

**Purpose:** Individuals with schizophrenia are considered to have difficulties in their life, such as finding interpersonal relationships problematic and difficulties in adjusting to new environments as they require time to acclimatize. Nurses are therefore required to support patients with such chronic conditions when they return to the community following hospitalization. This support should be provided from the perspectives of both illness and lifestyle, and a collaborative process should exist with understanding of the individual's life difficulties and fluctuating recovery process. However, very little is currently known about the process involved in how such individuals manage on their own or how they expand their lifestyle in the communities where they live. Therefore, this study aims to clarify the expansion of the life envisioned by community-dwelling individuals with schizophrenia.

**Methods:** This study is a qualitative descriptive study in which the significance of personal experiences and changes occurring were interpreted from data obtained through stories of patients with schizophrenia.

### **I. Subjects and settings**

Ten subjects from two day care institutions (affiliated with hospitals) in 'S' city were enrolled in the study. However, a total of five subjects were excluded due to difficulties of interviews because of instability of their conditions ( $n = 2$ ), willingness of withdrawal ( $n = 1$ ), unavailability of regular interviews ( $n = 1$ ), and refusal of audio-recording interviews resulting in inconsistent data collection method ( $n=1$ ). The other five individuals thus became the subjects to be analyzed in this study.

### **II. Data collection method**

Two to three semi-structured interviews with each individual were conducted at intervals of six months to one year. The aim of consecutive interviews was to identify the process expansion of life envisioned by community-dwelling individuals with schizophrenia on the basis of their stories. The period of data collection was between October 2010 and August 2013.

### **III. Method of Analysis**

It is critical to understand the meanings of events and experiences occurring in his/her daily life for an individual with schizophrenia, and the way in which the individual interprets such experiences. Analyses were thus conducted based on the approach suggested by Shimomura (2003), which was developed to understand the lifestyle of the person from the perspectives of "the phenomena of the individual's real life" and "the personal meanings for the individual."

1. Initial and subsequent stories during interviews were recorded on tape and treated as raw data. Each individual subject's stories were read from the perspective of the two points given above, then the content was summarized and coded. Similar codes were grouped and extracted as categories.
2. For each subject, a story line was created for their life expansion on the basis of categories. A diagram was created with categories in a chronological order on the basis of time-related details, with three broad time frames including around the time of onset, progress following the onset, and the present status.
3. This study examined the semantic contents that emerged from the overall categories with relation to the five subjects. The semantic contents were displayed with the vertical axis, and time passages were shown with the horizontal axis to examine the participants' 'life expansion' and its processes.

### **Results:**

**I.** As a result of examining the expansion of the life envisioned by individuals with schizophrenia, 14 categories were extracted from 30 codes in subject A, 11 categories from 34 codes in subject B, 14 categories from 33 codes in subject C, 14 categories from 34 codes in subject D, and 9 categories from 20 codes in subject E.

**II.** Upon creating a story line using categories extracted from each of the five subjects, we found that each category had certain semantic contents. There were five different types of content including { image of envisioned life }, { awareness of a new way of life }, { interactions with others }, { aspects of tangible life }, and { means to cope with illness }. These were represented on an axis to examine their relationship.

**III.** The way of life of individuals with schizophrenia at the time of onset of the episodes was perceived as a feeling of endless diffusion, with losing a sense of reality and normal cognitive thought processes. However, the results showed that the sense of reality was restored in response to the recovery process, and the sense of reality was described as 'image of envisioned life'. The factors that encouraged their life expansion were 'awareness of a new way of life' obtained by interactions with the outside world, and 'means to cope with illness' changed by themselves. Accordingly, their perceived 'aspects of tangible life' changed, which in turn enabled them to return to a life where their perception was realistic. 'Interactions with others' had a significant impact on this process. In this respect, major driving forces for life expansion were the support from health professionals at the onset of schizophrenia and the interactions with non-professional workers at the stage of returning to live in the community.

#### **Discussion:**

This study attempted to examine the meanings of what signified the expansion of the life envisioned by community-dwelling individuals with schizophrenia and the connection between such life expansion and society. This study also explored the meanings of interactions with others, and the desirable direction of nursing care.

#### **I . What is life expansion?**

Life expansion for individuals with schizophrenia was the way of practical daily activities. That was also an accumulation of everyday life that humans live, such as making a favorite meal, trying to have a job even for a short time, and enjoying time with close friends, rather than merely eating or sleeping.

The driving force of such a realistic life was not an image or concept, but, a sense of real life, that is, a sense of living. The lives of individuals with schizophrenia residing in the community were the processes of expanding their life by themselves with being supported by such a sense of living.

#### **II. Life expansion in relation to society**

The life of individuals with schizophrenia may be an ongoing challenge to restore, because they have suffered considerable losses as result of their disease,—such as family, employment, and interpersonal relationships. Through work, they experienced a sense of being trusted and respected by others. Participating in social activities improves self-confidence, brings about a sense of self-worth through being acknowledged and needed by others, and provides a driving force to look at a positive future.

#### **III. Life expansion and interactions with others**

One of the factors that constantly fluctuated in the expansion of the life envisioned by community-dwelling individuals with schizophrenia was an ambivalence associated with interactions with others. Many of them were rebuilding their lives by gaining support from health and welfare professionals at the early period of onset, and they expanded their lives by having interactions with non-professional workers and friends after they resided in the community. In the community, interactions with others increased while conflicts with others led to unstable feelings of the life. Interactions with others can be a factor of disturbance for such individuals, it is therefore essential to enable them to have a sense of being supported or encouraged by providing a positive opportunity or environment for meeting new people or performing a new challenge.

#### **IV. Life expansion and nursing care**

Nurses need to support such processes for individuals with chronic conditions residing in the community to restore their ability to rebuild their lives or change their lifestyles, which have previously been overlooked. Individuals with schizophrenia live in accordance with their current conditions, rather than having a hope for the far distant future. It is impossible to regain what they have lost; however, individuals with a chronic condition, who are aiming for recovery in the community, require an approach for achieving a sense or feeling of reality. Such an approach will lead to significant support for their achievement of new lives or recovery.