 42 years during the interview; she lives 14 miles from the national psychiatric hospital. She studied up to form 2 (year 8), and was diagnosed with schizophrenia in 1994. There is no word, in the siSwati language, which refer to schizophrenia. Winile described her condition as the “illness of the brain.”</td>
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Regarding recovery from this mental illness, Winile believes this is possible, mainly attributing this to the fact that she does not smoke and drink. She highlights that it is importance to take medication, and that because of information given by health professionals, she not likely to stop taking medication, stating that she must take it for the rest of her life. Winile attributes the cause of her three readmissions into the mental health hospital to her “breaking the law of the hospital.”

Some of Winile’s indicators of recovery are: feeling well, good sense of hearing, absence of attacks from unseen people, not engaging in risky behaviours (entering under a moving car), beating others, being isolative, and doing house chores. Although Winile’s relative took her to be prayed for during an acute phase of the illness, she recalls that this did not help in any way. Nevertheless, she acknowledges that she has been given traditional medicine which she says makes her feel better. Regarding her experience of living with the mental illness, Winile indicated that she is not happy because her brain “gets lost” so that she becomes unable to be independent to do what she wants. She also states that others do not think well of her, she is misunderstood, and not accepted, for example after she informed her boyfriend about her mental illness he changed his behaviour towards her, leading their separation. On another note, Winile indicated that her relatives and significant others have accepted her as she is; for example, they cook, laugh and joke together, which she finds therapeutic, and she says it makes her feel happy and “comfortable.” According to Winile, she is not well accepted in the community. She stated that being involved in a community project working with children would make her feel fulfilled and rewarded, yet she is not only fully engaged with other fruitful projects, but the community refused to get her involved because she suffers with the “illness of the brain.” Despite some of the negative encounters Winile goes through in the community, she managed to find a group where she saves money and receives a lot of food at Christmas. She then shares with her children, who live away from her. Winile said that she is happy to contribute food to her sisters in law, with whom she lives with. Winile is not happy with the manner of treatment she received on her initial admission at the psychiatric hospital. Besides being beaten she had an experience where she was taken to seclusion for quarrelling with another patient. Winile said that in the seclusion there are no mattresses, so one has to sleep on the floor; food and medication are served last in seclusion. She repeatedly informed
me that she does not wish to be admitted into the hospital ever again, emphasising he bad experience. Winile’s wishes the hospital not to integrate the HIV services with those of mental health, because even thought she would like to speak with staff about the HIV and some of the challenges she encounters, she is unable to so, because there is no privacy when collecting the antiretroviral drugs (ARVs). Winile often wonders what people think of her when she first visit the mental health department, then goes to collect ARVs, within the OPD, she boldly confessed that she does not care any longer because she has told herself that “everybody has their own problems.”
Welile, 38, 22, F. 5 (11), 1998

Welile was 38 years during the interview, she completed her high school education (completed form 5 or year 11) and she lives 22 miles away from the SNPH. She was diagnosed with schizophrenia in 1998. She has been admitted to hospital several times, the last one being May 2014, and was discharged on the 31st August 2014. When she first became unwell Welile said that she felt dizzy, fell, saw things that were not seen by others, and a feeling that her brain was being disturbed. She also made unusual involuntary movements in her body. Welile said she hit her brothers, and would aimlessly run to public places, naked.

Her mother took her to a private clinic where she was informed that she (Welile) did not have enough blood in her body, and as such little reached the brain, making her unwell. The doctor at the private clinic advised them to visit the SNPH where Welile said she was not treated well. In the wards she said if found fighting with another patient they were bitten by the odals (care assistants), and some of the nurses joined in. Then they were clocked up in seclusion, where there living conditions were unacceptable. Also, because she was not always unhappy, one of the odals was always verbally aggressive towards patients, whenever she came into the ward she could shout at them, and she called them ‘names.’ As a result she did not provide them with daily supplies, like toilet paper, making assumptions that they wanted food, when they asked from that kitchen. Welile reported this to the nurse, but feels nothing much was done because the lady continued to shout and called them ‘names.’ As such, she does not want to stay in the hospital again; she said she is much happy at home. Welile was taken to seclusion after she was found fitting with one of the patients, in an attempt to defend herself. There that she slept on a concrete floor, not even a mattress was supplied. Being winter, she was very cold. Following the fight with one of her peers, Welile’s stay in hospital was prolonged, and she was taken to ward where she was admitted when acutely ill. Even though she was unhappy about this, she did not report it to anyone. On another note, Welile said some members of staff were approachable, and they spent some time talking with patients. As such, she was able to tell one of them about the lady who shouted at them. At the hospital she was given food, felt supported in regaining lost skill, like bed making and taking a bath. Welile benefited from health talks that were provided by a student nurse who happened to be on placement during her admission. Concerning how others perceive her now that she lives with the illness of the brain, Welile said some think

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that she is ‘mad’ all the time, and others discriminate her. However, her family, friends and neighbours understand her, and they also know when she is becoming unwell. She feels hurt when discriminated, she then prays and also benefits from going to church, she said the illness becomes better. After being discharged from SNPH once, her boyfriend asked her why she was admitted into hospital; Welile informed him that she suffered from an illness that caused her to fall. Her boyfriend kept quiet, and she feels that is an indication of not accepting her. Welile believes that she can recover from the illness of the brain, because, although she was taking her medication, she was not admitted for four years. She believes her relapses were a result of not taking her medication; she stopped because one of her tablets made her sleepy in class. Her prayer is to stop taking the medication, because of being stigmatised by others when does. Regarding what she likes doing, Welile said that she would like to open her preschool, and teach there, especially because she has a qualification in this area. Although she has not started teaching at preschool, she thinks that she would feel good in her mind, because she loves doing this.

35. Salaphi, 51, 13, Std. 5 (6), 1990

When unwell behaved like one possessed with animals, dancing with dancing gear, hearing voices: mother’s side, were clear, to hospital, beat them, illness after delivery, nurses listened, spent time with us advised on dealing with voices, talked in isolation, just like now, wrote experience goals and ambitions on a paper, felt good, not instantly, valued time spent with a professional. Must not be upset. Nurses were supportive, gave medication on time, patient with use when we were asleep, given food. Recov.: helped with house chores. Relapsed: forgot to drink medication on alternative days as recommended by Dr. Illness returned, prayed continuously. At home, brought me to hospital when I was well: was dressing up because I like it, said I was mad, accused her of stripping naked, swearing, and insulted swearing at those accusing me of being unwell. In hospital they wrote down what they said, did not listen to me, told me to keep quiet, gave me an injection, left and locked up in hospital, was aware of everything (laughed). Forced to take traditional medicine, smeared all over her, a traditional healer and hut at the homestead. Was restrained with a rope. Emphasised she knows herself, shouldn’t have be forced to take medicine and to come to hospital repeated x4. Dancing at the in laws: cultural conflicts. Husband calls her a mad woman, even when having disagreements or arguments, answer him back: madness will get you one day, coping through laughter. Encourages her daughter who is living with the illness of the brain, tell her that others live with the illness too: even professionals, therefore illness should not stop her from getting what she wants or becoming what she wants to be, she can achieve anything. Encourage her to work hard. Work: a child minder, informed boss, initially refused to let her go to hospital, now changed. Nurses are good, took care of her. Beat another patient, told to stop. Taken to seclusion for not sleeping, reported by fellow patient, slept on the floor, no mattress, was thirsty no water drank from the toilet, couldn’t shout for help, drunk from the medication, nurses laughed at me for not eating because I told her that the food was poisoned (the beetroot).
**Recov.:** talk to people, don’t stay alone eg sister in law, neighbours, enjoy being visited not me visiting them. Does a lot of work at home: collect firewood, wash clothes, sell fruits and vegetables to others, clean and wash for people, get paid little. Missed being involved as a rural health motivator when unfairly admitted in hospital. Like caring for people, helped elderly when admitted at the mental, plate their hair, help bath them, did hand work sowing, crouching, feel good when working, feel pressed when not working, like finding something to do, like to be busy. In hospital, take to the laundry to fold washing, felt good, washed dishes after meals, respect nurse even though some were younger than me.