THE NATURE OF POWER EXPERIENCED BY INDIVIDUALS
MANIFESTING PATTERNING LABELED SCHIZOPHRENIC:
AN INVESTIGATION OF THE PRINCIPLE OF HELICY

by

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GRADUATE STUDIES

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Abstract

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The nature of power experienced by individuals labeled 'chronic schizophrenic' was ascertained through hermeneutic analysis and further validated through multiple triangulation.

The central themes that emerged from text were integrality and awareness. The structure of power to respondents was determined to involve integrality and awareness in addition to a wide range of themes regarding choices, freedom to act intentionally, and involvement in creating changes, field behaviors identified by Barrett (1983) as constituting power.

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Informants who viewed their integrality as a process, who recognized the advantages and limitations imposed by living in the world, and who made choices with regard to others and did so freely were more powerful than those informants who viewed integrality as a product, who did not recognize the nature of the context in which they live, and whose choices were more limited to things they did for themselves in order to get along. None of the informants in the study was able to clearly describe the nature of his or her involvement in creating changes. Neither did assumptions that structured informants' schizophrenia as an illness seem clear to them.

Emergent implications for nursing include nurses' recognition of nursing's own contextually-grounded evolution; transcendence of the prevailing world-view in description of schizophrenic experience; and acceptance of schizophrenic experience as evolutionary rather than regressive.
DEDICATION

To my husband and my friend, David
And to my children, David, Kathryn, and Paul

Thank you for always understanding

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My family gave me their total support and went without many meals so that I could invest all my energies in studying. My husband continually sacrificed his own interests for mine, and my children tirelessly collated sheets of paper for me.

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CHAPTER I

INTRODUCTION

Rogers' (1970, 1979, 1982, 1983) paradigm for nursing provides a framework for derivation and testing of theories that can enhance explanation and understanding of the phenomenon central to nursing, unitary human beings. Within the paradigm, "people and their environments are perceived as irreducible energy fields integral with one another and continuously creative in their evolution" (Rogers, 1983, p. 1). In that context, life experience, for example, rather than chronological age is viewed as a contributor to increasing complexity. The ongoing, increasing complexity of the human field, generated through life experience, is an asset to be valued.

The behaviors labeled as 'schizophrenic,' viewed within the framework of Rogers' (1970, 1979, 1982, 1983) paradigm, are life experiences that are proposed by the investigator to contribute to the complexity of the
human field. It is postulated that the individual with schizophrenia can be understood in terms broader than those described in the prevalent psychiatric, psychological, and nursing literature which, to a large extent, ascribe to a reality described by empiricism (Reeder, 1983). This study is a beginning attempt to examine the nature of the creative evolution of individuals with schizophrenia. As an index of that evolution, power, as experienced by individuals with chronic schizophrenia, was investigated. It was proposed that individuals with chronic schizophrenia have the potential to demonstrate more power than generally believed and that awareness of the nature of that power would facilitate nursing interventions that might support the maximal evolution of individuals experiencing schizophrenia in the context of their communities.

Specifically, the following proposition was developed and advanced for empirical investigation in this study: Individuals experiencing schizophrenia manifest relatively high frequency power, where power is defined as "the capacity to participate knowingly in the nature of change characterizing the continuous repatterning of the human and environmental fields" (Barrett, 1983, pp. 1-2). A hermeneutic approach was
utilized to address the research question. Additionally, a quantitative tool that paralleled the qualitative questionnaire utilized as the primary research instrument was administered to enhance confidence in findings.

Statement of the Research Question

What is the nature of power experienced by individuals with chronic schizophrenia?

Orienting Terms

Helicy. A principle of homeodynamics; a generalization about the process of change posited by Rogers' (1970, 1979, 1982, 1983) paradigm for nursing; helicy postulates the nature and direction of human and environmental change as "the continuous, probabilistic, increasing diversity of human and environmental field patterns characterized by non-repeating rhythmicities" (Rogers, 1983, p. 3).

Power. The capacity to participate knowingly in the nature of change characterizing the continuous repatterning of the human and environmental fields.
Power is measured by factor scores on the Power as Knowing Participation in Change Test (PKPCT) developed by Barrett (1983) and by subjective description of the field behaviors through which the human field manifests power as described by Barrett (1983).

Human field. An irreducible, four-dimensional, negentropic energy field identified by pattern and organization and manifesting characteristics and behaviors that are different from those of the parts and that cannot be predicted from knowledge of the parts (Rogers, 1982).

Environmental field. An irreducible, four-dimensional, negentropic energy field identified by pattern and organization and integral with the human field (Rogers, 1982).

Integrality. Continuous, mutual, human and environmental field process (Rogers, 1982) from which power emerges.

Schizophrenia. Behaviors that represent the only possible reaction to an absurd or untenable communicational context (a reaction that follows, and
therefore perpetuates, the rules of such a context) (Watzlawick, 1967, p. 47). It is acknowledged that there may be a physiological or a psychological component to schizophrenia. However, the investigator proposes, consistent with Rogers (1980), that disease, including that labeled 'schizophrenic,' is the label given when one demonstrates behaviors deemed undesirable. This notion is not inconsistent with existentialists' views of schizophrenia (van den Berg, 1972).

Delimitations

The aim of this investigation was to understand the nature of the experience of power as defined by Barrett (1983) from the perspective of individuals currently manifesting behaviors labeled 'schizophrenic.' The findings uncovered by such investigation might enhance nursing awareness of hidden strengths of those individuals and might suggest new approaches to maximizing their humanness. Such awareness was to be gained through analysis of text generated by interviews with individuals experiencing schizophrenia and through administration of the Power as Knowing Participation in Change Test (PKPCT) (Barrett, 1983).
Delimitations in this study were determined and imposed on the basis of the four-dimensional nature of human beings. Four-dimensionality does not imply spatiality. Rather, it implies that the human field is embedded in the environmental field, in other words, is integral with the environmental field (Reeder, 1984; Rogers, 1970, 1979, 1982, 1983). Human field complexity is a function of integrality with the environment. Thus, chronologic age is not an indicator of complexity, as Cowling (1983) demonstrated, and limitations were not imposed regarding age. Rather, they were imposed on the basis of relevant methodological assumptions underlying hermeneutical research and on the basis of capacities required to complete the PKPCT (Barrett, 1983).

One relevant methodological assumption underlying hermeneutical research is that data obtained can be accepted as valid if participants have experience with the research topic and can communicate their experiences (Colaizzi, 1978). A second assumption is that experience is context-dependent. Thus, delimitations appropriately are based on investigator determination of the breadth of context appropriate to answer the research question. Hence, the sample of prospective subjects included only those individuals who personally were experiencing schizophrenia and who wanted
to discuss their concurrent experience of power. The aim of the study was to uncover a broad range of power experiences in schizophrenia. Potential subjects were selected from clients with a diagnosis of chronic schizophrenia, that is, a diagnosis made at least six months prior to interview. Because diagnosis and resultant hospitalization for treatment of schizophrenia very often are determined by the diagnostic criteria found in the Diagnostic and Statistical Manual III (DSM III) (American Psychiatric Association, 1980), potential subjects diagnosed within that system also were accepted in the study. Subjects had no documented chronic physical diseases at the time of their initial interviews with the investigator so that findings were not clouded by respondents' experiences involving those diseases.

Delimitations were imposed on the basis of one additional factor. The PKPCT (Barrett, 1983) requires that respondents read and write English and have a minimum of a high school education. Thus, these criteria also were used to delimit the sample.

Theoretical Rationale

Barrett (1983) derived a new theory of power from
the conceptual system for nursing developed by Rogers (1970, 1979, 1982, 1983). On the basis of her research, Barrett concluded that "as human field motion, an index of unitary human development, proceeds, so does the capacity to participate knowingly" (p. 119).

According to Barrett's (1983) definition, power is characterized by four field behaviors: awareness, choices, freedom to act intentionally, and involvement in creating changes (Barrett, 1983). The individual with high frequency power, that is, power judged meaningfully by the subject to be high rather than low in multidimensional space (Barrett, 1983; Osgood, Suci, & Tannenbaum, 1957), knowingly participates with the environment through the four field behaviors. Power manifests in many forms (Barrett, 1983). It emerges from human-environmental process (integrality).

The principle of helicy (Rogers, 1970, 1979, 1982, 1983) postulates that the human and environmental fields become, through evolution, increasingly diverse and innovative, characterized by non-repeating rhythmicities. According to Rogers' (1970, 1979, 1982, 1983) paradigm, the human field cannot but diversify in its evolution. Thus, physical and mental illness notwithstanding, as the human field evolves it becomes increasingly complex and diverse; concomitantly,
according to Barrett (1983), the trait of power will become increasingly high frequency. This notion is not consistent with views regarding schizophrenia in prevailing psychiatric, psychological, and nursing literature in the United States, existential literature proving to be an exception. For the most part, descriptions of individuals experiencing schizophrenia found in the literature portray them as relatively powerless, highly anxious, typically distorting reality, and "lacking the capacities and feelings required for effectively handling the daily challenges of reality" (Taylor, 1982, p. 233). To become schizophrenic, in the prevalent view, is to protect oneself against total personality disintegration.

On the basis of reason alone, neither view of the nature of schizophrenic experience can be deemed more appropriate. In fact, one cannot be assured of ever describing the true reality. Thus, to argue about the nature of power, an index of helicy (Barrett, 1983), as experienced in schizophrenia is, more appropriately, to argue about the nature of the paradigm within which power and schizophrenic experience are viewed.

Both the prevailing Western world view and the world view proposed by Rogers (1970, 1979, 1982, 1983) are, at best, approximations of reality. One can choose
to utilize either as a framework for understanding reality. Clarification of differences between the West's prevalent view of power in schizophrenia and a new view of schizophrenia and power—one more consistent with the Rogerian (1970, 1979, 1982, 1983) conceptual framework for nursing—can be clarified through discussion of the world views underlying each description of schizophrenia and inherent power.

Briefly, the prevailing Western world view assumes a single reality that can be fragmented into independent variables and measurable processes. Objective knowledge about that reality is accessible through objective inquiry that requires blocking out of the inquirer's biases and subjective awarenesses. Knowledge is viewed as nomothetic, that is, as proposing laws (necessary principles). Cause temporally precedes effect and can be determined through objective investigation (Lincoln & Guba, 1985). Thus, the individual with schizophrenia is seen as experiencing a demarcated set of symptoms, the causation of which is physiological, social, or psychological in nature.

Within the prevalent world view, investigation of schizophrenia involves a process of systematic testing, the conduct of which is consistent with the world view, first, to establish the cause(s) of schizophrenia, and
second, to establish the effectiveness of treatment in an effort to determine the most appropriate mode(s) of therapy to return the individual to a pre-psychotic level of functioning and restore the individual's capabilities, including premorbid power. Causes of schizophrenia identified throughout the prevalent literature point to a deficit of some yet unspecified component. Findings generated by scientific research conducted about schizophrenia are aggregated and attempts are made to generalize conclusions to the larger population of schizophrenics. Generalization is accomplished on the basis of carefully planned research techniques that are consistent with the traditional world view. Thus, underlying causes and treatment modes deemed effective by research are utilized in therapeutic work with most cases of schizophrenic illness.

Rogers' (1970, 1979, 1982, 1983) paradigm, on the other hand, recognizes multiple potential realities based on lived experience. The inquirer and the object of inquiry are viewed as a single unit, that is, as integral. Rogers (1979) quoted Polanyi (1958) stating, "almost every major systematic error which has deluded men for thousands of years relied on practical experience" (p. 334). In other words, broad generalization and identification of necessary principles on the basis
of empirical, that is, five-sense perceptible, data is a 'chimera' (Guba, 1978). Rather than propose necessary principles, according to Rogers' paradigm, the best one can do is to develop hypotheses that describe assumptions about the the human field. These assumptions, then, can be tested within a context that recognizes the integral nature of human and environmental fields. The aim of inquiry within the Rogerian system is not to develop timeless, boundariless generalizations but to propose knowledgeable descriptions that will promote understanding of the universal yet unique nature of unitary human beings. Specifically, within the Rogerian system, human and environmental energy fields are theorized to be in a state of mutual, simultaneous shaping that is characterized by increasing complexity and diversity. Hypotheses about the nature of human evolution can be used to describe human phenomena as probabilistic.

Within the context of Rogers' world view, the investigator proposed that the individual with schizophrenia is viewed most appropriately as relatively complex, manifesting complex patterning. This notion is not inconsistent with literature in existential philosophy that warns against premature interpretation of schizophrenic behaviors as regressive and
inappropriate (van den Berg, 1972). It was postulated that individuals with schizophrenia, who, according to Rogers' principle of helicy are manifesting unique, rhythmic patterning, not a 'disease,' will demonstrate a potential for a relatively high capacity to participate knowingly in change; that is, individuals with schizophrenia potentially will demonstrate relatively high frequency power. In addition, it was proposed that the individual with schizophrenia is actively participating with the environment—through even seclusive behaviors—rather than withdrawing from the environment, thus demonstrating high frequency power. Table 1 summarizes differences between the prevalent and Rogerian paradigms and identifies descriptors of schizophrenia consistent with each.

To begin to assess the validity of the notion that the individual with schizophrenia is relatively complex and can manifest relatively high frequency power, a view in sharp contrast to the prevalent view of power in schizophrenia, individuals with schizophrenia were interviewed regarding their experience of the aspects of power described by Barrett (1983). Additionally, the PKPCT (Barrett, 1983) was administered to increase reader confidence in the reliability of themes generated by the data and compiled by the investigator.
<table>
<thead>
<tr>
<th>PREVALENT</th>
<th>ROGERIAN</th>
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<tr>
<td>singular reality</td>
<td>multiple realities</td>
</tr>
<tr>
<td>independent and dependent variables</td>
<td>unitary nature of inquirer and object of inquiry</td>
</tr>
<tr>
<td>measurable processes</td>
<td>lived experience</td>
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<tr>
<td>objective inquiry (rests in process)</td>
<td>objective inquiry (rests in object itself)</td>
</tr>
<tr>
<td>linear causality</td>
<td>scausality</td>
</tr>
<tr>
<td>temporality</td>
<td>atemporality</td>
</tr>
<tr>
<td>knowledge as 'nomothetic'</td>
<td>limited generalizability of knowledge</td>
</tr>
<tr>
<td>SCHIZOPHRENIA</td>
<td>SCHIZOPHRENIA</td>
</tr>
<tr>
<td>demarcated symptoms with isolatable cause</td>
<td>life experience manifest by patterning</td>
</tr>
<tr>
<td>potentially effective treatments</td>
<td>mutual shaping of human and environment</td>
</tr>
<tr>
<td>goal: return to powerfulness and health</td>
<td>goal: understand experience from perspective of individual; acknowledge ongoing power</td>
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Determination that individuals with chronic schizophrenia, indeed, can demonstrate relatively high frequency power—awareness, choices, freedom to act intentionally, and involvement in creating changes (Barrett, 1983)—added further data to nursing’s body of knowledge and supports understanding of the nature of power experiences among individuals labeled ‘schizophrenic’ in the context of the prevailing world-view. Furthermore, data suggested alternative nursing approaches which would maximize the potential of individuals experiencing schizophrenia.

Significance to Nursing

Without exception, the focus of research in nursing is human beings and their environments. As the science and art of nursing have evolved, the nature of nursing research also has evolved, and the means by which humans and their environments are studied have changed. Currently, nurse researchers perceive a need to study human beings in a way that would "enhance their humanness" (Rogers, 1983, p. 1). Such enhancement mandates, first, recognition of the integral nature of human and environmental fields and appropriate methods for investigation of human and environmental fields, and
second, recognition of the paradigm in which phenomena are viewed. Still, the question remains, Why is it relevant to nursing to enhance the humanness of individuals—schizophrenics—who appear unable to contribute to society and who, potentially, will never contribute to society?

Indeed, as extensive review of the literature indicates, efforts to habilitate individuals with schizophrenia have resulted, generally, in continued schizophrenic chronicity. Negative views of the individual with schizophrenia persist in the community (Rabkin, 1980) and the "revolving door syndrome" (Kane, 1984, p. 24)—frequent hospitalizations of deinstitutionalized schizophrenic individuals—attests to the inability of schizophrenics to live in the community. A negative and demeaning cycle is perpetuated for the individual labeled 'schizophrenic' as well as for the family.

The impact of chronicity, and its negative perception by the community, on current and future nursing practice mandates consideration of power and schizophrenia from the unique perspective proposed in this study. Specifically, social, economic, and clinical aspects of nursing are addressed here to demonstrate the potential significance of this study.
Trotter (1977) noted that estimates of the occurrence of schizophrenia among the United States population range from 0.85% to 2%. That percentage translated to about 4,000,000 individuals. Between 1955 and 1980, the in-patient population of state mental hospitals decreased by over 70% (Borus, 1981; Kane, 1984), although the percentage of individuals with chronic schizophrenia remained fairly constant (Borus, 1981). Deinstitutionalization, the return of hospitalized psychiatric patients—many of them with chronic diagnoses—to the community was proposed as an alternative to expensive, long-term hospital stays. The philosophy underlying deinstitutionalization assumed community-based care preferable to hospital-based care since it provided a less restrictive environment; that community residents would demonstrate willingness and ability to assume care of their mentally ill counterparts; and that community-based agencies would be able to manage care cost-effectively (Bachrach, 1978). However, due to lack of outpatient services, unexpectedly high costs of community programs, and negative responses from the communities to which these patients returned, deinstitutionalization became, instead of a constructive, economonical approach to care, "a major public policy dilemma in itself" (Flagg,
1983, p. 247). As an alternative to state-supported psychiatric care, privately owned treatment facilities for the mentally ill have burgeoned. Review of the literature, however, revealed multiple criticisms of private facilities for providing less than optimal, often barely adequate, care for their patients (Baxter & Hopper, 1980; Hagar & Kincheloe, 1983). In short, the social and economic contexts of the mental health care environment mandate research which would provide insights into the experience of schizophrenia and that would support reintegration of the individual with schizophrenia in the community.

The literature is replete with informal accounts and objective research regarding families' inability to deal with members labeled 'chronic schizophrenic' on their discharge to communities of residence (Appleton, 1974; Evans, Bullard, and Soloman, 1961; Goldman, 1982; Hatfield, 1978; Kane, 1984; Leavitt, 1975). Creer and Wing (1974) noted that families often feel unprepared to deal with the unpredictable and morose symptomatology of their schizophrenic members, especially withdrawal from social contact. Further, Kane (1984) noted that "sensitive clinicians observe that families receive very little information concerning the patient's diagnosis and what it really means" (p. 21).
For the purposes of this study, meaning was defined as the relationship between the knower and the known (Polanyi, 1958). The following example clarifies the definition:

Another example is the familiar case of tactile cognition: of using a probe to explore a cavity, or a stick to find one's way in the dark....This perception is a function of tacit knowing and is accompanied by a particularly interesting 'phenomenal transformation.' The sensation of the probe pressing on the fingers and palm, and of the muscles guiding the probe, is lost, and instead we feel the point of the probe as it touches an object. And, in addition to the functional and phenomenal, the probing has, of course a 'semantic' aspect, for the information we get by feeling with the point of the instrument is the meaning of our tactile experiences with the probe: it tells us what it is that we are observing by the use of the probe (Polanyi & Prosch, 1975, pp. 36-37).

The meaning of schizophrenia to family members of schizophrenics, that is, their awareness and understanding of schizophrenia, is evolving within a context that promotes a negative view of schizophrenia. Similar to the probe described by Polanyi and Prosch
(1975), families' experiences of schizophrenia in such a negative context tell them, through 'phenomenal transformation,' what they are experiencing and shapes the meaning of that experience to them.

The investigator contends that there is an overreliance on the accumulated body of knowledge regarding schizophrenia. This overreliance is critically evaluated in this study and a new approach to understanding power in schizophrenia is taken in an effort to transcend the prevalent paradigm and introduce new insights into the experience of schizophrenia that might impact families' personal experiences and impact research in and treatment of schizophrenia as well. Specifically, the successful integration of the chronically, mentally ill into their communities of residence might be supported by research that would clarify the strengths of those individuals and not only allow but support a new understanding of the mentally ill.

The societal view of schizophrenia will determine not only the direction taken in schizophrenia research and treatment but also families' interpretation of meaning of that phenomenon and potentials to assist their schizophrenic members (Foucault, 1976). Clearly, prevalent Western approaches to schizophrenia are not
eliminating the social, economic or clinical problems inherent in schizophrenic experience nor are they assisting families in their efforts to live with schizophrenic members.

Possibilities of mental health care moving from the current "pretechnological" to "technological" era are described in the literature (Williams & Johnson, 1979). Nursing's contribution to such evolution begins with a reconceptualization of the nature of schizophrenic behaviors. Rogers' (1970, 1979, 1982, 1983) paradigm proposes an optimistic view of unitary human beings. Such a view facilitates maximization of the humanness of all human beings, including those manifesting schizophrenic patterning.

Thus, the interplay of social, economic, and clinical factors in the context of the prevalent paradigm is given as the rationale for conduct of this study. The current set of health care beliefs and practices surrounding individuals with schizophrenia is not sufficient to enhance the humanness of those individuals, nor is it sufficient to meet the social and economic demands of an ever-complexifying society. Through this study, the investigator postulates that a new understanding of individuals with schizophrenia is possible. Such an understanding would address strengths
of the individual with schizophrenia that currently go unrecognized. Subsequent investigation, then, might be directed toward exploration of alternative approaches to maximizing the potentials of those individuals.

It is clearly unrealistic to adopt an expansionist position in relation to mental health care systems at this point in time. A society faced with major economic problems will have few resources and little energy to spend on matters such as mental health. For those who are concerned with this area of human need, this may be a time to consolidate—and wait (Flagg, 1983, p. 251).

Efforts to consolidate through description of the evolutionary nature of unitary human beings experiencing schizophrenia, using power as an index of that evolution, was the purpose of this study.
CHAPTER II
FOUNDATIONAL LITERATURE

Within the context of Rogers' (1970, 1979, 1982, 1983) conceptual system, the investigator proposed that individuals experiencing chronic schizophrenia manifest relatively high-frequency power, in other words, that they are participating knowingly in change. Such participation is manifest in awareness, choices, freedom to act intentionally, and involvement in creating changes (Barrett, 1983).

Review of related literature illuminates the complexity of the development and comprehension of the concepts of schizophrenia and power; provides an overview of proposed etiology, research efforts, and treatment approaches in schizophrenia; demonstrates intermeshing of the concepts of schizophrenia and power proposed by authors in a number of disciplines; and suggests an appropriate approach to researching power and schizophrenia within the context of Rogers' (1970, 1979, 1982, 1983) science of unitary human beings.

The Concept of Schizophrenia

In 1852, Morel (1852–1853), a Belgian psychiatrist,
introduced the term 'dementia precoce,' mental
deterioration at an early age, to describe the features
of a fourteen-year-old male patient whose physical,
moral, and intellectual functions had become
ineffective. Morel did not assume that the boy's
symptoms represented a disease entity, but simply used
the term descriptively.

In an effort to develop a coherent
psychopathological system, Kraepelin (1899) subsequently
adopted the Latin form of the term 'dementia precoce,'
dementia praecox, noting that precocious mental
retardation presented in all cases of the disease.
Kraepelin's view of dementia praecox as endogenous was
influenced by the work of Koch, thus initiating a
'scientific' approach to naming psychiatric diseases.

By the beginning of the nineteenth century the
experimental movement had thoroughly conquered
the sciences of physical nature and had
penetrated deeply into the study of life
processes. Philosophers were still
speculating about the nature of 'the mind'
but, as we have seen, were already gearing
their speculations to the concepts of the
natural sciences. ....What later was labeled
the 'new' science of psychology was an
incidental creation of physicists, anatomists, physiologists, neurologists, and even astronomers, who were indeed alive to the problems of metaphysics but who saw no reason why the phenomena of mind should not be observed, analyzed and measured according to the methods that were proving so useful in the other fields (MacLeod, 1975, p. 191).

The context of schizophrenic experience in the West had been established and was to direct the evolution of the notion of schizophrenia for many years.

The term 'schizophrenia' was introduced in 1911 by Bleuler (1950), a Swiss psychiatrist who rejected the notion that mental retardation was a factor in the diseases and who believed that the conditions known as dementia praecox were characterized by thought disorganization, lack of consistency between thought and emotion, and an inward turning away from reality. Bleuler's conceptualization of schizophrenia assumed that there were several disease entities involved and that these were best described as a syndrome. To Bleuler, schizophrenia was characterized by autism, loose associations, ambivalence, and limited attention span.

Clearly, schizophrenia was viewed as a biologically
mediated phenomenon in its early conception. Five models of human nature and behavior, bases upon which to build modes of treatment, were conceptualized following this early period, beginning with Freud's psychoanalytic model and including as well the behavioristic model, the humanistic model, the interpersonal model, and the existential model. An overview of the nature of these models serves to further illuminate the context within which thinking about psychiatric illness evolved.

Over a period of fifty years, Freud developed the psychoanalytic model (Jones, 1959). The major components of the model are the subsystems of the personality: id, ego, and superego; stages of psychosexual development: oral, anal, phallic, latent, and genital; and the concepts of anxiety, defense mechanisms, and the unconscious. The psychoanalytic model has had a powerful influence over thought regarding mental illness.

Meyer (1951) was among the first to introduce the notion that environmental factors might figure in schizophrenia. Influenced by Freud and by the principles of psychoanalysis, Meyer was committed to uniting physiology and psychology in representing schizophrenia. Initial emphasis in psychoanalysis was on libido and repression followed by increased emphasis
on aggression and structural theory. Freud, concerned with determining the etiology of schizophrenia, attributed schizophrenia to fixation at, and regression to, early autoerotic stages of psychosexual development, viewing schizophrenia as a narcissistic disorder (Jones, 1959). Notable representatives of the psychoanalytic school of thought are Abraham; Tausk; Federn; Fairbairn; Klein, Bion & Rosenfeld; Hartman & Jacobson; Menninger; Arlow & Brenner; and, in his early career, Sullivan (Gottesfeld, 1979). Later, when Sullivan (1953) identified, as the basis of schizophrenia, intense anxiety during early development resulting in "...an almost unceasing fear of becoming an exceedingly unpleasant form of nothingness by a collapse of the self" (p. 318), he left the psychoanalytic school.

Fromm-Reichmann was heavily influenced by Sullivan's work in her development of the concept of the "schizophrenogenic mother" (1959). Searles (1961), who described schizophrenia as undeveloped subjective differentiation from the world, and Arieti (1968), who examined the course and etiology of schizophrenia in four stages, were also influenced by Sullivan.

Jung, concerned with transpersonal dimensions of schizophrenia, began in the psychoanalytic school, but later, with Adler, separated from that group on the
basis of the belief that social determinants, primarily, affect behavior (Adler, 1957). According to the Jungian school, each individual has a collective unconscious, consisting of memories from throughout human history, and inner self-experience, through which wholeness is achieved (Jung, 1953). To Jung, the individual with schizophrenia was unable to free the self from a pathogenic complex, possibly biologic in nature, involved in the development of schizophrenia. Jung attributed schizophrenia to profound regression to deep layers of the collective unconscious. Schizophrenia was considered to be inner-directed (centripetal) rather than outer-directed. Adler’s therapy in schizophrenia stressed active behavior on the part of the therapist and development of "social interests" of the patient in an effort to develop a supportive social network (Adler, 1957). Recent research has documented the effect of established social support systems in rehabilitation in schizophrenia (Populin & Sturni, 1984; Varela, 1983). Further, Doll (1976) demonstrated a correlation between families with low sympathy for their schizophrenic members and increased deviant symptomatology in those individuals.

Like psychoanalytic theories, behavioristic theories also have been widely utilized in the
development of patterns of explanation and understanding in mental illness. Foundational efforts of behaviorists underlie research focused on schizophrenia as a learned disorder. The salient principles of the behavioristic model are classical and operant conditioning; reinforcement; generalization and discrimination; modeling, shaping, and learned drives. Related to theories of learning, some research has demonstrated that schizophrenics tend toward either overarousal in response to environmental factors or toward underarousal (Broen, 1968; Fenz & Velner, 1970; Gruzelier, Lykken, & Venables, 1972). Bartolucci (1984) related false beliefs held by individuals with schizophrenia to receptive difficulties, to which, in turn, were attributed expressive difficulties. Goldstein (1959) and Cropley & Sikand (1973) found schizophrenics to be rigid and concrete in their thinking, possibly related to perceptual difficulties. Novic, Luchins & Perline (1984), in a related study, noted inability of chronic schizophrenic inpatients to recognize the affect expressed in photographed faces. Aaronson (1967) concluded, following a study of two individuals, one of whom was schizophrenic, that the schizophrenic experience results from a perception of space as enclosing and chaotic with a resultant drawing-in of the
self. Silverman's (1964) work with schizophrenics supported this notion, while Payne, Caird, and Laverty (1964) argued that schizophrenics sample data in the environment broadly. Though discrepant, findings have been attributed by some researchers to neurophysiologic imbalances.

An interesting extension of learned response is presented in the work of Bahnson and Bahnson (1969, 1974) who contended that the type of disorder one manifests in response to experienced stress depends on habitual response patterns. Their theory integrates mind and body, holding that an individual discharges energy associated with stress either by somatizing, with cancer as the extreme, or by emoting, with schizophrenia as the extreme. This theory is radical in its stance since differentiation of mind and body is another aspect of the context within which Western psychology evolved.

...scientists...proceeded to study the phenomena of mind as they were studying the phenomena of nature. Hume and Kant had demonstrated logically that an empirical science of mind was impossible. The scientists, fortunately, were unimpressed by metaphysical impossibilities; they were simply curious about the phenomena of consciousness
and were eager to know how these could be related causally to the familiar facts of physics and biology. It was the old mind-body problem that fascinated them, but now restated in the context of the new science (MacLeod, 1975, p. 191).

The humanistic school, notably led by James, Allport, Maslow, Carl Rogers and Perls, emerged in the 1950s and 1960s. Humanists focus on the self, on values and personal growth, and on a positive view of human nature (Berne, 1972; James, 1890; Rogers, 1977). Humanistic therapists hold that the origins of schizophrenia are psychosocial, and their efforts are based on interventions within the context of a therapeutic relationship aimed toward finding a sense of meaning. Within this framework, schizophrenia is viewed as a blocking of personal growth manifest through overuse of defense mechanisms, unfavorable social conditions and faulty learning, and excessive stress.

The interpersonal model, based largely on the work of Harry Stack Sullivan (1953), focused on interpersonal relations and role development; social exchange, roles and games; and interpersonal accommodation (Berne, 1967, 1972). The focus of therapy is on relationships.

The existentialist model emphasizes the uniqueness
of the individual (Laing, 1960, 1967) focusing on existence and essence, choice, freedom and courage, meaning, and existential anxiety aimed at values clarification.

There are several endeavors in this country to systematize psychoanalytic and psychotherapeutic theory in terms of forces, dynamisms, and energies. The existential approach is the opposite of these attempts. We do not deny these dynamisms and forces; that would be nonsense. But we hold that they have meaning only in the context of the existing, living being — if I may use a technical word, only in the ontological context (May, 1969b).

Transpersonal psychotherapy can be understood in the context of the existential model. Transpersonal psychotherapy (Fadiman, 1980; Ray, 1980; Vaughan (1979) is directed toward encouraging the individual to take responsibility for the self in the world and for relations. The approach to therapy is aimed toward encouraging the individual to meet holistic needs. Spiritual growth is viewed as essential to the healing of the individual. Eastern techniques such as meditation and Western techniques such as psychotherapy
are utilized to assist the individual to reach self-transcendence and to become unified. According to the existentialist school, schizophrenia does not exist as a disease, but rather as an experience (Laing, 1960, 1967). Szasz (1961) proposed that schizophrenia is nonexistent; that it is a construct created by society to serve its need to segregate individuals who make others uncomfortable. Watzlawick, Beavin, & Jackson (1967) described schizophrenia as a paradoxical attempt to not communicate.

In summary, models of human nature and behavior underlie attempts to intervene in schizophrenia and attempts to isolate causal factors in schizophrenia. Some aspects of the five models presented are complementary while others are not. The existentialist and transpersonal views of schizophrenia appear most consistent with the science of unitary human beings (Rogers, 1979, 1982, 1983), in that all present a view of human being and environment as integral and both acknowledge the potential for the individual with schizophrenia to be complexifying rather than degenerating.
Etiology of Schizophrenia

Research regarding the etiology of schizophrenia is extensive in the literature world-wide. None of the evidence presented regarding any given, suspected etiology is unequivocal.

Investigations of potential physiologic etiologies, for example, biochemical, neurological, anatomical, immunologic, endocrine and genetic, some using univariate and some multivariate statistical analyses, have yielded, at best, probable findings (Bracha & Kleinman, 1984; Carr & Wedding, 1984; Coffman, Andreason, & Nasrallah, 1984; Heath, 1967, 1970; Kato, Imai, Fukui, Hisa, & Ibata, 1981; Mitsuda, 1967; Namba & Kaiya, 1981; Rainer, 1966; Snyder, Banerjee, Yamamura, & Greenberg, 1974). While evidence supported the existence of multiple, potential physiologic etiologies of schizophrenia, findings and their implications were not conclusive. Roman & Trice (1967) determined a positive correlation among low socioeconomic status, excessive stress, and schizophrenia in a review of studies of schizophrenic etiology and epidemiology. Singh and Kay (1976) investigated wheat gluten as a potential etiologic factor in schizophrenia. An overresponsive autonomic nervous system is implicated in
schizophrenic etiology according to one large scale study (Trotter, 1977). Currently, the dopamine hypothesis is receiving considerable attention as a factor in schizophrenia (Kato, Imai, Fukui, Hisa, & Ibata, 1977).

Investigation of multiple, potential maternal and fetal physiologic variables likewise supports the notion that many variables are linked to the etiology of schizophrenia; none, however, is clearly and singly linked to schizophrenia. Because twin births provide a natural and scientifically appropriate context for experimentation, multiple researchers have conducted twin studies in an attempt to identify the role of genetics and/or perinatal trauma in the genesis of schizophrenia (Allen, Cohen, & Pollin, 1972; Gottesman & Shields, 1972; Inouye, 1961; Kallman, 1953, 1958; Kety, Rosenthal, Wender, & Schulsinger, 1968; Kringlen, 1967; Mitsuda, 1967; Slater, 1953). Factors such as low birth weight, adequacy of pre- and perinatal care sufficiency of fetal circulation, prematurity, perinatal stress, neurologic deficits, maternal schizophrenia, and genetic predisposition have been implicated but not conclusively determined as causative factors in schizophrenia. Campion and Tucker (1976) noted that differing concordance rates in twin studies
for schizophrenia have been a source of great consternation ... MZ/DZ twin studies are not an adequate tool with which to distinguish genetic from prenatal factors, at least until more is known about the impact of intrauterine and perinatal events on the genesis of schizophrenia (pp. 257-258).

Gottesman and Shields (1972) suggested that schizophrenia represents a chain of events initiated by genetic predisposition.

Studies of children whose parents were schizophrenic but who were adopted at an early age demonstrated an increased likelihood for schizophrenia among those children (Heston, 1966) despite their adoptions. Rosenthal, Wender, Kety, & Schulsinger (1968) and Rosenthal, Wender, Kety, Schulsinger, Weiner, & Ostergaard (1968) found a higher prevalence of schizophrenia in biologic families of schizophrenic adoptees than in the biologic families of nonschizophrenic adoptees in Denmark. The researchers noted in the study that there was a significant concentration of schizophrenia in the biological paternal half-siblings of the adoptees. Research conducted by Pollin & Stabenau (1968) demonstrated low birth weight to be the most consistent characteristic of
a twin who later became schizophrenic.

Family studies also have suggested potential causes of schizophrenia. Jackson (1960) reported statistics indicating that approximately half of the children who had two schizophrenic parents became schizophrenic themselves. Rieder (1973) also concluded that children of schizophrenic parents have an increased likelihood of developing schizophrenia themselves. Kaufman, Frank, Herms, Herrick, Reiser, & Willer (1960) and Tsuang, Fowler, Cadoret, & Monnelly (1974) reported emotional disturbances in the parents of children with schizophrenia. Family integration has been questioned consistently in studies of families with schizophrenic offspring conducted by Lidz (1973), who described schizophrenogenic families and schismatic family patterns as consistent with the occurrence of schizophrenia. Bowen (1978) discussed symptoms of "emotional divorce" and multigenerational transmission patterns in families with schizophrenic offspring. Studies have shown that the nonschizophrenic relatives of schizophrenic persons have significantly more of the physical conditions associated with schizophrenia than does the general population (Holzman, Proctor, Levy, Yasillo, Metzer, & Hurt, 1974).

Among these factors, perceived meaning also has
been discussed as a variable in schizophrenia. Existentialists identified schizophrenics' altered perceptions of time, space, and causality as essential in their creation of world. Schizophrenia, to existentialists, represents a way of being in the world rather than a disease (Laing, 1960, 1967). This notion, indeed, is more consistent with the Rogerian (1970, 1979, 1982, 1983) conceptualization of unitary human beings than are notions that suggest physical, emotional, psychosocial, or other deficits as causal factors in schizophrenia.

Review of the literature reveals a paucity of related research that might support the notion that schizophrenia is not a disease. Yet, awareness of the complexity of schizophrenia is presented by some authors. As Shakow (1969) noted:

The marked range of schizophrenia, the marked variance within the range and within the individual, the variety of shapes that the psychosis takes, and both the excessive and compensatory behaviors that characterize it, all reflect this special complexity.... Research with schizophrenics, therefore, calls for awareness not only of the factors creating variance in normal human
beings, but also of the many additional sources this form of psychosis introduces (p. 618).

Oppenheimer (1976) presented a similar notion, suggesting that the great and disparate variety of observable phenomena in 'schizophrenic language' suggests the likelihood that no 'unified theory' to account for the immense phenomenology of the formal aspects of the schizophrenic language is possible (p. 152).

Individuals manifesting schizophrenic behaviors are recognized as complex. The investigator proposed that full recognition of the complex nature of individuals labeled 'schizophrenic' is suppressed by theories that propose deficit-mediated schizophrenic etiology. Outside the existential literature, psychiatric theory tends to focus on individual responses to the environment rather than on the interaction of the individual-environment unit as a whole. As Sayers (1985) suggested, "Psychiatric theory is a scientific theory which neither raises nor answers any moral questions" (p. 217). It may be through moral questions, that is, through questions addressing the conduct of both the individual and the environment, that human
beings integral with their environments can be best understood.

Treatment of Schizophrenia

As research in schizophrenic etiology is extensive and sometimes conflicting, so is research regarding treatment modalities and client responses in schizophrenia. The range of treatment modalities encompasses physiologic approaches, electroconvulsive therapy and psychotropic medications, and psychological and social approaches, psychotherapy, psychoanalysis, family therapy, group therapy, and milieu therapy. Treatment is conducted in in-patient or in out-patient settings. The research shows that the efficacy of any one treatment regime is questionable. For example, Mendel and Green (1967) described the effects of institutionalization on the deterioration of the individual with chronic schizophrenia. On the other hand, multiple authors demonstrated that community-based programs were inadequate to prepare the individual with chronic schizophrenia to live in the community. Carr and Burnett (1983) described eight variables requiring consideration in establishing treatment programs and
evaluating their outcomes: characteristics of the treatment environment, overall therapeutic plan, psychosocial problems being addressed, specific goals of therapy, theoretical formulations employed, phase of illness, psychotherapeutic techniques used, and projected length of therapy. Dowell & Ciarlo (1982), in evaluating community mental health services, noted that the most significant achievements of community mental health programs have been in the areas of increasing the overall quantity and range of services available and in improving quality of access. Funding of services on the basis of individual need, provision of services to chronic clients, and coordination of services still are inadequate, according to their study. Miazza & Podolska (1982) determined that four years of group psychotherapy conducted by an out-patient clinic staff was beneficial in social and professional areas but not as beneficial in affecting family functioning. Cohen (1984) argued that schizophrenics must be taken care of because the socioeconomic system provides inadequate opportunities for them to work. In a large study, Rudolph (1984) demonstrated that discriminant analysis can be utilized to quantify referral decisions. The study developed a procedure which classified adult schizophrenic patients into one of three groups--out-patient counseling, day
treatment, or aftercare—on the basis of symptoms and social abilities. A second sample was used to cross-validate the first. Beiser, Shore, Peters, & Tatum (1985) compared schizophrenics one year post-hospital discharge and found that those living in a community with a network of accessible private services and a public mental health system had relatively fewer negative symptoms, such as acting out, of schizophrenia than did those in a city with fewer services. Riessman (1976) noted that with regard to effectiveness of self-help groups, those individuals who help themselves are, in turn, helped most. Gallop and Wynn (1986) noted that clinical management of the 'young adult chronic patient' (YACP), a newly recognized clinical entity evolving within the "era of deinstitutionalization" (Bachrach, 1982, p. 189), requires an active and caring milieu that considers the patient in the context of the total environment. Many treatment regimes are consistent with a biomedical approach to management of schizophrenia.

The issue of appropriate dosages of psychotropic drugs is an important one in care of individuals labeled 'schizophrenic.' Differences in medication responses are found among races (Chien & Yamamoto, 1982; Katz, 1979; Murphy, 1969). On the basis of clinical observation,
Tien (1984) recommended that decreased doses of psychotropic medications be used in all patients, Asians in particular.

Current literature describes treatment methodologies that do not fit into the traditional categories of treatment described above. Relaxation-concentration modeled on yoga has been shown to have a positive influence on feeling, mood states and psychomotor activity in patients with mental disorders (Nowakowska, 1982; Pasek, 1982). Petersen (1983) described the effectiveness of art therapy in allowing patients to investigate the meaning of life and to mediate past and future. Tyszkiewicz (1982) attempted to establish a theoretical basis for the effectiveness of art therapy. Music therapy (Rajewski, Polerka, Fellman, and Nalewajko, 1982) has been shown to be effective in improving depression when used with therapeutic activities that are simple and guided. Reinhardt & Ficker (1983) stated that through music the patient is oriented to conscious perception resulting in a more rational form of confrontation with the self and the surroundings. Thus, the patient can more constructively deal with past conflicts. Multimodal approaches, incorporating both art and music, were effective in working with children with schizophrenia in
a case study by Sikes & Kuhnley (1984). de Barros Santos (1983) noted, on the basis of experience and within the framework of Carl Rogers' (1942) person-centered therapy, that the majority of clients improved only as long as they were able to attribute their emotional problems to themselves and not to external causes. Lukas (1983) asserted that the self-transcendent opening of a person toward the world changes the environment and leads to deeper wholeness. Thus, therapy appropriately is aimed at meaning and and lived experience. Clearly, a sense of the human being as integral is evident in some of the literature regarding treatment in schizophrenia.

Particular modes of therapy have not been without criticism. Terkelsen (1983) showed that family therapy can have adverse effects on communication among family members. Haley (1969) noted that psychotherapy can be used by the therapist to place him or herself in a power position relative to the client or clients.

Ciompi (1980) proposed that impaired social function rather than persistent schizophrenic pathology is the main residual consequence of chronic schizophrenia. This notion is consistent with literature regarding families' perceived difficulties in dealing with schizophrenic members social isolation.
(Doll, 1976; Hatfield, 1978; Leavitt, 1975). Seymour and Dawson (1986) conducted a study that demonstrated decreased quality of family life and increased concern for family members' physical, social, and emotional well-being when schizophrenic was in the home. Cheng, Camota and Blasko (1983) described a clinical program in which they encouraged and supported patients labeled 'schizophrenic' to work through their grief related to being unable to meet planned life goals. Such confrontation, mediated by group discussion of their experiences, allowed patients in the setting described to develop behaviors deemed socially appropriate by the authors.

In summary, review of the literature suggests that there is a broad range of potentially effective, as well as potentially ineffective, treatment regimes for individuals labeled 'schizophrenic.' Moreover, a study conducted by Rosenhan (1973) demonstrated clearly that the sane and insane cannot be distinguished in mental hospitals and that the hospital imposes a special environment in which the apparent meanings of behavior, that is, those perceived within the context of prevalent interpretation, easily can be misunderstood. It is proposed by the investigator, on the basis of a notable absence of the study of schizophrenic experience from
the perspective of unitary human beings and of the currently perceived uncertainty regarding schizophrenic etiology and treatment, that investigation of aspects of schizophrenia not completely amenable to empirical science be undertaken. Using power as an index of helicy, a notion suggested by Barrett (1983) to be appropriate, the investigator proposes that subjective description of the experience of power in schizophrenia might suggest not only new insights into schizophrenic experience but also might precede development of new approaches to maximizing the humanness of those hospitalized individuals labeled 'schizophrenic,' who, subsequently, will return to their communities of residence. Such an effort is consistent with the goals of Rogers (Reeder, 1983) and with the goals of certain philosophers, psychologists, and sociologists (see, for example, Goffman, 1968; Laing, 1967; and Sartre, 1956). It is consistent as well with community needs for increased awareness of schizophrenia, those needs emphasized by the practice of deinstitutionalization (Kane, 1984). Thus, the nature of power, as presented in the literature, is described here, and its relevance to the experience of schizophrenia is postulated.
The Concept of Power

Barrett (1983) identified a perspective of power unique to the science of nursing, stating,

Power is a field manifestation that emerges out of the human-environmental field interaction. Power can be examined from the perspective of the human field, the environmental field, or the two fields in interaction....Power is proposed to be the same phenomenon regardless of the perspective from which one views it (p. 24).

According to Barrett (1983), power is not intrinsically good or evil; yet the form in which power manifests can be labeled constructive or destructive, depending on the value system within which one views power. Power is a state-trait phenomenon existing as a natural potential of human evolution. Power is not, itself, interaction, but a manifestation of human-environmental interaction. Nor is power appropriately viewed as a tool within Barrett’s (1983) conceptualization.

The legitimacy of Barrett’s (1983) conceptualization of power for a study of this nature can be demonstrated through a review of the literature
regarding power, a concept of interest for twenty-five centuries and which has taken on a contemporary flavor within the last fifty years (Dahl, 1957, 1968). Ng (1980) identified three major aspects of the construct labeled 'power' in social psychology: motivation, cognition, and behavior. Clearly, from Ng's perspective, power has many implications for understanding social psychology. Similarly, recognition of the complex nature of power as conceptualized and operationalized is evident throughout the literature.

Power is viewed and described as exercise, as potential, as attribute, as manifestation of interaction, as intention, and as tool. A theme recurring throughout all power literature, regardless of underlying conceptualization, is that power is viewed as the capacity of an individual or group of individuals to determine the actions of, to influence, to exert superiority over, to modify the behavior of, or to control another individual or group of individuals (Beck, 1982; Claus & Bailey, 1977; D'Antonio & Erlich, 1961; French & Raven, 1959; Foucault, 1971, 1976/1979, 1982;Goldhamer & Shils, 1939). It is viewed in a positive sense as an enactment of one's own will (Weber, 1946, 1947) and more negatively as a controlling of another's will (Dahl, 1957).
Power is described in the context of in a variety of domains, for instance, personal, interpersonal, and structural (Schultz, 1982); political and professional (Stevens, 1983); and economic and military (Jacobson, 1972). Sources of power were summarized by Zey-Ferrell (1979) as positional, knowledge, personal attribute and traditional values. French and Raven (1959) identified five bases of power—reward, legitimate, coercive, referent, and expert—that are widely used in power research. For example, Bachman (1968) determined that expert power is considered by faculty as the most important basis of deans' power. Within the context of domains in which power is found, constituents of power are defined variably by authors and researchers. Claus & Bailey (1977) stated that personal strength is an element of power and that it is based on a strong and realistic self-concept; Mintzberg (1973) added that introspection is the first step in building self-concept. Ashley (1973) noted that those who are powerful will be able to help themselves. May (1972) argued that personal power is, in truth, strength, and that power always is interpersonal. Muller (1970) noted that feeling free is an aspect of exercising power. Claus & Bailey (1977), Mintzberg (1973), and Stevens (1975) described the importance of interpersonal skills
in the exercise of power. Emerson (1962) described power as a property of a social relation. As such, power is viewed as potential that continues to exist even when a relationship between power factions is balanced.

Brown and Gilman (1970) studied power, which they defined as a nonreciprocal relationship between at least two persons, by examining the linguistic use of the singular pronouns of address. Specifically, through interviews of informants and review of literature in English, French, Spanish, Italian, and German, the researchers studied the development and use of the familiar and polite forms of the pronoun 'you' which evolved from the Latin 'tu' and 'vos.' A power relationship was suggested by one's expression of one form of the pronoun and reception of the other in conversation. Their findings suggested that use of the familiar form traditionally was intended to express contempt or anger while use of the polite form was intended to express admiration or respect. They also noted a decline in the situation-determined use of either form of the pronoun by speakers and writers and found an increasingly consistent use of the familiar term in all communication. This decline connoted, according to the authors, a contemporary trend away from
an ideology that perpetuates barriers between people based on attributes that convey power, for example, strength, age, sex, and profession, with an increasing trend toward 'solidarity' (Brown & Gilman, 1970, p. 308), that is, absence of power statements. Blau (1964), on the other hand, emphasized a distinction between social exchange and power.

There is not consistent use of the term 'power' throughout the literature with regard to its being as potential or as actual exercise. Arendt (1958) argued that "power is always a power potential" (p. 203). Russell (1938), on the other hand, described power as "the production of intended effects" (p. 35). Parsons (1957) called power the capacity to mobilize resources, attending to power as operational beyond the realm of people. Selekman (1959) presented power as a bringing together of the energy in nature, machine, mind, and skill. Power is potentiality according to May (1969a), observable only through its manifestations. Arieti (1972) described power as the ability to assert one's will. Guardini (1961) stated that power is awareness of real energies capable of changing the reality of things and resulting in the will to direct those energies.

Energy becomes power only when some consciousness recognizes it, and some will
capable of decision directs it towards specific goals....Power is the ability to move reality....Hence we may speak of power in the true sense of the word only when two elements are present: real energies capable of changing the reality of things, of determining their condition and interrelations; and awareness of those energies to establish specific goals and to launch and direct energies toward those goals (Guardini, 1961, p. 1).

Burns (1978) noted that power involves the intention of the influencer and the influencee. Dahl (1957) described the nature of power as a potential with gradations determined by the potential for change toward increased compliance. Nietzsche (1914) earlier made a similar statement: "The will to power can manifest itself only against resistances; therefore it seeks that which resists it" (p. 656). Like power, resistances are volatile and subject to change. Other existential philosophers defined power as being (May, 1960, 1972; Tillich, 1960). As being, power, logically, is constitutive of individuals whose being encompasses schizophrenia just as it is constitutive of individuals not experiencing schizophrenia.

Consistent with the existentialist view of power,
Stensrud (1979) noted that power is something we live, not something we have. Within the framework of Taoism, that framework within which Stensrud (1979) wrote, one's choice to use personal power is dependent on the ability to receive the Ch'i, a vital force, flowing from the environment.

In his multiple, important works, radically divergent from traditional philosophical writings, Foucault (1961/1967, 1970, 1976, 1980, 1982) described power as a type of relationship wherein one agent is able to act in a manner that would, potentially, influence another's actions. "It is the name given to a complex strategic situation in a given society" (Foucault, 1976, p. 21). Power, according to Foucault (1976), comes from everywhere and demands a multiplicity of relations. These notions do not appear to be inconsistent with other authors' conceptions of power. However, a subtle difference separates Foucault's thoughts regarding power from others' thoughts. Specifically, Foucault (1980) argues that power is integral in the production of truth. "Truth...induces the regular effects of power" (p. 220). The relevance of this notion to study of unitary human beings can be clarified as follows.

Hacking (1981) noted that truth and falsehood are
based on preconditions, that is, on rules that structure the reality in which a given 'truth' exists. With regard to mental illness, Foucault (1980, 1982) argued that the field of possibility for madmen (and others, women and prisoners, for example) is limited by power relations that have enabled practitioners to develop nomenclature and ideas that continually reinforce traditional beliefs. "We are subjected to the production of truth through power, and we cannot exercise power except through the production of truth" (Foucault, 1980, p. 93). The rules that structure reality determine what knowledge will be derived. Derived knowledge, in turn, bestows power and powerlessness. Thus, in the context of currently prevalent beliefs about schizophrenia, the field of possibility for individuals labeled 'schizophrenic' is one of dependency, deficiency, and powerlessness. Any other potential for those labeled 'schizophrenic' is negated by the perceived structure of 'reality' in which scientists and practitioners find themselves in this culture. Further, the potential for a new view of the schizophrenic is severely limited unless one, figuratively, steps back to view individual-environment integrality as a single phenomenon. Such stepping back is labeled paradigm transcendence by Popper (1966).
From such a perspective, it is possible to see that both aspects of integral human beings—that is, both environment and human being—potentially can change. It is to that end that this study is proposed.

Thus, power, defined as knowing participation in change (Barrett, 1983), and schizophrenia, defined as a response to an untenable communication context (Watzlawick, 1967), were investigated in the context of Rogers’ (1970, 1979, 1982, 1983) paradigm for nursing.

Schizophrenia and Power

The Power as Knowing Participation in Change Test developed by Barrett (1983) measures power manifestations consistent with views of power as interaction, taking into consideration the integral nature of human beings. Specifically, the tool addresses awareness, choices, freedom to act intentionally, and involvement in creating changes. The concept of power as "knowing participation in change" (Barrett, 1983, p. 1) recognizes the nature of power as potential, that is, as a state of becoming (May, 1969a) that...

...is always a way of acting upon an acting subject or acting subjects by virtue of their
being capable of action;...exercised only over free subjects, and only in so far as they are free" (Foucault, 1982, p. 220).

Within the context of Rogers' (1970, 1979, 1982, 1983) conceptual framework, which proposes that all individuals are in a state of evolving or becoming, the individual with schizophrenia also is viewed as evolving.

Thus, the investigator proposed that power viewed as a manifestation of interaction and inherent in living, in general, is inherent as well in living with schizophrenia. Recognizing the preconditions that attribute powerlessness to individuals with schizophrenia, the investigator addressed the nature of power in schizophrenia through interviews and through administration of the Power as Knowing Participation in Change Test (Barrett, 1983). Informants' responses were considered from a perspective that views human being and environment as integral. Utilization of the hermeneutic method assisted the investigator to interpret meanings from that perspective. Administration of the Power as Knowing Participation in Change Test increased the potential for reader confidence in findings.

A computer search of schizophrenia and power in
three databases yielded one relevant citation regarding schizophrenia and power. The citation by Marinow (1972) described the case of a teacher hospitalized with a diagnosis of chronic schizophrenia. The teacher received neither drugs nor other treatment, was free to do errands for himself or other inmates at the institution in which he lived, and received some monetary compensation for jobs at the institution and the post office. The teacher interacted effectively with others; many of his pre-psychotic traits were preserved, though altered by his illness. "In addition to this, there is his other world, full of rich psychotic experience, in which he lives contentedly and happily" (Marinow, 1972, p. 1).

This description of human experience is consistent with helicy, the principle within Rogers' (1970, 1979, 1982, 1983) paradigm that postulates the continuous, increasing diversity of human and environmental fields. In addition, as a unitary human field, the individual with schizophrenia can "participate knowingly in the nature of change characterizing the continuous repaterning of the human and environmental fields" (Barrett, 1983, p. 1). Through awareness, choices, freedom to act intentionally, and involvement in creating changes, the individual with schizophrenia
maximizes some potentials rather than others, as did the individual in Marinow's (1972) case study. As a manifestation of the human field, rhythmic patterning recognized as 'schizophrenia' does not preclude power. On the contrary, schizophrenic patterning opens a world to that individual not accessible to the population at large.

To be ill, even with just a trivial illness, as much as with a mortal illness, means, above all to experience things in a different way, to be different yonder, to live in another, maybe hardly different, maybe completely different, world (van den Berg, 1972, p. 45).

The individual with schizophrenia may exist in a different reality. The need to reduce schizophrenic patterning to 'abnormal' behaviors understandable in the prevalent paradigm reflects clinicians' needs to understand that patterning rather than ultimate explication of the nature of that patterning.

The individual with schizophrenia may, indeed, manifest relatively high frequency, yet unrecognized, power in terms of awareness, choices, freedom to act intentionally, and involvement in creating changes when considered as integral with the environment. The appropriateness of viewing the individual labeled
'schizophrenic' as regressed and unable to manage reality may be relevant only within the prevailing world view. Through paradigm transcendence (Popper, 1966) new insights into the nature of power in schizophrenias might be gained.

Such transcending attempts are notable in existential literature. For example, May (1969b) noted that freedom (a field behavior of power according to Barrett, 1983) entails self-consciousness, an awareness difficult to achieve. Indeed, according to existentialists, the behaviors by which one is labeled 'schizophrenic' might represent powerful attempts at self-consciousness equally as appropriately as they represent degenerative illness.

Awareness is...knowing that something is threatening from outside in his (one's) world --a condition that may, as in paranoids and their neurotic equivalents, be correlated with much acting-out behavior. But self-consciousness puts this on quite a different level; it is the patient's seeing that he is the one who is threatened, that he is the being who stands in this world which threatens, that he is the subject who has a world. And this gives him the possibility of
in-sight, of "inward sight," of seeing the world and his problems in relation to himself. And thus it gives him the possibility of doing something about his problems (May, 1969b, p. 79).

Laing (1967) responded to psychiatric nomenclature: There is no such 'condition' as 'schizophrenia', but this label is a social fact and the social fact is a political event. This political event, occurring in the civic order of society, imposes definitions and consequences on the labelled person. It is a social prescription that rationalizes a set of social actions whereby the labelled person is annexed by others, who are legally sanctioned, medically empowered, and morally obliged to become responsible for the person labelled. The person labelled is inaugurated not only into a role, but into a career of patient (p. 100).

Thus, the investigator argues that there is value in investigating the nature of power experienced by individuals labeled schizophrenic.
Helicy and the Researcher's Perspective on Power in Schizophrenia

Contemporary research in leadership and power has implications for one's ability to perceive the simultaneous occurrence of schizophrenia and power. In fact, the investigator postulates that overreliance on the accumulated body of knowledge founded in empiricism regarding schizophrenia has limited researchers' and clinicians' abilities to conceptualize and recognize the coexistence of the phenomena of power and schizophrenia.

A number of studies have demonstrated that power is dispersed throughout organizations, to individuals of relatively high as well as relatively low formal status (Blackburn, 1981; Mechanic, 1962; Mulder, 1959, 1971; Tannenbaum, 1968). In the "civic order of society", to use Laing's (1967, p. 100) phrase, power, theoretically, might be distributed among the 'sane' (high status) and the 'insane' (low status) alike. Likewise, negative power, described by Dahl (1957) and Kets de Vries (1980), might be perceived as useful in the "civic order of society" to maintain the relative status of the sane and the insane.

Multiple studies (Barrett, 1983; Cowling, 1982; Ference, 1979; Gueldner, 1983; Ludomirski-Kalmanson,
1984; Macrae, 1982; Malinski, 1980; Raile, 1982; Rawnsley, 1977; Reeder, 1984) have demonstrated the validity of Rogers' (1970, 1979, 1982, 1983) conceptual framework for describing unitary human beings and for making predictions about their evolution on the basis of their probabilistic nature. Within the context of Rogers' paradigm, one will argue that all human beings become increasingly complex through their mutual evolution with the environment. Such an argument is a perceptual, cognitive, preferred view of the world; it maintains that conclusions drawn on the basis of data limited to those perceived by the five senses alone is inadequate for understanding unitary human beings. Such a view is inconsistent with the bulk of the literature on schizophrenia, which repeatedly points to the familiar, three-dimensional environment as nurturing both causative and curative factors in the degenerative disease process labeled 'schizophrenia.'

The investigator believes that with regard to schizophrenia, clinicians, researchers, and scholars have maintained a fairly consistent form of "social amnesia" (Baron, 1983, p. 57), which allows them to take familiar meanings, habits, and surroundings for granted, for the purpose of "generating and maintaining a stable social environment" (Baron, 1983, p. 57). This notion
is not inconsistent with existential thought. The lunatic, behind his ravings, his obsessions, and lies, knows that he is raving, that he is allowing himself to be haunted by an obsession, that he is lying, in short he is not mad, he thinks he is. All is then for the best and insanity is only perversion of the will. The analysis of the meaning of illness, once it ends with the symbolic function, identifies all disorders as the same, uniting aphasia, apraxia and agnosia and perhaps even has no way of distinguishing them from schizophrenia. It then becomes understandable that doctors and psychologists should decline the invitation of intellectualism and fall back, for want of anything better, on the attempts at causal explanation which at least have the merit of taking into account what is peculiar to illness, and to each form of it, and which by this means give at any rate the illusion of possessing actual knowledge (Merleau-Ponty, 1962, p. 125).

Capra (1975) and others, for example, Hacking (1981), Kuhn (1981) and Feyerabend (1975), have argued that the current and prevalent world view cannot
withstand the stress of time and change. Baron (1983) identified the effect on the physical world of a new world view:

As we move from one finite province of meaning to another, it is not the mundane world that changes but our subjective experience of that world. As the "tension of consciousness" shifts, so does the accent of reality (p. 64).

Within the context of the Rogerian science of unitary human beings (1982, 1983), Barrett (1983) proposed that power is an index of helicy, that is, that as human beings become increasingly diverse they simultaneously become increasingly powerful. Reeder (1983) noted that Rogers' science of unitary human beings (1982, 1983) is founded on the notion that nursing's purpose is to enhance human freedom through a knowledgeable base for compassionate service to society.

The investigator proposed to study the nature of power experienced by individuals labeled schizophrenic to clarify the relevance of Rogers' principles to individuals generally viewed as different from humankind at large, and to describe their nature from a new perspective, so that nursing care might be improved and more knowledgeably extended to those individuals. Findings generated by the study do not change the
reality of schizophrenia, itself, but do, indeed, stand
to alter nurses' perceptions of the nature of
schizophrenia. From a new perspective, nursing can
contribute to more compassionate care of individuals
labeled schizophrenic.

The notion that care for individuals with mental
illness is less than compassionate is consistent with
current thought existential philosophy and phenomenology
(Condrau, 1986; Kraus, 1986; Merleau-Ponty, 1962; van
den Berg, 1986; Wyss, 1986), the goal of which is to
enhance freedom and choice. It is, however, not
consistent with the prevailing Western world view.

Thus, the investigator proposed to utilize an
appropriate methodology, that is, hermeneutics, to
examine power, an index of helicity, (Barrett, 1983) as it
was experienced by individuals labeled 'schizophrenic',
within a paradigm that recognizes multiple potential
realities, the integral nature of human beings and
environment, and the value of 'personal knowledge'
(Polanyi, 1958) as evidence.

Such investigation pointed to strengths
of those individuals more traditionally considered
powerless, not recognizable within the prevailing
paradigm. Viewing the strengths of individuals labeled
'schizophrenic,' the nursing community might be more
readily able to enhance the potential integration of those individuals into their communities of residence.
CHAPTER III

METHODOLOGY

The purpose of this investigation was to enhance understanding of the nature of power experienced by individuals with chronic schizophrenia within the conceptual system for nursing proposed by Rogers (1970, 1979, 1982, 1983). The rationale underlying the investigation was that the social, economic, and clinical environments in which nursing is embedded mandate nursing approaches to individuals with schizophrenia that would enhance the humanness of those individuals, and that would do so in a manner that is financially efficient, clinically effective, and cognizant of the assumptions of the underlying paradigm. Prevalent theories regarding schizophrenia are biological, social, and behavioristic in nature. The investigator postulated that more can be learned about schizophrenia than presently is known through investigation of the nature of schizophrenics' experiences of power, an index of helicy (Barrett, 1983), in the context of Rogers' (1970, 1979, 1982, 1983) paradigm for nursing.

For the purposes of this study, power was defined as "the capacity to participate knowingly in the nature of change characterizing continuous repatterning of the
human and environmental fields" (Barrett, 1983, pp. 1-2); schizophrenia was defined as the only tenable response to an absurd communicational context (Watzlawick, 1967). In view of the nature of unitary human beings proposed by Rogers (1970, 1979, 1982, 1983), there are approaches to be discovered that would potentially maximize the evolution of individuals with schizophrenia and enhance their integration into their communities of residence, thus easing the currently perceived burdens imposed on families of schizophrenics and on the health care system. Such approaches would recognize strengths of individuals experiencing schizophrenia. Hence, the research question guiding the investigation was, "What is the nature of power experienced by individuals with chronic schizophrenia?" Through such investigation, nursing approaches to maximize the evolution of individuals with schizophrenia might become apparent.

As a descriptive investigation aimed at discovery, this study mandated an approach that would facilitate understanding of the nature of the phenomenon studied. The choice of research methodology was rationally made on the basis of assumptions underlying the study. Hermeneutics (Bleicher, 1980, 1982; Ricoeur, 1969/1974; 1981), rigorous text analysis through which one can
identify meaning (Lanigan, 1984), was deemed an appropriate approach to study of the nature of power experienced by individuals labeled 'schizophrenic.' Methodological assumptions of hermeneutics structured conduct of the study.

Hermeneutics

Hermeneutics is a philosophy of interpretation (Gadamer, 1982). The goal of hermeneutic investigation is not explanation, but rather understanding achieved through interpretation of text, discourse fixed by writing (Ricoeur, 1981), or text analogue, meaningfully oriented behavior (Ricoeur, 1981). Consistent with Heideggerian (1962) phenomenology, the hermeneutic contention is that all understanding is mediated by interpretation.

...in interpretation, understanding does not become something different. It becomes itself. Such interpretation is grounded existentially in Understanding; the latter does not arise from the former. Nor is interpretation the acquiring of information about what is understood; it is rather the working out of possibilities projected
This notion is in contrast to Husserlian phenomenology
which assumes that self-knowledge alone is indubitable,
that consciousness is clearly present to itself, and
that understanding is mediated by intuition. Bourne
noted that

Gadamer appropriates Heidegger's conception of
belonging, and proceeds to establish a connection
between the preconceptions or 'prejudices' which
render understanding possible. However much one
seeks a position outside of (or beneath) the flow
of history, then, such aspiration is in vain, as
it is the primordial participation in history
which defines the reality and finitude of
human being. Moreover, it follows from this
view that the projection of meaning which
governs understanding is not the act of an
isolated subjectivity, but stems from the tradition
to which one belongs (p. 124).

Through hermeneutics, interpretation of text and
text analogue is the process of explicating meaning
that is inherent in experience and

which is structured by fore-having,
fore-sight, and fore-conception, (and)
form for any project the horizon in terms
of which something can be understood as something (Heidegger, 1962, p. 193). Benner (1985) succinctly described the appropriateness of hermenutical analysis for studying nursing phenomena.

Hermeneutics, which allows for the study of the person in the situation, offers a way of studying the phenomenal realms of health and illness, and overcomes problems of extreme subjectivity or objectivity. Hermeneutics has been used to understand everyday practices, meanings, and knowledge embedded in skills, stress, and coping. Hermeneutics assumes that the study of pragmatic activity, that is, everyday understanding and practices, and the study of relational issues are distinctly different from the study of objects or even biophysical events on the tissue and cellular level...Quality of life can be approached from the perspective of quality of being, and does not need to be approached merely from the perspective of doing and achieving (p. 5).

The study of power experienced by individuals labeled 'schizophrenic' would be trivial in the context of the
prevailing world-view which denies multiple realities and which attempts to formalize meaning out of context. Through the holistic and scientific approach of hermeneutics, the individual is understood as being-in-the-world (Heidegger, 1962). Relationships created among themes generated "engender hope and promote healing" (Benner, 1985, p. 13) not available to individuals labeled 'schizophrenic' in the context of the prevalent paradigm. In addition, an opportunity to view the problem of chronicity in schizophrenia from a new perspective is gained, potentially leading to a new, more effective approach to habitating individuals with that label.

Lanigan (note 1) demonstrated the importance of hermeneutic research to understanding new concepts. To paraphrase Lanigan, an NASA explorer on Mars was contacted by NASA officials and asked, "What's the weather like?" The explorer was unable to answer because it was not possible to describe Mars' weather in terms of categories of weather possible on earth. Categories of experience available in the prevalent paradigm to describe schizophrenic experience are not adequate to describe schizophrenics' experiences from their own perspective. This is true of many human phenomena encountered in nursing (Benner, 1985; Oiler,
1982; Reeder, 1983). Thus, hermeneutics becomes an important research tool in the context of nursing, to enhance the art as well as the science of nursing.

Inherent in the hermeneutic methodology is recognition of bias of the interpreter, him or herself being-in-the-world. Recognition of such bias introduces concerns about issues of validity and reliability. Discussion of those issues logically precedes understanding the rationale for choice of hermeneutics as an appropriate research methodology. The following discussion is arranged accordingly.

Validity Issues

There was no a priori control or manipulation of confounding variables in this study. Hermeneutics is holistic in that it seeks to study the person in the situation rather than isolating person variables and situation variables and then trying to put them back together (Benner, 1985, p. 6).

Optimal generalizability (external validity) is derived from investigation of a sample reality that best matches the "true" reality. Such matching
represents internal validity.

It is notable that generalizability is a concept that is, itself, undergoing redefinition.

Generalizations decay. At one time a conclusion describes the existing situation well, at a later time it accounts for rather little of the variance, and ultimately, it is valid only as history. The half-life of an empirical proposition may be great or small. The more open a system, the shorter the half-life of relations within it are likely to be (Cronbach, 1975, p. 122).

The notion of generalizability from study to reality is questionable even in the strictest quantitative studies. Thus, generalizations made from this study can best be termed "working hypotheses" (Cronbach, 1975, p. 125). These hypotheses represent data taken from a theoretically representative sample of individuals with schizophrenia; they do not consider the specific integral nature of individuals in their own unique settings.

The task is to uncover the meanings in everyday practice in such a way that they are not destroyed, distorted, decontextualized, trivialized, or sentimentalized (Benner, 1985,
Generated "working hypotheses" may need to be modified to explain the nature of power for specific individuals on the basis of their own lived experience. Working hypotheses are not final conclusions about power in all cases of schizophrenia. Rather, they describe the nature of the research phenomenon as it is experienced by individuals whose being-in-the-world (Heidegger, 1962) encompasses patterning labeled 'schizophrenic' and who match the characteristics of the informants, that is, are high school graduates, have been labeled 'chronic schizophrenic', and have no intervening physical illness.

Maximal extrinsic adequacy (external validity) is achieved by insuring good intrinsic adequacy (internal validity) in the research situation and by identifying elements that might change the relevance of the "working hypothesis" in each situation subsequent to the research situation. Thus, the responsibility for appropriate generalization rests not only with the researcher but also with the user of the research. Specific efforts of the investigator to maximize internal validity are described here.

Guba (1978), in a review of literature, identified three strategies for maximizing internal validity
(intrinsic adequacy) in a study such as this. These strategies include, first, purposefully erecting safeguards against potentially invalidating distortions related to the investigator's presence at the research site, involvement with subjects, biases on the part of the investigator or subjects, and the manner in which data are collected. Establishment of relevant safeguards requires prolonged investigator engagement at the research site, constant monitoring of subject and investigator responses and interactions, investigator sensitivity to noted personal and subject beliefs and biases, and continual assessment of subject credibility through cross-checking of subject responses.

Additionally, hermeneutics, by its very structure, supports internal validity. Using hermeneutics, the investigator explicitly identifies biases imposed by the tradition to which he or she belongs (Bleicher, 1980; Ricoeur, 1981) and notes that interpretation is attempted in that context.

A second strategy for maximizing internal validity is to establish structural corroboration, that is, to establish links to create a whole that is, in turn, supported by the evidence constituting it. The notion of creating a whole from analysis of the constituent parts is shared by Ricoeur (1969/1974, 1981).
The methodology is to proceed from the whole to the parts and the details to link internal form and external form....An entire signifying whole lends itself to the transfer of meaning (Ricoeur, 1969/1974, p. 64).

Structural corroboration is established during data collection through triangulation, defined as exposing a proposition of possibly countervailing assertions (Denzin, 1971) and cross-examination of subjects. Structural corroboration is also established during data analysis. The descriptions generated by each subject are tape-recorded and analyzed, not as a series of unrelated sentences but as a whole. Such analysis limits the number of possible interpretations of the text as a whole (Lanigan, 1984).

As a third strategy for maximizing internal validity, Guba (1978) recommended that the investigator maintain records of investigator-subject interactions that might be reviewed and interpreted by external observers. Such record-keeping "allows an external observer to make his own judgment about the intrinsic adequacy of the report" (Guba, 1978, p. 66). In addition, researcher familiarity with the language patterns of the individual with schizophrenia will facilitate internal validity. Researcher awareness of
the language and culture of subjects is essential to valid interpretation of text utilizing the hermeneutic method (Eco, 1979; Heidegger, 1962).

The self is not a radically free arbiter of meaning. Though the meanings available to the individual can undergo transformations, they are limited by a particular language, culture, and history. No higher court for the individual exists than meanings or self-interpretations embedded in language, skills, and practices. No laws, structures, or mechanisms offer higher explanatory principles or greater predictive power than self-interpretations in the form of common meanings, personal concerns, and cultural practices shaped by a particular history (Benner, 1985, p. 5).

Description of lived experience serves as a valid instrument to measure a phenomenon to the extent to which the investigator taps subjects' experiences of the phenomenon through interaction with them (Colaizzi, 1978). Using the methods of hermeneutics, the investigator can maximize internal validity thus maximizing the potential for "generalizability" of findings.
Reliability Issues

The concept of validity addresses the fit between a construct and criteria by which the construct is measured. The concept of reliability, on the other hand, addresses the fit between "truth" and obtained findings. Reliability is determined through replication. Such replication was attempted by three techniques in this study.

First, tapes of interviews were transcribed and reviewed by the investigator utilizing the steps of hermeneutic investigation (Lanigan, 1984). These steps are description, reduction and interpretation. Through description, the first step, the investigator examined the text given by the individual speaking in a situation to identify elements of the lived experience. Through reduction, the second step, the investigator identified revelatory phrases that specify the focus of the text, that is, the structure of the experience. The researcher, in criticizing the text, separated the speaker (signifier) from the speech act (signified) to establish how the speaker attempted to create self-awareness for self and others. Finally, through interpretation, the third step, the investigator established the constituents of the text that gave it
meaning in the particular situation. Through recognition of a key revelatory phrase identified by the researcher, the locus of the text (meaning) was taken.

Following the investigator's careful hermeneutical analysis of the tapes, a second investigator, one also familiar with the nature of Rogers' (1970, 1979, 1982, 1983) conceptual system was asked to audit the tapes. The second reader also was required to acknowledge the perspective from which interpretation was attempted. Recognition by both investigator and auditor of similar themes in the tapes supported the notion of reliability of findings.

Third, nesting of a quantitative technique, administration of the Power as Knowing Participation in Change Test (Barrett, 1983), within the qualitative technique of hermeneutic analysis allowed for comparison of the results of each technique. This approach is a variant of triangulation (Guba, 1978).

Setting

This investigation was conducted in a large metropolitan area in the midwestern United States in in-patient psychiatric settings. Since the goal of the study, ultimately, was to understand how power is
experienced by individuals with schizophrenia, the setting was chosen to represent "typical" schizophrenic experience. The goal of the considered selection of setting is to "avoid implicit shaping of possible outcomes" (Guba, 1978, p. 27).

Sample

As the theory and technique of interpreting meaning, hermeneutics is a tool used to capture the unique concatenation of characteristics that constitute the essence of a phenomenon. The aim of hermeneutics is to enhance understanding of the phenomenon through analysis of text and text analogue generated by a sample representative of the individuals comprising the "reality" to be described. A summary of demographic data for this sample is included as appendix F.

Sampling conventions adhered to by researchers utilizing deductive, inferential techniques are not relevant to this study. Instead, a convenience sample of subjects was selected from in-patient settings in the area. Criteria for inclusion in the sample were ability to speak and comprehend English, a high school education, ability to communicate, and interest in communicating with the investigator. These
delimitations were established on the basis of requirements of data collection methods. Sample size was determined on the basis of the appearance of themes in the data transcripts. As the investigator noted that themes were recurrent and that no new themes were introduced during subsequent interviews, data collection was terminated, consistent with approaches of other hermeneuticists (Bogdan & Taylor, 1975; Lanigan, note 1; F. Reeder, personal communication, February, 1986).

Lincoln & Guba (1985) described the sampling mode of choice to be purposive, that is, conducted "in ways that will maximize the investigator’s ability to devise grounded theory that takes adequate account of local conditions, local mutual shapings, and local values (for possible transferability)” (p. 40). Qualitative inquiry of this sort...

...is often criticized on the grounds that it cannot yield generalizations because of sampling flaws. This criticism is undoubtedly true (although trivial from the naturalist perspective). But it is equally true that conventional sampling cannot achieve the purposes for which purposive or theoretical sampling is the method of choice (Lincoln & Guba, 1985, p. 202).
Those purposes are to include as much information about the context as possible and to generate information upon which grounded theory can be based (Glaser & Strauss, 1967). Purposive sampling is more likely to elicit a broad range of power experiences than are more traditional sampling strategies, thus supporting the development of grounded theory.

Data Generation

In the context of this study, data were generated as 'text', defined by Ricoeur (1981) as any discourse fixed by writing, and as 'text analogue', defined by Ricoeur (1981) as meaningful action or meaningfully oriented behavior.

In addressing the nature of power to individuals with schizophrenia, one seeks to identify the meaning of power to subjects from their perspective. Such meaning is available through the text generated by researcher-subject interaction (Benner, 1985; Knaack, 1984; Lanigan, 1984).

Data Collection

Conduct of this study was approved by research
review boards as appropriate in the investigator's academic institution and in all participating research sites. Prior to beginning data collection in each of three sites, the investigator contacted a nurse at each site who was willing to select appropriate informants, according to inclusion criteria, and who would access patient records to secure demographic data regarding informants. Those informants who met criteria for inclusion in the sample were offered an opportunity to participate in the study, according to specifics noted on consent forms attached as appendix A. Permission was obtained for informant participation, for taping interviews, and for an auditor to review tapes.

Data were collected through interviews with interested informants. Two interviews were completed with each subject. Lengths of interviews ranged from twenty minutes to one hour. The structure of the first interview was based on questions derived from the Power as Knowing Participation in Change Test (Barrett, 1983). Specific questions for the second interview for each informant were generated during the process of the initial interview; on the basis of analysis of audiotapes of the first interview, questions were determined through the steps of the hermeneutic method.

Bogdan and Taylor (1975) identified the
significance of language to interpretation of subjects' meanings. Words and symbols familiar to the investigator may not hold the same meaning for subjects. In this study, the investigator's familiarity with the nature of the language and speech of individuals with schizophrenia supported hermeneutic analysis because it facilitated interviews conducted in terms appropriate to informants. Interview techniques were planned to facilitate informants' sense of maximal freedom to talk about power. The investigator's past experience with psychiatric settings supported awareness of the context within which informants responded to questions asked.

Care was taken that informants' concerns, and not those of the researcher, were addressed through reflection about the context of the interaction. Nonverbal as well as verbal signs were considered in generation of discourse. To support objectivity with regard to informants' concerns, the researcher selected research sites in which informants were not her personal acquaintances. The researcher had no role in the settings other than to interact with subjects regarding power. Throughout the interviews, the researcher attempted to maintain a reflective attitude about the relationship between self and informant. The nature of the relationships is described in the results section of
the study to provide readers of the study with knowledge of the context of the interviews. Thereby, the researcher attempts to present a description of informants' experiences of power in an objective manner that actively considers potential investigator biases.

Data Analysis

Through the approach of hermeneutics, one can maintain the logic existing in a text (R. L. Lanigan, personal communication, March 17, 1985). Using the hermeneutic method, the researcher attempted to objectively ascertain the meaning of power, defined as knowing participation in change, to individuals with chronic schizophrenia. Data provided as taped transcripts of interviews with informants were analyzed as follows.

The investigator, critic of the text (Lanigan, 1984), evaluated the text as words with "an existential meaning which is not only rendered by them, but which inhabits, and is inseparable from them" (Merleau Ponty, 1962, p. 36). Through the steps of hermeneutic analysis identified by Lanigan (1984) --description, reduction, and interpretation--the investigator was able to determine consistencies among emergent themes across
informants and to derive identification of the structure of power in the context of chronic schizophrenia.

The potential for multiple interpretations of a given text is self-apparent. However, as Ricoeur (1981) identified, the text, by virtue of its own wholeness, is subject to a limited field of interpretations. A text can be said to be more than a "linear succession of sentences. It is a cumulative, holistic process" (Ricoeur, 1981, p. 212). Through evaluation of the text as objective (Ricoeur, 1981), the researcher can fulfill the goal of judging "the speaker, the auditor and the discourse as semiotically transcendent parts of a Gestalt where authentic meaning is an immanent created phenomenon" (Lanigan, 1984, p. 28). The critic of the text "brings into existence a meaning that has been obscured by the structural ambiguity, tension and anxiety of the lived-situation" (Lanigan, 1984, p. 28).

Colazzi (1978) outlined seven steps that illuminate the three steps discussed by Lanigan (1984). Following this protocol, the investigator:

1. Read through the entire text of the interview for a sense of the whole (the text was comprised of verbatim transcription of audiotaped interviews);
2. Extracted significant statements that pertain to power;

3. Formulated meanings as they emerged from the significant statements, acknowledging investigator beliefs in an attempt to remain faithful to the data as given by informants;

4. Repeated steps 1 to 3 above for each taped interview, organizing extracted statements into clusters of themes that were validated by triangulation; contradictory themes were acknowledged and noted.

5. Integrated results into a description of power;

6. From the description, derived identification of the fundamental structure of power to the informants;

7. To uncover data that may not have become apparent through the hermeneutic method alone and to increase reader confidence in findings generated by the hermeneutic method, nested a quantitative technique, that is administration of the Power as Knowing Participation in Change Test (Barrett, 1983), in the
qualitative technique of hermeneutic analysis. In addition, a second reader reviewed tape transcripts of first interviews of all informants to determine the presence of Rogerian themes.

The second reader approached data transcripts, which were mailed to her as interviews were completed, from a Rogerian (1970, 1979, 1982, 1983) and phenomenological perspective. She was open within that framework to emergence of themes. The second reader used the language of Rogers (1970, 1979, 1982, 1983) to describe emergent themes. The second reader’s findings were not shared with the investigator until after the investigator had completed data analysis herself.

The immersion of the investigator in the reality to be described is apparent. The investigator acknowledged and noted personal biases regarding the situation, the subjects, underlying theory and the process of investigation. These biases were considered in the interpretation of data. Such consideration renders the study objective and authentic.

Summary

The conduct of the study can be summarized as
follows:

1. The study was approved by appropriate review boards.

2. The investigator visited the proposed research site prior to initiating the interview process to determine the appropriateness of the site for the study. A list of potential subjects was determined by a nurse authorized by each participating agency on the basis of delimitations described previously. Potential informants were approached individually; the investigator explained that she is interested in power and that she would like to meet with the informant for two sessions of about one hour in length at a one week interval. Consent forms were completed, and informants were reassured that they were under no obligation to participate in the study but that participation was voluntary. Permission to tape the interviews also was obtained. Copies of consent forms are attached as appendix A. Demographic data were collected from a contact person at each agency using the demographic form attached as appendix B.

3. The investigator interviewed as many as four
informants on one day, according to the interview schedule attached as appendix C. An audiotape recording of each interview was made.

4. The investigator transcribed the tapes verbatim as soon after each interview as possible. Then, prior to conducting further interviews, the investigator reviewed the tapes utilizing the hermeneutic method according to the format attached as appendix D. All tapes and transcripts were coded with a participant number to maintain anonymity and allow for cross-analysis of tapes.

5. Transcripts of the four subjects were reviewed by a second reader who was unaware of the primary investigator's interpretation of transcripts. The second reader's role was to uncover themes, thus demonstrating reliability. These themes are noted in chapter four of this study and contrasted with emergent meanings uncovered by the investigator.

6. At a one-week interval, the same informants were reinterviewed, in the same order as they initially were interviewed, each according to the meanings determined to emerge from their previous interviews.
Triangulation and cross-examination were utilized to compare similar and divergent themes. The interviews were taped, transcribed, and analyzed using the format in appendix D. Again, emergent themes are discussed in chapter four of this study. Investigator responses to themes also are noted. Tapes and transcripts were coded with a participant number to maintain anonymity and to facilitate cross-analysis.

7. At the end of the second interview, informants were asked to complete the Power as Knowing Participation in Change Test (PKPCT) (Barrett, 1983), attached as appendix E. Response forms were completed by either the informant or by the investigator as the informant verbally participated on the test. Results on the PKPCT were compared with themes emerging from the interviews after all data were collected from verbal interviews (see step 7) and are presented in chapter four of this study.

8. Groups of subjects were interviewed according to steps 2 through 7 above. Cross-examination and triangulation were completed across groups as well as within groups. Discrepancies and similarities are noted
in chapter four.

9. Data collection was continued until no new themes were noted to emerge from the interviews. This approach to determining an appropriate point to terminate data collection is consistent with the literature (Bogdan & Taylor, 1975; Lanigan, note 1; F. Reeder, personal communication, February, 1986). Rationale for the investigator's decision to stop interviewing is discussed in chapter four of the study.

10. After all interview data were reduced and interpreted according to the format in appendix D, the final format for each informant was compared with that informant's responses on the Power as Knowing Participation in Change Test (Barrett, 1983). Similarities and differences between interview and test data were described and evaluated. They are presented in chapter four.
CHAPTER IV
RESULTS AND DISCUSSION

To answer the research question, what is the nature of power experienced by individuals with chronic schizophrenia, fifteen individuals having a minimum of high-school-level education, no intervening physical illness, and a diagnosis of 'chronic schizophrenia' were interviewed according to the format in appendix C. Interviews were tape-recorded, and the tapes were transcribed by the investigator. The steps of the hermeneutic method—description, reduction, and interpretation (Lanigan, 1985; Ricoeur, 1981)—were used to identify themes in each tape and to compare themes across tapes so that the nature of power experienced by a purposive sample of informants could be described.

A second reader reviewed transcripts of the tapes for the presence of Rogerian themes and, in general, noted emergent themes. The investigator compared themes noted by the second reader to those she noted herself after all data were analyzed.

The questionnaire developed by the investigator to generate data for the study paralleled a semantic differential tool, the Power as Knowing Participation in Change Test, developed by Barrett (1983) to measure
power. Administration of both forms to informants was proposed to provide potential access to more data than could either form alone. Additionally, confidence in findings would be increased by similarities noted in findings across both forms.

Thus, in addition to responding to the questionnaire, each informant completed the Power as Knowing Participation in Change Test (PKPCT) (Barrett, 1983). Individual responses on the PKPCT were compared with themes noted to emerge from responses to the questionnaire.

Hermeneutic analysis of responses on the open-ended questionnaire revealed themes that qualitatively described the nature of power experienced by the purposive sample of informants. Responses on the PKPCT more quantitatively described the nature of that power. Findings emerged in a context that reflected the integral nature of respondents and environment. The investigator herself is recognized to be integral and situated in the context of nursing and hermeneutic research. As Bourne (1984) noted:

Within hermeneutic thought, prejudice and presupposition become the ontologically necessary standpoint of our understanding, and from which we always question. These
"biases" are our way of belonging; as finite historical beings we grasp the meaning of our situation from a perspective, which cannot be eliminated (pp. 124-125).

Because the investigator’s interpretation is limited by her own historicality, clarification of the investigator’s perspective precedes presentation of findings emerging from this study.

Investigator Perspective on Initiation of the Study

Having a master's degree in psychiatric and mental health nursing and having taught relevant courses, the investigator approached the research situation with a sense that individuals with schizophrenia, indeed, are powerful, that is, are participating knowingly with the environment. This sense was validated by observations of patients' power, for example, efforts to avoid discharge from psychiatric centers, their awareness of and ability to describe social roles and outcomes in hospital settings, and certain insights about themselves and their functioning in the world that they had shared in casual conversation with the investigator.

Review of literature, however, generally did not support the investigator’s beliefs and perceptions. Only the
literature in existential philosophy and psychology (see for example, MacLeod, 1975; May, 1969b; van den Berg, 1972) directly supported the notion that individuals with schizophrenia might be powerful. Within the nursing literature, no direct support was found. However, the potential for viewing the individual labeled 'schizophrenic' as powerful appeared to the investigator to be consistent with Rogers' (1970, 1979, 1982, 1983) paradigm. Although she did not address schizophrenia directly, Rogers had tangentially referred to the potential powerlessness of the individual with schizophrenia stating, "So-called disease and pathology are value terms applied when the human field manifests behaviors that may be deemed undesirable" (Rogers, 1979, p. 336). The notion of theoretically limiting individuals' potential power on the basis of presence or absence of disease is inconsistent with Rogers' paradigm.

Thus, the research question, what is the nature of power experienced by individuals manifesting patterning labeled 'schizophrenic', was formulated within the context of Rogers' paradigm for nursing. Access to an answer appeared to be limited to methods with theoretical assumptions that were consistent with Rogers' (1970, 1979, 1982, 1983) paradigm.

Husserlian phenomenology (Husserl, 1933/1960)
initially was considered as an appropriate research methodology for the study by the investigator, since research has demonstrated consistency between the assumptions underlying both phenomenology and Rogers' science of unitary human beings (Reeder, 1983). Further investigation revealed that hermeneutics, a philosophy and a general theory of interpretation (Ricoeur, 1981), might better serve as an appropriate research methodology in this study.

Ricoeur (1981) stated that hermeneutics and phenomenology "presuppose each other" (p. 128). Moreover, hermeneutics is founded on the assumption that meaning takes its structure from history and from the world-at-hand (Bleicher, 1980; Ricoeur, 1961); understanding is developed through interpretation according to hermeneuticists rather than through intuition, as proposed by Husserlian phenomenology.

...language is the universal medium in which understanding itself is realized. The mode of realization of understanding is interpretation....All understanding is interpretation, and all interpretation takes place in the medium of a language which would allow the object to come into words and is yet at the same time
the interpreter's own language....The linguistic quality of understanding is the contretion of effective-historical consciousness (pp. 350-351).

Since language in the form of text, that is, discourse fixed by writing (Ricoeur, 1981), was to serve as data for the study, hermeneutics seemed the more appropriate methodology to engage.

In the context of the Rogerian science of unitary human beings (Rogers 1982, 1983) and hermeneutics (Ricoeur, 1981), the nature of power experienced by individuals labeled schizophrenic was considered. Power was defined in this study as "the capacity to participate knowingly in the nature of change characterizing the continuous repatterning of the human and environmental fields" (Barrett, 1983, p. 4). This theoretical view of power, developed by Barrett through use of a semantic differential technique (Osgood, Suci, & Tannenbaum, 1957) presupposes the integrality of human and environmental fields. It is an appropriate tool for investigation of power from a Rogerian (1970, 1979, 1982, 1983) perspective.

Schizophrenia was defined for purposes of this study as the only possible response to an absurd communicational context (Watzlawick, 1967); individuals
were recognized as schizophrenic on the basis of a diagnosis made by a psychiatrist. The investigator acknowledged that there might be a physiological-psychological basis for schizophrenia. This basis, however, would not preclude the individual labeled 'schizophrenic' from experiencing power. Rather, the preconditions of the prevailing world-view would limit the experience of power in schizophrenia.

Finally, a comment regarding the relationship between investigator and informants is important to understanding the context in which data were generated. The investigator found, as she saw informants outside the context of interviews, that they were eager to talk with her, and often sought her out. The investigator's sense was that her stance, one of not being 'therapeutic' in the sense of psychology, was welcome to the informants. They seemed to enjoy sharing experiences with her.

From the perspective of the investigator, the successful interaction of informants with the investigator is, itself, a representation of their individual power. The ability to interact socially is an indicator of one's awareness of widely-accepted communicative skills; represents a choice to perform in an 'acceptable manner'; demonstrates informants' freedom
to act intentionally; and reflects their willing
involvement in creating changes mediated by verbal
interaction and research.

Nature of the Sample

Potential informants for the study were selected by
a nurse who was authorized to have access to patient
records in each setting. Inclusion in the study
sample was delimited to individuals with a minimum of a
high school education, who had no intervening physical
illness and who carried a diagnosis of chronic
schizophrenia. All potential respondents spoke English
and all expressed an interest in participating in the
study.

The sample consisted of men (N=4) and women (N=11),
ages 23 to 72. One of the respondents held a master's
degree; two held bachelor's degrees; one had completed
nursing school; one held an associate degree; and ten
had completed high school as their highest level of
education. Occupations included teacher, artist,
graphic artist, janitor, office worker, seamstress,
nurse, musician, junk yard worker, and post office
worker. Two of the respondents had no occupation.
Lengths of stay for current admissions, measured from

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the beginning of the interview period, ranged from three
days to more than sixteen years. Numbers of psychiatric
hospitalizations for each informant varied from 1 to 18,
and lengths of each stay were equally varied. As
individuals with 'chronic schizophrenia', all
respondents had been diagnosed for at least six months,
with the range of time from initial diagnosis ranging
from at least twenty months to over forty years. Family
constellation and marital status also were variable
across individuals. Demographic data are summarized
in appendix F.

Basis for Terminating Data Collection

Everyday experiences, those often overlooked by
other sciences, are the focus of hermeneutics and
phenomenology (Taylor, 1979) and of this study. The
obscure nature of power experienced by 'schizophrenics'
became more clear through identification of themes
emerging from their discussion of everyday experiences.
The investigator had limited informants and settings
according to specific criteria so that the phenomenon of
power was studied in a "specific situated structure"
(Giorgi, 1985, p. 19). Data collection was stopped
when subject responses could be anticipated correctly by
the investigator in nearly every instance and no new questions occurred to the investigator on the basis of responses to the questions specified in the interview protocol.

During interviews, as informants responded to the interview questions included as appendix C, themes became apparent. These themes, called "meaning units" by Giorgi (1985, p. 15)
exist only in relation to the attitude and the set of the researcher....What stands out depends very much on the researcher's perspective (Giorgi, 1985, p. 15).

The themes were uncovered through imaginative variation of and reflection about the concrete expressions of the respondents. Despite the range of concrete expressions themselves, the themes they constituted were retrievable again and again. Presentation of findings begins with a discussion of emergent themes noted by the investigator.

**Emergent Themes**

As one evaluates responses to questions addressed during the interviews and notes the range of responses to those questions, one notes categories of responses
that, themselves, constituted themes; one also notes themes that emerged across questions, irrespective of the specific question asked. A summary of emergent themes is presented in table 2.

The potential for multiple interpretations of text is apparent; however, it is limited by the perspective of the investigator. Using the steps of hermeneutics, the investigator moved across levels from individual statements within texts to individual texts to the texts of all informants as a single whole and back again to individual statements to note, within the context of the Rogerian science of unitary human beings (Rogers, 1982, 1983), emergent themes that were plausible from that perspective.

This activity—describing 'reality' from a unique perspective—does not change the reality itself, but rather changes perceptions of it, potentially uncovering here-to-fore unrecognized aspects of it.

Interview topics included questions regarding choices, freedom to act intentionally with regard to those choices, felt ability to change things in one's life, personal view of one's life, the nature of a good day for the individual, identification of what is important in one's life, anticipation of the future, and identification of any concerns that might affect the
Table 2

Summary of Emergent Themes

Themes Noted in Response to Questions

choices
  involving activities of daily living
  involving self in interaction with others
    from a giving perspective
    as necessary to get along

do choices make a difference
  yes, in context
  I don't know

freedom to act intentionally
  completely free
  restricted
    family
    discrimination
    pain
  no freedom

involvement in creating changes
  yes, with direction
  no

personal view of my life
  life as product
    comparison
    description
    analogy
  life as process
    sense of direction

nature of a "good day"
  product
    physical characteristics
    state of mind
  process
    activities
    being with people

things important in my life
  connectedness
    reading
    God
    people
    decreasing stress
future
uncertain
better

Themes Emerging Across Questions
relationships with God
relationships with people
reading and studying
living in the context of world
enriching
limiting
levels of awareness
certainty
uncertainty

OVERRIDING THEME

Connectedness (integrality)
belonging
loneliness
uncertainty

[Theme emerging from existential statement in every text]

informant’s ability to respond to the questions on the questionnaire at the time of interview. The interview protocol is attached as appendix C. Themes emerging as responses to interview questions are presented here and followed by a presentation of themes emerging across questions.

Presented as emergent themes, data represent the investigator’s use of the first step of the hermeneutic method, that is, description. Reduction and interpretation of the data, steps two and three, follow
description of individual themes.

Themes Emerging as Responses to Interview Questions

Choices and Freedom to Make Choices.

Respondents first were asked to identify the kinds of choices they made on a day-to-day basis. Two themes appeared to emerge regarding respondents' views of their choices. The first involved basic activities of daily living that did not particularly affect others in the environment. The second involved interaction. Theme two can be further seen as interaction necessary to get along and interaction as giving.

Respondents creating the first theme identified choices such as whether to wash or not, to get dressed or not, to take medication or not take it, to get up or to stay in bed. The focus of this first theme (choices involving activities of daily living) seemed to reflect a limited repertoire of alternatives in light of all possible alternatives. However, considering respondents' situations, that is, their concurrent institutionalization, the choices described by informants generally represented an apparently accurate assessment of the range of choices available to them.
Caretakers, have, to a large extent, limited the choices open to individuals labeled 'schizophrenic.' Indeed, the investigator approached administrators in a number of settings with appropriate clients prior to finding any in which potential informants were allowed to choose to participate in the study.

Focusing again on the range of choices described by informants, one might ask how such limited choices contribute to informants' power. The answer appears to the investigator to lie not in choices themselves but rather in informants' underlying awareness of the nature of the interrelations between self and environment. A number of informants were able to describe the context in which their decisions were made. For example, one informant said, "I follow rules. Everybody has rules to follow." The implication seemed to be that she did what she was told. Those informants with relatively greater awareness of context appeared to be more powerful, their limited choices made wisely in consideration of context.

The second theme emerging in response to the first question clearly involved respondents' interactions with others. One respondent, when asked what kinds of choices she made day to day, replied, "I follow rules." Another noted, "I help people. I love to help people. All kinds of people. That's why I'm here." The
informant believed that being in a psychiatric setting gave her life meaning and purpose. She was there to preach and help other patients. Although such a perspective may appear to be an illusion from the perspective of the prevailing paradigm, the informant’s sense of perceived power was clear through this statement. Furthermore, the entire text of her interviews reflected a sense of unity with the environment.

Yet another informant noted the differences between her choices in the hospital and her choices outside. "...a lot of my choices are based on what would be good for my children I work with." This respondent, in particular, seemed to understand her choices from a 'giving' perspective that she summarized. "I’m more and more thinking from that point of view (that is, giving), unless from a selfish point of view, what can I do to please me? Or what will satisfy me? I’m thinking not just of that now." Regarding choices made in or out of the hospital, she presented a sense of unity with the environment. She felt herself to be powerful. Her choices were appropriately made in a variety of contexts, and they contributed to her sense of power.

Not all texts reflected such unity. Another informant noted, "I go to the store for people...I don’t
have to. I can refuse if I want to." Her presentation of her right to "not go" to the store left the investigator with a question about whether or not she really believed she had that right. Unlike the informant described above, this informant did not present a sense of unity with her environment. The choices of another informant seemed to be even more limited because of her fear of people. She stated, "I was with my kids and helping em grow up so they could be a mother like me." She found that she could not be in the position of 'giving', a theme that emerged to the investigator, because of her fear of people. "Well, I'm scared of people, that they'll hurt me and stuff...Everytime it seems like I try to do something, it seems like I'm going backwards."

Thus, the focus of the second theme (choices regarding interaction with others) seemed to diverge, certain informants appearing to recognize the nature of their contexts, interacting with others, and doing so freely; other informants expressing anxiety about interactions and describing their relatively inferior positions in social relations, yet desiring them. Those informants who sensed an inferiority about themselves seemed to find themselves at the mercy of the environment, that is, they demonstrated a sort of
'nonmutual process' with the environment, and a waiting, receiving, unknowing sort of participation with the environment. This is in contrast to the more knowing participation of individuals who appeared more powerful, through demonstration of a sense of awareness of being in mutual participation with the environment and of sharing mutually with the environment.

Themes regarding choices were not segregated by age or by institution. Emergent patterns crossed those boundaries, and seemed to reflect the nature of the individual, his or her historicality, and his or her current state of being-in-the-world.

The second question addressed by the questionnaire regarded whether or not the choices made by respondents made a difference in what happened to them. The responses to this question were two: yes, and I don't know. Those individuals who answered yes seemed to be aware of the contexts structuring their lives, that is, of their "complex strategic situation in a given society" (Foucault, 1976, p. 21). One respondent noted, "Well, yes, it does make a difference. Yes, it makes a lot of difference. Get up, clean yourself up, cook and iron....keep your mind occupied, because an idle mind is the devil's workshop. The Bible tells us this, because if we, if we just love one another, this world'd be in
much better shape." This informant's relationship with God guided her being. Her relationship with God was clear to her, and she structured her behavior around it so that she could keep her mind and her body occupied and do the work that gave her life meaning.

Not all respondents were able to identify just how their choices made a difference, but those that were so able seemed to be more actively structuring their lives than those who were not. For example, one informant stated, "I chose to be here, and I think it's the right decision, but I'd rather be home with my family and friends. I'm gonna try to get out of here as soon as possible." She said she would get out by "doing what the doctors tell me." She believed that the answers to her problem lay with the physicians who would help her.

Thus, certain informants again demonstrated a sort of knowing participation, describing how their choices, though limited, contributed to the evolution of their lives, and how the environment supported or hindered that evolution. These informants appeared to have a sense of direction and to be actively participating with the environment, despite restrictions it imposed.

Those individuals who answered "I don't know" to this question, in contrast, seemed unable, as demonstrated by the wholeness of the text given by them,
to direct their lives. One respondent noted, "I'm just waiting patiently to go home." She had no particular goals other than to be available at coffee-time. Although she seemed to recognize the benefit of being with people, for instance, through sharing at coffee-time, her stance was passive. Like other individuals who answered this question with, "I don't know.", this informant seemed less aware of the relationship between self and context than individuals who answered, "yes."

In summary, in response to the second question, Do the choices you make make a difference in what happens to you?, two specific themes emerged: yes, in context; and no. Both knowing and unknowing participation can be said to characterize the responses of informants regarding their awareness of the impact of choices on their lives. Those who recognized that impact seemed to be more knowingly participating with the environment than those who did not. Their knowing participation was perceived as power by the investigator.

The third question regarding choices asked whether or not respondents felt free to make the choices they wanted to make. Themes emerging were three: completely free, free with restrictions, and, as identified by one respondent, no freedom. The second theme, free with
restrictions, could be further analyzed as restriction with regard to family, to the world as a whole, and to pain.

It seems significant that the respondent sensing no freedom was limited in her ability to see herself in connection with her world in any of the questions addressed in the questionnaire. She felt quite controlled by the environment, for example, by the compelling call of the television, and by messages she heard from her now-deceased parents. Traditional psychiatry would recognize this phenomenon as a lack of reality orientation. Additionally, the individual sensing complete freedom to make choices also demonstrated less "reality-orientation" than other informants in his responses to questions. His response to questions typically was "I couldn’t say" and his behavior demonstrated preoccupation with something other than the interview.

Informants identifying 'freedom with restrictions' were able to describe strengths and limitations they experienced in exercising that freedom. Such description reflected their recognition of the nature of the contexts in which they found themselves and suggested an ability to exercise some degree of "control" through participation with the environment.
Such participation, however, did not assure complete control. For example, one respondent identified pain as restricting his freedom.

"....Do you think there are things stopping you from getting well?"

"Yeah, the doctors."

"The doctors are stopping you? Why's that?"

"They don't listen to me."

"They don't listen to you? What do you want to tell them that they don't want to hear?"

"Just I get rid of the pain in my head."

Despite his repeated requests for medication to control his headaches, this informant was unable to convince his physician that it would be of benefit. Of the group of respondents identifying restrictions regarding their freedom of choice, this respondent seemed least able to direct his choices.

Appendix G includes an additional segment of an interview with this respondent. It can be contrasted with appendix H which includes a segment of an interview with a subject whose restrictions are related to contextual factors. Comparing the two interview segments, it is possible to see the emergence of relative abilities to direct choices. Additionally, it is possible to contrast the "knowing" and "unknowing"
participation of the two informants.

The ability to direct choices appears to be related to the ability to describe the preconditions that structure one's power. Recognition that freedom of choice is limited by context contributed to respondents' perceived sense of power and to the investigator's sense of their powerfulness.

At this point, it is important to note that some respondents clearly were able to identify restrictions imposed on their decisionmaking by the health care system. What contributed to their sense of power, as viewed by the investigator, was not the ability to 'beat the system', that is, to make choices regardless of context, but rather their abilities to recognize contextual constraints and make purposeful decisions within those constraints. Indeed, it has proven to be futile for individuals labeled 'schizophrenic' in the traditional paradigm to 'beat the system.' The system response to such an effort traditionally has been further incarceration through seclusion, medication, and so on. The power to actually 'beat the system' might be developed through increased awareness of the nature of the self and the system as integral. Certain informants seemed capable of such awareness, and thus, appeared powerful to the investigator.
In summary, themes regarding choices involved individuals' recognition of the choices themselves and the context in which those choices occurred. Choice themes emerged across ages, specific diagnoses, and institutions. It appeared to the investigator, on the basis of the nature of interview texts taken as complete units, that those individuals who recognized the nature of the context in which their choices were made also demonstrated greater ability to direct those choices and sensed greater freedom with regard to those choices, even though they recognized that their choices were limited by context.

Involvement in Creating Changes.

All but one respondent seemed to recognize that they had roles in creating changes. The nature of those roles, however, was not particularly clear to anyone. One respondent noted, "I certainly have changed things in my life when it suited me, but not with good planning. It usually is a crisis. I create some kind of crisis like I did this time." When asked if he had been able to change things, another respondent stated, "yes." "Can you tell me a little bit about that?", the investigator continued. After a long pause, the
respondent said, "No. No, I don't believe I can." This particular respondent often thought quite intently about questions and in several instances was unable to formulate a rationale for his responses.

Other informants answered yes, they had been able to change things in their lives, but when asked to talk about that process, changed the subject or went off on tangents about their past experiences. One informant responded, "Yes." When asked to "tell me a little about that" she said, "I changed my weight. I was heavy so I lost weight...Different ways I eat my food." Although she was able to give an example, she was not able to describe the process. This finding was consistent across informants.

Only one informant did not respond that she had changed things in her life. Instead, she stated, "Well, I wouldn't want to change things. Because everything is going together beautiful now that I'm serving the Lord, and doing His work and helping people. No, I don't want no change. I....this is important to me. The helping people. I love to help people and I love to do good toward people." Another significant theme with regard to making changes was expressed by a number of informants as, "I take one day at a time." This theme seemed to express informants' need to manage small units.
of the environment, rather than to take on long-range planning. It seemed for some that their relative position in the environment was too tentative to accommodate long-range planning.

Thus, the themes that appeared to emerge from this question are yes, without particular direction; and no. It appears that the things informants actually changed in their lives were small in scale and changed through "crisis."

If, as Foucault (1980, 1982) noted, the field of possibility for 'madmen' is limited by power relations that have enabled practitioners to develop nomenclature and thinking that continually reinforce traditional beliefs, and if individuals labeled 'schizophrenic' are unaware of the structure of change, then, it would seem, that their abilities to recognize the nature of change need to be fostered. Indeed, schizophrenics' attempts to convince health care professionals within the traditional paradigm that they are not acting 'crazy' generally are futile. Their involvement in creating changes is limited, and this is an accurate perception on their parts.

The investigator believes that informants' limitations in this regard constitute the single greatest restriction of their potential for power. A
major theme emerging from collective texts expressed informants' perceived inability to do anything about their environments. The preconditions of their diagnoses and prognoses, imposed by the prevailing paradigm, did not seem apparent to them.

Given the nature of schizophrenics' being-in-the-world as perceived within the prevailing paradigm—sick, disoriented, inappropriate, and potentially dangerous—their unthinking acceptance of preconditions only perpetuates their lot.

Personal View of My Life.

To the question, what is your view of your life, four categories of response emerged: concrete analogy, quality, comparison with others' lives, and sense of direction. Themes, or meaning units, emerged through consideration of those categories. Specifically, comparison with others' lives, description of quality, and explication through analogy seemed to reflect a view of life as a product. A sense that life was directed by the respondent, on the other hand, reflected the respondent's view that life is a process.

Life as a product was described as fine, nice, good, and happy. Generally, descriptors used by
subjects were positive. In comparing their lives with others' lives, one respondent described his life as "normal", while a second respondent noted that, "Compared to my sisters, I've been through more." Only one respondent identified a concrete analogy: "My life is like the blessed Virgin Mary....She likes her son Jesus and we all like Him." The investigator interpreted this response as a reflection of the informant's wish to please her. Discussion prior to this had revolved around the informant's Catholic education. This response followed the same train of thought. It did not reflect delusional thinking.

The theme 'life as process' differed from the theme 'life as product.' Life as process reflected mutual interaction between informant and environment to varying degrees. As a process, life was described as being directed, though not always successfully, by respondents. One respondent noted: "I'd like to become, you know, somebody important...do that for me and my kids." Her difficulty in achieving that goal lay in her sense of fear about the intent of people in the world. A second respondent stated, "My life? It's a rich tapestry with many colors of threads in it that I'm weaving. It's lovely." In this statement was a clear presentation of the informant's sense of unity with the
environment.

Thus, there is variety in respondents' perceptions of their lives. There appears to be consistency between a sense of life as a process and a sense of being able to direct it, consistent with the Rogerian notions of mutual process and knowing participation. For those respondents who viewed life more as a product than a process, there was an aura of impotence, of inability to change the nature of their lives. Their participation seemed to be unknowing and locus of control seemed to rest with the environment.

Once again, the relevance of integrality experiences to the perception of power--perceived by the informant and by the investigator--was illustrated in emergent themes.

The Nature of a Good Day.

Respondents were asked what a good day was like for them. Similar to responses about their views of their lives, responses about the constitution of good days were phrased in terms of products and processes. As a product, that is, as a static entity, a good day was described as "a sunny, brilliant day", "Wednesday and Saturday", "today was a good day; it was nice this
morning." Viewed as a process, a good day involved being with someone or doing something challenging or fun.

Three informants' initial responses to the question, "What is a good day like for you?" were phrased as 'day-as-product' responses. All but one of the respondents, when asked to elaborate, described interactions with others as the essence that made those days good days. Two responses reflected respondents' state of mind; to these two individuals, a good day was "being in a good mood" and "no stress."

For both, the occurrence of the chosen state of mind appeared to be a phenomenon over which he or she had little control.

Again, it appeared to the investigator that being connected to the world was important to the individuals participating in this study. Most respondents, when questioned, were able to identify the significance that being with others held for them. Yet, being with others did not always ensure high quality interactions. One respondent noted, "as a child, the house could be full of people, but I would just go off to myself."

Those informants for whom being with others was very positive described a sense of unity with the environment. This unity was characterized by
interactions that reflected human-environmental cooperation and a sense of trust. Those informants who participated knowingly with the environment, that is, who saw the mutual process involved in structuring a good day, and who took some responsibility for that structuring, appeared relatively more powerful than those who did not. Being integral is constitutive of good days, according to informants. The quality of good days seemed to increase for informants as they recognized their own integral nature and participated knowingly with the environment.

**Things Important in My Life.**

The salient theme emerging across all informants in response to the question, "What is important in your life?" was connectedness with the world. This theme was apparent through concrete responses such as "reading and studying", "being with people", "taking a walk with my kids", "knowing God", "having less stress", "fulfilling all my duties", "getting married and having a baby boy." Often, the nature of things important in their lives was quite evident from informants' texts taken as wholes. For instance, one respondent stated that "doing things for people is my whole life." This notion was the
essence of the total text of her interviews, even when the questions asked did not address what was important specifically.

For some informants, more basic human needs such as eating also were identified as important. A number of respondents noted that "having a boyfriend" or "having a girlfriend" was important, but that it was not a fact of their lives.

Informants clearly thought it important to be in contact with people, even though in many cases, their interactions with people had been difficult and disappointing. Although connectedness with the world appeared to be a theme relevant to all informants, those perceived as more powerful by the investigator presented a sense of unity with the environment, actively participating with it, aware of strengths and limitations imposed by their contexts. In other words, those individuals who seemed relatively powerful also seemed to perceive themselves as integral with and in process with the environment. They worked with the environment rather than against it. The significance of integrality to the experience of power again is apparent.
What I Think My Future Will be Like.

Respondents seemed to view their futures either with uncertainty or with a positive sense. Generally, those who could anticipate a positive future believed that it could be achieved through interaction with others, for example, through marriage and childrearing, and through following rules established for them. Respondents, generally, were not able to specifically identify the means by which they would ensure a positive future.

As in the case of choices, informants who were able to describe the course that they anticipated their futures would take also were able to describe their efforts to direct their lives. One respondent who appeared to the investigator to be particularly in touch with the direction she would take in her life stated, "Ok, now (after being hospitalized) I can really be myself. I've gone the route....The best of it is that I'm in touch with my powers, more than I have been for a long time, and I'm confident, and I'm just looking at how I'm answering these questions....hey, you know, you're not doing so bad, is sort of what I hear myself saying to myself."

In summary, themes emerging from a question about
informants' futures were certainty and uncertainty. Those respondents who seemed relatively certain about the direction their lives would take also seemed more able and willing to direct their lives and thus more powerful in this regard. They also seemed to be in touch with a need to work harmoniously with the environment, rather than to try to fight against it, again pointing to their knowing participation, mutural process, and sense of self and environment as integral.

Those informants who were uncertain about their futures seemed to need to deal with the future in small units, "one day at a time;" they seemed uncertain about their own well-being and position in the world. A sense of unknowing participation and relative powerlessness emerged from these texts.

Themes Emerging Across Questions

Through review of informants' responses to specific questions, themes emerging across questions, that is, themes that recurred regardless of the context created by the question posed, are identifiable. Specifically, general emergent themes are identified as: relationship with God; relationships with people, especially family; reading and studying; living in the context of world;
and differing levels of 'awareness', a field behavior of power.

An overriding theme is strongly apparent throughout all texts of interviews. Using the approach to the hermeneutic method described by Lanigan (1984), the investigator noted that the theme emerging in the existential statement uncovered for every text addressed integrality (Rogers, 1982, 1983) or connectedness. In addition, the notion of integrality is woven throughout all themes identified as specific to questions and identified across questions.

Relationship with God.

Eight of the fifteen informants in this study made reference to the significance of their relationships with God or with a power higher than humankind. The informants viewed the relationship as positive and supportive, as demonstrated, for example, by phrases like "the universe works with everyone or for everyone", "God helps me to make my choices", or "Prayer can change things in your life." The relationship appeared to be a source of strength to informants. The investigator noted a sense of wholeness expressed by the informants regarding this relationship in every instance. One
informant, who seemed to want a more certain relationship with God stated, "Sometimes I think God loves me. Sometimes I think I have some kind of power." This power was contrasted by the respondent with her lack of power in the family. "They thought I was going to get better right away. And they're getting disgusted with me already cause I'm not working and I'm not back to myself and everything like that, and they would make choices for me. But now they see that it's hurting me, so they're letting me go on my own."

It appeared to the investigator that through relationships with God, respondents sensed a freedom that was not available to them through relationships with people. One respondent stated, "I been helping people in there (hospital). So when I got threwed up there for nothing (because her family had lied about her), I just do the work of Jesus because I'm a preacher...Cause I wouldn't be made whole if I didn't come to Jesus." A unity with the environment is expressed through relations with God. Through this unity, informants expressed empowerment.

**Relationships with People.**

Another important theme generated in response to
many of the questions in the interview protocol was relationships with people. Families, in particular, were described as enhancing and retarding the growth of individuals. One informant noted, "I been to ___ several times for lies. My brother, my mother, and everybody lied on me, and put me in there." In many instances, informants demonstrated that they did not understand the rationale for family's behavior. "I was making some good changes in positive directions on my own; all of a sudden my plans are, whatever plans I have for myself are negated by the plans my mother and brother are making for me." Still, this informant continued, "Um, and maybe I need her, too. I think there's a lot of that. It's mutual. I needed to know that mommy really loved me after all, and all that kind of stuff." Despite the problems families were perceived to create for them, informants still expressed a desire to be with their families.

With regard to relationships with family, it would seem that respondents and family members are coming from two different places. One informant stated, "I'm just misunderstood. I'm moving a lot faster than anybody else. This is part of the creative process, and my mother just doesn't understand." One would question the nature of the contact between respondents and their
families. Certainly, their behaviors are not always easily understood; likewise, the respondents often are uncertain of the rationale underlying the behavior of their families. When I asked one informant how she came to be hospitalized she said, "I was having a beer, and they called me drinker, and they put me in here."

Many informants' relationships with family members seemed to be marked by non-mutual process, as demonstrated by comments like, "I'm just moving faster than anybody else. They can't keep up...My family just doesn't understand." or "The house could be full of people but I'd just go off to myself." Comments by other informants demonstrated that a more mutually-shared process of integrality. For instance, one informant stated, "I enjoy working at ___. I like working there and meeting people. It's a job, I've got my own job! I'm happy."

The seemingly unnatural behaviors of individuals labeled schizophrenic within the context of the prevailing world view are difficult for others to understand, to value, and to incorporate into their day-to-day lives, often resulting in rejection of the schizophrenic by others and perpetuating loneliness and psychic pain. A desire for integrality was expressed across all informants. Recognition by informants and
their families of the nature of the preconditions imposed by the prevailing world-view and conceptualization of schizophrenic behavior and experience from a new perspective might serve to enhance the development of mutual process among family members.

Reading and Studying.

The value of reading and studying was described by a number of informants. Such activity gave the informants a sense of connectedness with the world, often a sense of tranquility, possibly not available through less-satisfying relationships with people. One respondent noted that among the most important things in her life was receiving a booklet called 'Daily Traveling Down the Road.' "Do you want to see my book I get every month? It's very inspiring." One respondent stated that reading and studying was important because "knowledge is power." Another said, I read because "it makes me feel good."

Could individuals labeled 'schizophrenic' be more receptive than expected in the prevailing paradigm? Based on their responses to questions, which generally were more coherent than expected by health care workers in the various research sites, the investigator proposes
that they are. Reading offers insights and tranquility not available through other means.

Living in the Context of World.

Previous discussion regarding emergent themes demonstrates that across questions, respondents recognized the nature of their being as being-in-the-world. For some respondents, this being-in-the-world was limiting. One respondent noted, "Everybody has some kind of discrimination." More strongly, another informant noted, "I socialize with other people, you know; but the way the world is today, I'm always fighting about it (what she wants to do with her life), you know."

When being-in-the-world was sensed to be limiting by an informant, that informant was noted by the investigator to be asynchronous with the environment. Efforts to succeed and to manage day-to-day affairs were marked by struggle and disharmony rather than by purposeful, mutual human-environmental process.

Other respondents noted that their being was enriching, especially through reading and studying, through activities, and through getting to know new people. And some simply accepted being in the world as
a reality with which they had to deal: "I take the bitter with the sweet." Although none of the informants was particularly able to change the nature of context, some of them recognized their own nature as integral-with-environment, and all seemed to be aware of their own existence as within-a-context, even if they did not sense mutual participation with that context. Individuals more actively participating with the environment, that is, those who seemed to recognize the nature of their surrounding context and who participated with it, also seemed to be relatively powerful.

Differing levels of Awareness.

Awareness, a field behavior of power (Barrett, 1983), was not directly assessed through the questionnaire. Instead, the investigator determined the nature of informants' awareness through interpretation of the texts of their interviews as wholes. Two levels of awareness seemed to emerge across questions in the questionnaire. These levels can be categorized as certainty and uncertainty.

Those individuals whose awareness was certain unquestioningly made statements about the three field behaviors addressed by the questionnaire. Right or
wrong, those individuals felt certain that they understood the how they had become hospitalized and how the world was evolving for them.

For those individuals whose awareness was uncertain, "I don't know" or "I couldn't say" was a typical response. Yet, uncertain respondents, too, had a sense of understanding about some aspects of their environments, for instance, what constituted a good day was, to one informant who seemed uncertain, "Wednesdays and Saturdays...because the nurses give us a bath and we have coffee and cookies."

Relatively greater awareness seemed to be consistent with increased willingness to take responsibility for actively participating with the environment, for example, through attending activities, participating with therapists, planning leaves of absence and the like. One informant stated, "Ourselves make a good day." Those individuals with lesser awareness seemed to feel relatively impotent, as demonstrated by one informant who stated, "What difference does it make what I do?"

Overall, it appeared to the investigator that with regard to preconditions or assumptions underlying diagnosis and prognosis, informants' awareness was limited. That the assumptions about them as sick were
not certain truths did not seem to occur to the
informants in general. This was illustrated by phrases
like, "I'll get better by listening to my doctor." or "I
follow rules." or "I'll get out of here if I do what
they tell me to do."

The phenomenon of unknowing acceptance of
underlying assumptions is not unfamiliar to
nonschizophrenic individuals. For instance,
consciousness raising efforts among women regarding
societal expectations (preconditions) is recently-
evolving. It has given rise to new potentials for
women. Such consciousness-raising efforts might benefit
individuals labeled schizophrenic similarly and support
new potentials in their evolution.

Overriding Theme: Integrality

Helicy is a principle of homeodynamics within
the nature and direction of human and environmental
change as "the continuous, probabilistic, increasing
diversity of human and environmental field patterns
characterized by non-repeating rhythmicities" (Rogers,
1983, p. 3). Power is postulated by Barrett (1983) to
be an index of helicy. Integrality, on the other hand,
postulates continuous, mutual, human and environmental field process (Rogers, 1982). Barrett (1983) noted that power arises from integrality. In her development of the Power as Knowing Participation In Change Test (PKPCT), Barrett (1983) did not directly deal with the nature of integrality and its role in power.

In her study, Barrett (1983) utilized canonical correlation to demonstrate that as human field motion, an index of helicy, increases, so does power. Power and helicy were predetermined as elements of the context to be studied. This study, on the other hand, specified only power as an element of the context of study. The group investigated were individuals labeled 'schizophrenic.' From the predetermined context, integrality emerged as important; helicy, on the other hand, though it emerged in the texts of some informants, was not of such significance.

Throughout all emergent themes, those uncovered as responses to specific questions and those that cut across questions, the notion of integrality is woven. This is to be expected since themes are being evaluated by an investigator who views human beings as integral and who is conducting the research in the context of Rogers' science of unitary human beings (1979, 1982, 1983). What was not expected was the magnitude with
which this theme presented itself.

It is apparent from review of the discussion above that all respondents in the study seemed to be seeking connectedness to the world through reading, study, being with people, following rules, or engaging in various sports and activities. A sense of the quality of that connectedness, or wholeness, was not shared equally by all informants.

The sense of the investigator is that six of the fifteen informants in this study have a relatively greater sense of unity than the other nine. These six individuals all expressed an awareness of the limitations of their being-in-the-world, willingness to actively participate in their evolution, recognition of the ongoing participation with the environment inherent in being integral human beings, and a sense of being in dynamic interaction with the environment. They expressed knowing participation in their mutual process with the environment. This knowing participation was, however, expressed without particular awareness of the preconditions that limited their development, that is, of the assumptions of the prevailing paradigm. Neither was the tentative nature of those assumptions apparent to them.

Revelatory phrases identified in the third step of
the hermeneutic process, that is, in interpretation (Lanigan, 1984) at the level of individual texts provide support for the investigator's argument. These phrases are summarized in Table 3. The context of these phrases can be traced briefly through examination of appendix I, hermeneutical analysis abstract.

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Table 3

Revelatory Phrases of Six Relatively Powerful Informants (taken from step 3 of the hermeneutic process)

"The universe works with everybody or for everybody."

"I guess that's my life; to belong in."

"I wouldn't want to change things."

"But everybody has a little discrimination, one way or the other."

"Ourselves. We make good days."

"I'm gonna try to live my way."

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On the basis of text alone, one additional
informant appeared to be relatively more integral. However, her behaviors had been seclusive and distancing for several months prior to interviews. Thus, the investigator's sense about this individual's relative sense of wholeness is not as secure.

Relative power appeared to the investigator to increase as respondents became more cognizant of their integrality, that is, as they recognized the nature of their being in the world and participate actively with it rather than fighting it. Those informants who viewed self and environment as separate (nonintegral) appeared less powerful and perceived themselves as less powerful. They seemed to be feel controlled by the environment.

Moving through various levels of integration, from individual texts, which themselves can be said to constitute a whole with limited possible interpretations (Ricoeur, 1981), to the level of the sum of texts taken as single whole, the potential meanings of which, again are limited (Ricoeur, 1981), the fundamental structure of power to informants can be seen to emerge. Thus, the structure of power to individuals labeled 'schizophrenic' is presented for the purpose of confirmation and criticism by the reader.
The Nature of Power Experienced by Informants

Awareness and recognition of self as integral were constitutive of power to informants in this study. Informants who viewed their integrality as a process, who recognized the advantages and limitations imposed by living in the world, and who made choices with regard to others and did so freely were relatively more powerful than those informants who viewed integrality as a product, who did not recognize the nature of the context in which they lived, and whose choices were more limited to things they did for themselves from necessity in order to get along. None of the informants was able to clearly describe the nature of their involvement in creating changes, nor did any of the informants demonstrate a sense that their label, 'schizophrenic', had been imposed by preconditions of the environment.

The knowing participation of informants in this study involved awareness of self and environment as integral, choices, freedom to act intentionally, and to a limited extent, awareness of the process of creating changes. The structure of power to individuals labeled 'schizophrenic' is identifiable.

Within the context of Rogers' paradigm (1970, 1979, 1982, 1983), the identification of the nature of power
experienced by individuals labeled 'schizophrenic'
mandates simultaneous recognition of the nature of the
integral nature of the individual labeled schizophrenic.
Certain informants in this study, despite their
'schizophrenic' label, can be called powerful. They
have successfully continued their evolution within the
health care system through knowing participation with
the environment (that, itself, encompasses the health
care system). Possibly individuals managing in such a
negative context are more powerful than those
individuals fortunate enough to find themselves in a
positive environment but whose participation is not
knowing—just lucky.

Included as appendix I is a hermeneutical analysis
abstract in which themes are summarized according to the
hermeneutic process described by Lanigan (1984). The
reader can refer to this abstract to trace the emergence
of themes that the investigator has linked to power in
this study.

Emergent Themes from an Open-Ended Phenomenological
and Rogerian Perspective

As transcription of individual tapes was completed,
the investigator mailed copies of the transcripts to a
second reader who independently examined the transcripts for the emergence of themes. In particular, the reader was analyzing texts for the presence of Rogerian themes. In so doing, she noted more generally-emergent themes that occurred to her from her perspective as phenomenologist and nurse. Through reflection about the originary experience as advocated by Husserl (1960/1933), the reader noted themes that subsequently were determined to be quite consistent with those noted by the investigator in her analysis of transcripts. Transcripts were not returned to the investigator until the investigator's hermeneutic analysis of transcripts was complete. A summary of themes noted by the second reader is provided in Table 4.

Consistent with the investigator, the second reader noted the continual presence of a theme of integrality, connectedness with the world, across transcript texts. Concrete statements from which this theme emerged to the reader included statements like, "I can go with the flow; as it's commonly said, and make the best of it."; in response to the question, "What do you enjoy?", "Reading, meeting people, talking to them, trying to find out what makes them tick. I enjoy that."; and "Sometimes it's hard for me to cope with all that's going on around me."
Table 4
Emergent Themes Noted by Second Reader

Integrality
  Connectedness
  Disconnectedness
Awareness
  Broad scope
  Narrow scope
Participation
  Knowing
  Unknowing
  Periodic
Helicy
Faith
Transcendence
Courage
Wave Frequency
  High
  Low
Hope
Pain
Forgetfulness as Powerlessness
Understanding as Power

Consistent with the investigator, the second reader noted that integrality, connectedness with the environment, is intimately linked to power. The unknowing participation noted to be characteristic of some informants, according to the second reader, was constituted by limited imagination about potential outcomes demonstrated, for example, by phrases like, "I couldn't say", given in response to questions on the interview protocol; and "it seems like I'm going backwards." Scope of awareness also contributed to participation as knowing or unknowing, according to the
second reader.

Thus, the major themes noted to emerge to the second reader are quite consistent with the themes noted to emerge to the investigator. Relative degrees of power have been described to be consistent with the experience of schizophrenia by two independent interpretations of text. In both cases, integrality and awareness have been viewed as constitutive of power.

In the context of phenomenologist, not particularly regarding texts in the context of power, other Rogerian themes emerged to the second reader. These included transcendence as demonstrated by one informant's comments about her now-dead parents, "I love them, and I'm with them more, or you know, through the television, or to the spiritual world."; varying wave frequencies notable through statements such as "I'm just moving faster than everybody else" and "I just sit for the rest of the day...I think too much...I'd like to get a job to keep me busy." Helicy was an emergent theme also noted, by one informant, through the comment "I'm just moving faster than everybody else." The increasing diversity of experience for respondents was a recurring theme. Such diversity is not always understandable to family members and others, particularly within the context of the prevailing paradigm.
A new emergent noted by the second reader was that knowing participation, to respondents, was not determination of the world, but rather an experience of unity and flow. This notion is quite consistent with the investigator's view of relatively powerful individuals. Other general themes noted by the second reader included faith, courage, hope and pain.

In summary, the nature of power experienced by individuals labeled 'schizophrenic' has been viewed similarly by two independent readers. Through two independent hermeneutic analyses of texts, one conducted by the investigator involved in the production of the texts and one conducted by a second reader, integrality and awareness themes have emerged and are described as constitutive of power.

Overview of the Power as Knowing Participation in Change Test (PKPCT) (Barrett, 1983)

To access data potentially not available through the hermeneutic method and to increase reader confidence in findings generated through hermeneutics, the investigator nested a quantitative data collection technique in the qualitative hermeneutic technique. Questions addressed in the questionnaire developed by
the investigator to study power through the hermeneutic method paralleled assessments made by the Power as Knowing Participation in Change Test (PKPCT) (Barrett, 1983). The two tools, serving as parallel forms, were used to triangulate the study.

Barrett (1983) designed the Power as Knowing Participation in Change Test (PKPCT) to measure theoretically proposed behaviors that characterize power. The PKPCT was developed, tested, and revised using judges' studies, through which judges with expertise in Rogers' (1970, 1980, 1982, 1983) paradigm and in psychometrics were involved in construction of a power measure that used the semantic differential technique (Osgood, Suci, & Tannenbaum, 1957) to describe power. Following the use of judges to establish face validity, Barrett submitted the first form of the PKPCT to a national sample of 267 men and women. A series of factor analyses was conducted to appropriately, as determined statistically, revise the PKPCT.

The revised instrument was submitted to a national volunteer sample along with the Human Field Motion Test (Ference, 1979). Factor scores were computed for both instruments and the hypothesis that there is at least one significant relationship between the set of human field motion measures and the set of power measures was
tested using canonical correlation. The hypothesis was supported, with statistically significant squared canonical correlations accounting for 40% of the shared variance among the two sets of variables.

Congruence coefficients of .99 in Barrett's final study provided evidence that power generalized across context of self, family, and occupation. Thus, according to Barrett, contexts could be deleted from the PKPCT. It was this form, the PKPCT without contexts, that was administered to informants in this study.

Administration and Scoring of the PKPCT

Except in three cases, the PKPCT was administered by the investigator, with informants verbally selecting their responses and the investigator marking them. The PKPCT involves four concepts—awareness, choices, freedom to act intentionally, and involvement in creating changes—each of which is to be described by the informant through the use of a list of thirteen bipolar adjectives. One informant was unable to take the test because the meanings of the four concepts and descriptors was not clear to her in that context.

Four tests constitute the PKPCT. Each test involves a concept, specifically, one of the four field
behaviors defining power according to Barrett (1983). Thus, the tests involve awareness, choices, freedom to act intentionally, and involvement in creating changes. A list of thirteen bipolar adjectives is used by participants to describe each concept individually. The final adjective in the list is a retest item, repeating an adjective from the list.

A number system from 1 to 7 is assigned to each bipolar adjective pair on the PPKCT. The participant was asked to select the number that best reflected his or her immediate response to the concept under consideration, according to test directions given by Osgood, Suci, and Tannenbaum (1957, pp. 82–84). Responses from 1 through 3 were considered to be relatively less powerful; response 4, neutral or uncertain; and responses from 5 through 7, relatively more powerful. This is identical to Barrett's (1983) determination of relative power (E. A. M. Barrett, personal communication, March, 1986). Thus, response fields, as discussed in subsequent sections of this presentation are considered negative (1–3), neutral (4), and positive (5–7).

The test was scored by the investigator as recommended by Barrett (1983). Essentially, the score for each test was calculated by summing scores for the
twelve adjective pairs, excluding the retest item, and dividing by 12. A summary of power scores and positive, negative or neutral field position on each test for each individual is included as figure 1.

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Reliability of the PKPCT

In the development of the four tests constituting the PKPCT, Barrett (1983) repeated an item to assess
test-retest reliability. Osgood, Suci, and Tannenbaum (1957) stated that the most useful way of treating test-retest data to establish instrument reliability on the semantic differential is through establishment of confidence intervals through which one can gauge the degree of confidence with which an investigator can conclude that a given change on an item is significant. Based on data from a series of studies, Osgood, Suci, and Tannenbaum (1957) concluded that

a change greater than two scale units on the average scale by the average subject would be expected to occur less than 5% of the time by chance or as a result of random errors of measurement (p. 132).

In other words, absolute deviations of greater than two scale units indicate that one can be 95% certain that the test is not reliable. Reliability of each test for each informant was separately established.

Test-retest deviations on three of the fourteen awareness tests were greater than 2 units. Of these, two of the deviations were from neutral to positive; one from negative to positive. Eleven of the fourteen tests (78%) can be considered reliable.

Test-retest deviations for five of the 14 choice tests were greater than two units. Of these, two
changed three units from positive to negative fields, one changed five units from positive to negative, and one changed six units from negative to positive. Nine of the fourteen tests (64%) can be considered reliable.

Test-retest deviations for four of the freedom tests were greater than two units. Two represented changes of four units, one from positive to negative and one from negative to positive. Two represented six unit changes, again, with one changing in each direction. Ten of the fourteen tests (71%) can be considered reliable.

Finally, test-retest deviations for one of the change tests was greater than two units. The change was across three units from positive to negative. Thirteen of fourteen tests (93%) can be considered reliable.

A summary of test-retest deviations is provided in figure 2.

With data regarding reliability of the PKPCT contributing to the context of comparison, discussion of findings on the PKPCT and of similarities between themes emerging from texts and the PKPCT can be initiated, and credibility of findings can be presented.
Figure 2

Significant Test-Retest Deviations on the Four Tests of the PKPCT for Each Informant

**AWARENESS**

informant: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
+ + + + + +

**CHOICES**

informant: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
+ + + + + +

**FREEDOM TO ACT INTENTIONALLY**

informant: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
+ + + + + +

**INVOLVEMENT IN CREATING CHANGES**

informant: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
+ + + + + +

+ significant test-retest deviation

* informant unable to participate in test

Responses on the PKPCT

Across the four power concepts, awareness, choices, freedom to act intentionally, and involvement in creating changes (Barrett, 1983), responses reflect relatively positive field descriptors of power. A summary of the range of power scores across the negative (responses 1 through 3), neutral (response 4), and positive (responses 5 through 7) fields is offered in table 5. Again, each score was obtained by summing
Table 5

Range of Power Scores Across Negative, Neutral, and Positive Fields for the Four Tests of the PKPCT

<table>
<thead>
<tr>
<th></th>
<th>negative (1-3)</th>
<th>neutral (4)</th>
<th>positive (5-7)</th>
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<tr>
<td>Choices</td>
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<td>8</td>
</tr>
<tr>
<td>Freedom</td>
<td>2</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Changes</td>
<td>3</td>
<td>3</td>
<td>8</td>
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responses on all adjective pairs within each test.

The range of scores on each adjective pair, for all subjects, is shown in appendix J. The field placement of scores for each adjective pair for all subjects also is included in that appendix.

Summing scores of all adjective pairs for each of 14 individuals on each test and dividing each sum by 14, the total number of respondents, an average score for the entire group of respondents on each test can be obtained. These average scores are: awareness, 5.1; choices, 5.2; freedom to act intentionally, 5.4; and involvement in creating changes, 5.6.

Awareness appears to be viewed by the larger proportion of respondents as profound, seeking, valuable, assertive, orderly, expanding, pleasant, informed, free, and important. Negative field or neutral field descriptors were used more frequently than positive descriptors regarding intentional-unintentional
and leading-following. Thus, the awareness of respondents can be said to have a quality of relative unintentionality and to be following.

Choices tended to be viewed as expanding, seeking, assertive, important, orderly, pleasant, free, valuable, leading, profound, and informed. Only one negative field descriptor—unintentional—was frequently used.

Freedom to act intentionally also reflected the positive end of the scale to informants who described it as assertive, informed, profound, expanding, important, valuable, avoiding, free, intentional, and pleasant. Following was a negative field descriptor frequently used regarding freedom to act intentionally.

Involvement in creating changes was viewed as intentional, expanding, profound, orderly, free, valuable, informed, seeking, important, assertive, and pleasant. There were no negative field descriptors frequently associated with involvement in creating changes. Informants appropriately can be called relatively powerful.

Thus, according to descriptors of the field behaviors of power selected by informants on the PKPCT, power to individuals labeled 'schizophrenic' in this study resembles power to a sample of 'nonschizophrenic' individuals described by Barrett (1983) who used
adjectives from the positive field on the PKPCT scales to describe their power. Comparisons between responses on the PKPCT and themes emerging from hermeneutic analysis of texts of respondents can now be made.

Comparison of Emergent Themes with Responses on the Power as Knowing Participation in Change Test (PKPCT) Barrett (1983)

Similarities between themes emerging from hermeneutic analysis of texts generated by individuals labeled 'schizophrenic' and responses on Barrett's (1983) PKPCT are apparent.

Scores on the PKPCT reflected a wide range of perceived power, as did themes emerging from hermeneutic analysis of interview texts. Similarly, results from both approaches suggested that informants in the study felt relatively more powerful than not.

Of the six individuals determined by the investigator to be particularly powerful on the basis of hermeneutic analysis of text, five had positive field scores on the PKPCT across all four concepts; one had two neutral scores, and two negative scores. Two informants with four positive scores on the PKPCT were not
selected as powerful by the investigator using hermeneutic analysis, one because he believed that what he did would not make a difference in what happened to him, and one because her behaviors had been exclusive for the three months preceding the initial interview.

Differences between the two methods, despite their use as parallel forms, were several. First, the significance of the integral nature of human beings and environment made so apparent by hermeneutic analysis was not apparent through administration of the PKPCT. This is a reasonable finding since although the semantic differential assumes the multidimensional nature of semantic space (Osgood, Suci, & Tannenbaum, 1957), it also preordains the nature of the space within which the dimensions will be described. Analysis of the PKPCT is conducted in the context of verification. Hermeneutic analysis, on the other hand, is conducted in the context of discovery. The emergence of themes is limited only in-so-far as the text creates the reality to be described and the reader interprets from a position of being-in-the-world.

Second, hermeneutic analysis affords the investigator greater awareness of context than does the semantic differential technique. Osgood, Suci, and Tannenbaum (1957) noted that meanings may vary as
concepts are limited and demonstrated this notion through the following example.

While high-low is parallel with good-bad in judging social concepts (and in our general analyses), it switches direction when sonar signals are the objects of judgment—presumably it comes to mean high-pitch vs. low-pitch in this context, the latter being more pleasant (p. 74).

The limited visibility of the effects of context on findings generated through analysis of the PKPCT, a semantic differential tool, is open to further investigation through hermeneutic analysis. For example, the inability of respondents to describe the process they use to create changes is not reflected in scores on the PKPCT which yielded three negative, three neutral, and eight positive field scores. These scores say nothing of the process through which involvement in creating changes is realized. Alternatively, from hermeneutic analysis, the process, itself, is recognized as a phenomenon that can be further studied utilizing appropriate techniques. Thus, although it is proposed to represent multidimensionality, a static measure of meaning is given by the semantic differential technique, in general, and the PKPCT, in particular. In contrast,
the meaning ascertained through hermeneutic analysis is more active and considers the context in which the meaning was established. While meaning established through hermeneutic analysis is less generalizable by empirical standards, it does allow for the development of working hypotheses.

The PKPCT, on the other hand, has an advantage over hermeneutic analysis in that findings established through its administration are reducible to numeric quantities, and thus more easily viewed in total. Humans’ need to reduce information into manageable units is readily supported by the counting and categorization available through approaches such as the semantic differential. Such concrete reduction is not available through hermeneutic analysis.

Discussion

It was postulated by the investigator that individuals labeled ‘schizophrenic’ could be understood in terms broader than those described in prevalent psychiatric, psychological, and nursing literature, which, to a large extent, ascribes to a reality described by empiricism (Reeder, 1983). Specifically, the investigator proposed that individuals labeled
'schizophrenic' have the potential to manifest relatively high frequency power. Thus, a research question founded in Rogers' science of unitary human beings (Rogers, 1982, 1983) and hermeneutics ( Ricoeur, 1981), the underlying assumptions of which permitted study of the individual as being-in-context rather than through more reductionistic modes, was posed. The question, What is the nature of power experienced by individuals with chronic schizophrenia?, assumed that the individual with schizophrenia is most appropriately viewed as relatively complex, manifesting complex patterning and, indeed, could manifest power.

Themes emerging from the texts of individuals labeled 'schizophrenic' who were interviewed in this study demonstrated that individuals labeled schizophrenic can and do perceive themselves as powerful. Findings were substantiated by two independent readers and, with regard to informants' perceptions of self as powerful, appeared consistent with informants' responses on the Power as Knowing Participation in Change Test (PKPCT) (Barrett, 1983), a quantitative measure of power. There was some divergence of the nature of findings with regard to constituents of power.

Both readers involved in the study analyzed text
from the perspective of the Rogerian science of unitary human beings (Rogers, 1982, 1983). Rogers (1979) stated that disease is a label imposed on individuals manifesting undesirable behaviors. Thus, within Rogers’ paradigm, individuals labeled schizophrenic most appropriately are viewed as individuals manifesting unique patterning in their evolution as unitary human beings.

Indeed, such unique patterning was apparent in texts generated by informants in this study. Although that patterning is not readily understandable within the context of the prevailing paradigm, it became more understandable from the perspective of the science of unitary human beings.

The Rogerian paradigm assumes multiple potential realities rather than a singular reality. Informants expressed aspects of multiple realities through their descriptions of phenomena not understandable within the prevailing paradigm, which admits only five-sense perceptible data. These phenomena included contact with deceased parents, developing relationships with God, and descriptions of physical changes in the body that were not observable to others. Viewed as abnormal within the prevailing world-view, such phenomena can be reconceptualized through the Rogerian paradigm and
appropriately described as evolutionary in nature, rather than as degenerative in nature. Such description is consistent with the assumptions of the paradigm and with findings generated in this study.

One might ask how through such 'evolutionary behaviors' living in the world is possible. Certainly, individuals experiencing exacerbations of schizophrenia do not appear functional, in generally-accepted terms. The investigator contends that while it is true that none of the individuals included in this study would have been capable of living independently at the time of the study, in terms of typically accepted descriptions of independent living, it is equally true that the prevailing view of appropriate 'independent living' might be questioned. Does living independently mandate driving a car, or going to work, or doing the laundry? Or are such activities imposed as our own set of preconditions for 'independent living'? Expectations regarding the successful functioning of individuals labeled schizophrenic tend to be narrow and viewed by health care professionals—even through their genuine concern for individuals labeled schizophrenic—without awareness of the preconditions that limit those expectations.

The Rogerian paradigm facilitates an inductive
approach to understanding schizophrenic experiences, including power. Knowledge about these experiences can be discovered and elucidated in context. Patterning becomes apparent and identifies the unitary human field.

Hermeneutics, the assumptions of which are particularly well suited to conducting research within the Rogerian science of unitary human beings (Rogers, 1982, 1983), facilitated recognition of patterning through elucidation of emergent themes. Certain themes were apparent across texts and across unique questions addressed in the texts. Particularly, mutual human-environmental process (integrality) and awareness emerged as constitutive of power (knowing participation). Relative power became apparent as informants' awareness of their integral nature and their active participation with the environment emerged. Diversity (helicy) also was recognizable among informants, both as the subjective sense of moving faster than others and as the subjective experience of paranormal phenomena.

On the basis of themes that emerged through hermeneutical analysis of text, some informants can be described as participating knowingly with the environment; other informants seemed to participate less knowingly, that is, with a more limited awareness of their relationship to the environment. Integrality,
connectedness with the world, experienced to varying degrees, was the overriding theme emerging from the data, across individual questions and across texts.

The informants' sense of connectedness with the world, reflecting integrality, was expressed as process by some and as product or outcome by some; however, it was the essence of every informant's text as a whole, entailing relationships with people, relationships with God, reading and studying, and living in the context of world. Informants very much seemed to seek integrality, even when they had experienced misunderstanding in previous attempts to connect with the world. Those informants for whom connecting with the world was a process rather than an outcome seemed to the investigator to be relatively more powerful than their counterparts.

Awareness, although not directly addressed by the questionnaire, was a second theme that appeared to emerge across questions and across texts as wholes. The investigator had anticipated being able to recognize levels of awareness across questions as the questionnaire was structured; however, awareness themes also emerged, linking the concrete responses anticipated by the investigator. The themes were certainty and uncertainty. Those informants whose texts reflected
certainty seemed willing to take responsibility for their participation with the environment; those whose texts reflected uncertainty described feelings of helplessness and impotence. Awareness themes regarded the three other power behaviors described by Barrett (1983), that is, choices, freedom to act intentionally, and involvement in creating changes. Like integrality, awareness was inherent in the experience of power to informants in this study.

The nature and impact of choices made by informants was the topic of three questions on the questionnaire. For all informants, choices reflected degrees of integrality and awareness. Emergent themes were nature of choices as those regarding self-activities and as those self in interaction with others. The self-in-interaction-with-others theme was further recognizable as interaction necessary to get along and interaction as giving.

There was a range of responses to the question regarding whether or not choices made by informants made a difference in what happens to them, some respondents believing that they did make a difference, others believing that they did not. Three themes characterized informants' perceptions of their freedom to make choices: complete freedom, freedom with restrictions,
and no freedom. Those informants who recognized restrictions imposed by the environment but who participated with the environment seemed to be relatively more powerful than those who did not.

Summarizing choices, active participation with the environment, as reflected through text, was more consistent with those individuals whose texts also reflected self in interaction with the environment from a giving perspective, recognized that choices made a difference in what happened, and felt free to make choices within the restrictions imposed by the world-as-context. Recognizing the as-structure (Gelven, 1970), informants were able to direct their choices and could choose with relative freedom, in concert with the environment, again demonstrating integrality.

Involvement in creating changes, the fourth and final field behavior identified by Barrett (1983), represented the least clear aspect of power to informants in this study, according to emergent themes. Although all but one informant recognized their own roles in creating changes, none of the informants could describe the inherent process. Changes seemed to occur almost randomly, certainly without direction on the part of informants. This finding is in contrast to informants' abilities to see other aspects of their
power as processes in which they participate. There appeared to be an absence of recognition across informants of the preconditions that structured their schizophrenia.

In summary, the nature of power experienced by individuals labeled 'schizophrenic' in this study reflected a broad range of themes describing the field behaviors described by Barrett (1983) as constitutive of power. That behavior least clearly described by informants was the process of creating changes. In addition, two important themes--awareness and integrality--emerged across field behaviors and were constitutive of power. The knowing/unknowing quality of awareness and integrality constituted relative power.

Informants' responses on the PKPCT also demonstrated that they tended to view themselves, individually, as relatively powerful. Primarily, informants selected positive field descriptors from a list of twelve bi-polar adjective pairs when they described their perceptions of their awareness, choices, freedom to act intentionally, and involvement in creating changes, the field behaviors of power identified by Barrett (1983). Only two negative descriptors, unintentional and following, were often
used by informants to describe the concepts of awareness, choices, freedom to act intentionally and involvement in creating changes.

Asked why they chose following and unintentionality as descriptors, informants consistently noted that they "followed rules" (following) and that they "didn’t mean to hurt anybody" (unintentionality). The investigator interpreted these responses as consistent with findings, generated through hermeneutic analysis, that suggested, first, that informants did not question the system but accepted preconditions imposed by it, and, second, believed themselves to be inferior as implied by the system.

Barrett (1983) utilized canonical correlation technique to demonstrate that relatively high frequency power is consistent with increasing human field motion, an indicator of helicy. Thus, Barrett proposed that power is an index of helicy. From that perspective, and on the basis of results of the PKPCT, individuals in this study can be said to demonstrate helicy, that is, increasing diversity. This finding is consistent with the theme of helicy that emerged from texts. Responses on the PKPCT and emergent themes diverged, however, with regard to the appearance of integrality as significant to the experience of power. Whereas Barrett assumed
that power emerges from integrality, findings in this study, substantiated by two independent readers within the context of the Rogerian science of unitary human beings (Rogers, 1982, 1983), demonstrated that as awareness and sense of being integral increased, so did personally- and investigator-perceived power.

Because this study and Barrett’s (1983) study were conducted in different contexts, the former in the context of discovery and the latter in the context of verification, and with different populations, the former with individuals labeled ‘schizophrenic’ and the latter with ‘normal’ individuals, clear-cut distinctions between findings generated by each are not accessible. This research introduces the notion that integrality and awareness are constitutive of power. Further research is suggested to more fully clarify the nature of power among schizophrenic and nonschizophrenic individuals.

In summary, qualitative and quantitative techniques, and hermeneutical analysis from two perspectives within the Rogerian science of unitary human beings (Rogers, 1982, 1983) have been combined to clarify the nature of power inherent in schizophrenic experience, and add to the body of knowledge that constitutes nursing science. Individuals labeled schizophrenic, viewed within the Rogerian paradigm...
(Rogers, 1982, 1983), indeed experience power.
CHAPTER V
SUMMARY, IMPLICATIONS, AND RECOMMENDATIONS

On the basis of her perspective as a nurse who had had experience working with individuals labeled 'schizophrenic', the investigator proposed that individuals with diagnoses of chronic schizophrenia were relatively powerful, that is, that they had the potential to demonstrate more power than expected within the prevailing world view. Support identified in the literature for such a view was limited; however, a small body of literature proposing that the individual labeled schizophrenic might be powerful, most of which ascribed to a world view other than empiricism, was uncovered.

Within the nursing literature, Rogers (1970, 1979, 1982, 1983) offered a paradigm, the assumptions of which were consistent with the world views of those authors who wrote about schizophrenics' potential for evolving as human beings. The investigator, thus, posed a research question in the context of Rogers' paradigm.

The research question asked in this study is, "What is the nature of power experienced by individuals with chronic schizophrenia?." 'Chronic schizophrenia' is recognized in this study as a label that imposes definitions and consequences on the labeled individual.
Whether or not an underlying disease process is involved is not the concern of the investigator. Rather, the effects of the label are at issue.

Fifteen men and women with diagnoses of chronic schizophrenia were chosen for interview by nurses authorized to have access to patient records in three separate settings. The resulting purposive sample is proposed to represent a broad range of potential experiences, thus offering an optimal picture of the nature of power in schizophrenia to the investigator. Interviews were conducted in the institutions in which informants were hospitalized.

Questions addressed in the interviews were composed by the investigator to match a tool developed by Barrett (1983) to quantitatively assess the nature of power. The tool, entitled the Knowing Participation in Change Test (PKPCT), assessed the semantic meaning of four field behaviors, proposed by Barrett to constitute power. These behaviors were awareness, choices, freedom to act intentionally, and involvement in creating changes. By administering the PKPCT in addition to conducting the interviews, methodological triangulation was attempted. In addition, a second reader reviewed transcripts of the taped interviews; this activity constituted investigator triangulation. Thus, multiple
triangulation lends credibility to findings generated by this study.

Analysis of taped transcripts of interviews, which can be viewed as text (discourse fixed by writing) (Ricoeur, 1981) was conducted using hermeneutics, a philosophy of interpretation (Gadamer, 1982), the goal of which is not explanation, but rather understanding achieved through interpretation. Consistent with Heideggerian (1962) phenomenology, the hermeneutic contention is that all understanding is mediated by interpretation. Inherent in hermeneutic methodology is recognition of the bias of the interpreter, him or herself being-in-the-world. In other words, because the investigator is situated in the world, interpretation is recognized to be limited by the unique perspective of the investigator. However, the investigator shares her perspective with human beings, in general, and nurses in particular. From this shared perspective, a shared meaning becomes apparent.

From the perspective of empiricism, investigator bias is viewed as a confounding factor. From the perspective of hermeneutics, however, relational qualities such as investigator perspective are fundamental to understanding. Meaning is interpreted as a relationship between the knower (here, investigator)
and what is known (the nature of power experienced by individuals labeled 'schizophrenic'). Meaning is constituted by the individuals who create the situation to be understood. Not only are meanings shared between investigator and reader, but they also are shared between investigator and respondent. The more similar the individuals in a given situation, in terms of historicality and experience, the more clearly meanings shared by them can be understood.

It is recognized that the investigator does not carry the label 'schizophrenic.' Her experiences have been different from those of schizophrenics. However, the intent of the investigator is to clarify the nature of power to individuals labeled schizophrenic from the perspective of nursing. Familiarity of the investigator with patterns of individuals labeled schizophrenic and her efforts to bracket out prevailing views of the meaning of those patterns, using phenomenological methods, helped to clarify the nature of power experienced by individuals labeled 'schizophrenic' to the investigator. The reality of the investigator's preunderstandings that shape understanding of power in this situation was not eliminated by such bracketing; rather, relational perspectives were clarified, and the emergence of the nature of power experienced by
individuals labeled schizophrenic was evidenced from a nursing perspective.

Through the steps of hermeneutic analysis described by Lanigan (1984)—description, identifying the nature of the experience in context; reduction, identifying revelatory phrases that specify the focus of the text; and interpretation, identifying key revelatory phrases that gave the text its meaning in a particular situation—the nature of power experienced by individuals labeled 'schizophrenic' was established. Individual texts of interviews could be considered as wholes with potential meanings limited by the nature of the text as a whole. Likewise, the total body of texts could be considered as a single whole, again, representing a limited range of potential interpretations. Moving back and forth through levels, from phrases to individual texts to the single text as a whole and again to phrases, the investigator was able to utilize hermeneutical analysis to note the emergence of themes.

The nature of power experienced by informants in this study reflected a broad range of themes that characterize the field behaviors of power identified by Barrett (1983) as awareness, choices, freedom to act intentionally, and involvement in creating changes.
Primarily, informants acknowledged that they do feel aware, that they do make choices, that they feel free to act intentionally, and that they are involved in creating changes, all to varying degrees. Awareness of the nature of the context in which these activities are conducted and an additional theme, integrality, emerged across responses to individual questions and across themes that were not linked to specific questions. Awareness and integrality appeared to be constitutive of power experienced by informants. As awareness and sense of being integral increased, so did perceived power. None of the informants in this study was able to clearly describe the nature of his or her involvement in creating changes. Furthermore, none seemed to recognize that the preconditions of the traditional world-view, that structured their schizophrenia as an illness, were tentative.

Implications for Nursing

Findings in this study, conducted from the perspective of the Rogerian science of unitary human beings (Rogers, 1982, 1983) and utilizing hermeneutical analysis as the primary research method, suggest that there is power potential inherent in the experience of
schizophrenia. Rogers stated, "So called disease and pathology are value terms applied when the human field manifests behaviors that may be deemed undesirable" (1979, p. 336). In labeling individuals 'schizophrenic' on the basis of their undesirable and uncanny behaviors, health professionals have simultaneously deemed them powerless, as evidenced by clinical observations and review of related literature. Continued labeling of individuals as 'schizophrenic' and resultant consequences that it imposes do not support the humanistic mission of nursing. Rather, they support the "civic order of society" (Laing, 1967, p. 100) which entails a reductionistic view of the schizophrenic.

Treatment of the disease 'chronic schizophrenia', if one exists, is not the concern of nursing. Rather, the "political event" (Laing, 1967, p. 100) called schizophrenia, that imposes definitions and consequences on the labeled individual, is nursing's focus. Through this study, nursing awareness of the possibilities and potentials of individuals labeled 'schizophrenic' is enhanced.

The investigator demonstrates herein that individuals labeled schizophrenic can be recognized to demonstrate degrees of power, defined as awareness, choices, freedom to act intentionally, and involvement
in creating changes (Barrett, 1983). Awareness of the nature of their environment and recognition of self and environment as integral were constitutive of power to informants in this study. Power (knowing participation) was enhanced as awareness and sense of integrality increased.

Individuals labeled 'schizophrenic' who viewed their integrality as a process; recognized the advantages and limitations imposed by living in the world; made choices with regard to others; and did so freely (that is, demonstrated knowing participation through connected integrality) appeared relatively more powerful than those individuals who viewed their integrality as a product; did not recognize the nature of the context in which they lived; whose choices were more limited to things they did for themselves in order to get along; and acted under pressure from others (that is, demonstrated unknowing participation through disconnected integrality).

On the basis of findings emerging from this study, the investigator posits three major implications for nursing. First, that nurses continue to recognize the nature of the development of the discipline of nursing as situated in a context, and in so doing continue to enhance the power potential of the discipline so that
its potential contributions also are enhanced.

Nursing science, "the base of knowledge underlying human behavior and social interaction, under normal and stressful conditions across the life span" (Gortner, 1980) has, to a great extent, developed within the framework of logical positivism (Reeder, 1983). The investigator contends that body of knowledge regarding the four concepts (person, environment, health, and nursing) and three themes (principles and laws that govern the life-process, well-being, and optimum function of human beings, sick or well; the patterning of human behavior in interaction with the environment in normal life events and critical life situations; and the process by which positive changes in health status are effected), which comprise nursing's metaparadigm (Fawcett, 1984a), can be enlarged through consideration of multiple philosophies of science in the conduct of nursing research.

Recognizing their own integral nature and the breadth of potential approaches to patient care, nurses can direct care toward potentially more-meaningful goals than often currently are apparent in the care of individuals labeled 'schizophrenic.' Too many times, nurses, consciously or unconsciously, ignore their own insights and structure their care to fit assumptions of
the prevailing world view. Such an approach obviously has not improved the lot of individuals labeled schizophrenic in the past. Increased nursing awareness will facilitate nursing’s own power so that knowledgeable contributions are enhanced.

Second, the investigator proposes that nurses question the context in which schizophrenic experience has evolved and question the given ‘certainties’—that is, schizophrenics’ inherent powerlessness and regression (Foucault, 1967, 1970; Hacking, 1981)—that have emerged from that context. Passive nursing acceptance of those certainties has perpetuated nursing’s imposition of limitations on the evolutionary potentials of individuals labeled schizophrenic.

Third, the investigator proposes that despite the seemingly ‘unnatural’ nature of schizophrenic experiences, nurses consistently provide nonjudgmental, supportive, trusting, hopeful interactions with individuals labeled ‘schizophrenic and help them to understand the nature of their experiences in a broad a scope as possible. This entails nursing recognition of the unitary nature of human and environmental fields, as well as nursing willingness to transcend the prevailing paradigm that limits evidence to five-sense-perceptible data.
From such a perspective, therapeutic interactions with schizophrenics would be approached positively, the nurse expecting to hear themes rather than categories of pathology emerge from clients' descriptions of feelings and experiences. Identification of therapeutic alternatives would involve recognition of the individual's knowing or unknowing participation in the world. Efforts to clarify the nature of his or her being-in-the-world, including the world beyond that which is five-sense perceptible, would precede efforts to plan therapeutic placements. That planning would involve input from the individual labeled schizophrenic, rather than a therapeutic, professional determination of what is most appropriate for an "obviously" powerless individual.

These implications for nursing do not imply an immediate overthrow of the existing structure for provision of care to individuals labeled schizophrenic. Clearly, such an approach has not helped in the past. Rather, they imply, first, that nursing contribute to a broad awareness of the nature of human beings, such as that awareness suggested by Jung's archetypes (Jung, 1980), transpersonal research (Grof, 1986), Laing's (1967) presentation of the nature of schizophrenia as political, Foucault's (1967, 1970, 1979, 1982)
description of the preconditions within which truth and power evolve, spirituality and psychosis (Wilber, 1977, 1980), and Rogers' (1982, 1983) science of unitary-human beings.

They imply, second, that nurses be willing to recognize and accept the risks inherent in restructuring the preconditions underlying schizophrenic experience, subjecting oneself and the discipline to the scrutiny of health professionals working within the established paradigm and doing so as a skillful change agent.

Nursing's greatest contribution to humankind can be made from a broad awareness-oriented perspective. Given the premise that unitary human beings are integral with the environment and are not reducible to their parts, this stand demands a form of inquiry that does not reduce either entity to its parts nor ignore the multiplicity of its being as it evolves toward greater complexity and diversity. The personal knowledge base secures this position and therefore, as recommended by Rogers, it should be employed in all its multiplicity to push back the frontiers of knowledge about unitary human beings, and keep pace as
times change and possibilities and potentials are actualized (Reeder, 1983, pp. 30-31).

As reality is shaped and reshaped by human-environmental interaction, doubt and uncertainty about its nature and direction can only be managed through dynamic theories that acknowledge their own inherent limited life-span and recognize the complex nature of integral human beings. Thus, recommendations are made for further research in nursing.

Recommendations for Further Research

The emergent structure of power to informants and the pattern of findings generated through multiple triangulation in this study suggest several implications for nursing research.

First, further research regarding integrality and its role in the experience of power should be conducted. The emergence of integrality was expected, based on the perspective of the investigator. The magnitude with which it was manifest, however, was not expected. Barrett (1983) found that power, which she noted emerges from integrality, is an index of helicy. This study suggests that as informants view their
integrality differently, their power is manifest differently. Based on findings emerging from this study, the investigator recommends that research be conducted to further clarify the nature of power and to further clarify the interrelationships of integrality and helicy.

Second, recalling that none of the informants in the study was able to describe the process that he or she used in creating changes, further investigation of the nature of that process and of approaches to clarify it to individuals labeled schizophrenic is warranted. The investigator proposes that study of schizophrenics' recognition of the assumptions structuring their "illness" be attempted, specifically to examine the impact of their particular understanding of their context on their own evolution.

Third, the notion of awareness of preconditions (Foucault, 1976, 1979) might be investigated further from the perspective of both schizophrenics and nonschizophrenics to study its impact in these two groups recognized by the world-at-large as distinct. The investigator questions whether nonschizophrenics' recognition of limiting preconditions is, on the whole, different from that of schizophrenics. Such investigation might shed further light on the
significance of awareness of context to the experience of power.

Fourth, this study might be repeated with individuals not considered schizophrenic to elucidate similarities and differences of power experiences across groups. Through such investigation, themes that contribute to the label 'schizophrenic' might become apparent—moreso, at least, than they have been traditionally.

Finally, the investigator proposes that the relationship between two principles of homeodynamics proposed in the science of unitary human beings (Rogers, 1979, 1982, 1983)—helicy and integrality—be further examined. Rogers (personal communication, June, 1985) stated that the two principles are mutually exclusive. This study suggests that helicy and integrality might be linked in ways not yet apparent, in addition to being recognizable as mutually exclusive within the context of the science of unitary human beings.

Implications for the Investigator

From the actual conduct of research within the perspective described in this study, new meanings for nursing and for life experience have emerged for the
investigator. The exercise of thinking clearly from a perspective not traditionally hers has brought the investigator to a new level of understanding from which nursing and life experience are viewed; her own knowing participation has been enhanced.

The challenge of further objective examination of the integral nature of unitary human beings is exciting to the investigator, who subjectively has experienced the implications of being-in-the-world.

Conclusions

Multiple triangulation used in this study increased confidence in the notion that awareness of context and sense of self as integral with it were constituent of power to individuals in this study.

The study, planned as an investigation of helicy, emerged instead as an investigation of integrality, helicy figuring less prominently in informants' experiences of power than expected. Individuals labeled schizophrenic perceived and were perceived by the investigator and a second reader to experience increased power as their awareness and sense of integrality increased.
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Appendix A

POWER AND HOSPITALIZATION

PATIENT CONSENT FORM

I agree to participate in the study explained to me by Laura Dzurec. Ms. Dzurec will be studying my view of power using two tape recorded interviews with me and a written questionnaire. A second nurse will look at tape transcripts; my name will not be associated with the study. There are no foreseeable risks to this study. I do not have to answer any questions I choose not to answer; my refusal to participate in the study will involve no penalty or loss of benefit to which I am entitled.

Any questions I have about the study can be answered by Ms. Dzurec at [contact information] or at [contact information]. If Ms. Dzurec is not available when I call, she will return my call within the next day.

Signature____________________

Date____________________
PATIENT CONSENT FOR INVESTIGATIONAL STUDIES

TITLE OF PROJECT:
Power and Psychiatric Hospitalization:
An Investigation of the Principle of Helicy

DESCRIPTION OF STUDIES: Laura Cox Dzurec, a graduate student in nursing at Case Western Reserve University, has obtained permission from my physician to contact me for possible participation in her study, and has explained her study to me. I agree to participate. I understand that Ms. Dzurec is learning about my view of power. My participation will assist her to begin to understand some of my strengths and to plan better ways of helping people in psychiatric hospitals to deal with day to day living.

I understand that my participation in this study is voluntary and may include two to three one hour visits within a three week period.

I understand that the interviews will be tape recorded and will be conducted in the hospital. I understand that Ms. Dzurec will be asking me questions about my views of power, how those views have influenced my life through my awarenesses, choices, involvement in creating changes, and freedom to act intentionally; I am aware that a second nurse will read the tape transcripts for the purpose of this study.

I will be able to share my view of power with Ms. Dzurec. I do not have to answer any questions that I choose not to answer, and I may withdraw from the study at any time. Refusal to participate in the study will involve no penalty or loss of benefits to which I am otherwise entitled.

My name will not be used in any report not be identified with any information that I give to Ms. Dzurec. Following completion of the study, all tapes will be destroyed.

I will retain a copy of this document. Ms. Dzurec also will retain a copy of this document, signed by me, for at least three years following the conclusion of the study.

In the event that I have questions regarding the study, I can reach Ms. Dzurec at the School of Nursing at Case Western Reserve University, at [ ] If she is not at the School, she will return my call within the next day.

(Ms. Dzurec has contacted my physician by phone or by written communication.)

Laura Cox Dzurec has described to me what is going to be done, how it is going to be done, the risks, hazards and benefits involved, and will be available for questions at [ ]. I understand that my decision to participate or not to participate in this study will not alter my usual health care. In the use of information generated from this study, my identity will remain anonymous. I am aware that I may withdraw from this study at any time. I further understand that in the event of physical injury or illness occurring to me resulting from the research procedures, University Hospitals will not provide free medical care or compensation for lost wages. Further information with respect to this topic is available from the Office of the Chief of Staff. I understand that by signing this consent form, I do not waive any of my legal rights nor does it relieve investigators or suppliers of liability, but merely indicates that I have been informed about the research study in which I am agreeing to participate. A copy of this form is available to me upon request.

Signature ___________________ Age _____ Date _____
Parent or Guardian Signature ___________________ (If subject is a minor)
Witnessed by ___________________  (Signature of Project Investigator) Date _____

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Appendix B
Demographic Data

Age_____ Sex_____ Diagnosis_______________________

Occupation_____________________________________

Education_______________________________________

Length of hospitalization at interview_______________

No. of psychiatric hospitalizations____________________

Period of time since initial diagnosis________________

Family constellation______________________________
Appendix C

Power Interview Protocol

Interview Opening

I am interested in learning more about how people view their lives. I would like to talk with you about several topics that should help you talk about your own life. This interview should not take more than about 45 minutes. I will talk with you again at a later date. Do you have any concerns before we begin?

Topics

1. What kinds of choices do you make on a day to day basis?

2. Do the choices you make make a difference in what happens to you?

3. Do you feel free to make the choices you want to make?

4. Have you felt able to change things in your life?

5. What is your view of your life?

6. What is a good day like for you?

7. What is important in your life?

8. What do you think your future will be like?

9. What are you thinking about as we talk about these things?
Appendix D

Protocol: Analysis of Tape Transcripts

1. Description: Themes emerging from data

2. Reduction: Focus of the text  3a. Interpretation: Locus of the text

3b. Existential meaning
PLEASE NOTE:

Copyrighted materials in this document have not been filmed at the request of the author. They are available for consultation, however, in the author's university library.

These consist of pages:

P. 224-225 Power as Knowing Participation in Change Test;

An Alternate Scoring Method for Four Power Concepts

P. 231-232 Field Ranges of Scores on the PKPCT
## Appendix F
### Demographic Data Overview

<table>
<thead>
<tr>
<th>Age</th>
<th>Sex</th>
<th>Diagnosis</th>
<th>Occupation</th>
<th>Education</th>
<th>Length of stay at interview</th>
<th>No. psychiatric hospitalizations</th>
<th>Time period since initial diagnosis</th>
<th>Family constellation</th>
<th>Marital status and children</th>
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<tbody>
<tr>
<td>62</td>
<td>M</td>
<td>schizophrenia</td>
<td>retired professor</td>
<td>masters in sociology</td>
<td>45 days</td>
<td>3 previous</td>
<td>5 yr.</td>
<td>1 sister, 1 brother; both parents</td>
<td>divorced 10 step children</td>
</tr>
<tr>
<td>49</td>
<td>F</td>
<td>schizophrenia</td>
<td>art teacher</td>
<td>BFA</td>
<td>6 days</td>
<td>1 previous</td>
<td>5 yr.</td>
<td>2 brothers, sister, parents single</td>
<td>divorced no children</td>
</tr>
<tr>
<td>29</td>
<td>F</td>
<td>schizophrenia</td>
<td>beautician</td>
<td>high school</td>
<td>5 days</td>
<td>1 previous</td>
<td>4 yr.</td>
<td>1 younger sister; parents single</td>
<td>divorced no children</td>
</tr>
<tr>
<td>31</td>
<td>M</td>
<td>schizophrenia</td>
<td>junk yard worker</td>
<td>high school</td>
<td>2 yr. 6 mo.</td>
<td>2 previous, continuous 40 yr.</td>
<td>4 yr.</td>
<td>3 brothers, sister, parents single</td>
<td>divorced no children</td>
</tr>
<tr>
<td>62</td>
<td>F</td>
<td>schizophrenia</td>
<td>office worker</td>
<td>high school</td>
<td>16 yr. 6 mo.</td>
<td>2 previous, continuous 40 yr.</td>
<td>16 yr.</td>
<td>2 older sisters, older brother; parents</td>
<td>at least 1 child</td>
</tr>
<tr>
<td>64</td>
<td>F</td>
<td>schizophrenia</td>
<td>junior kitchen work</td>
<td>high school</td>
<td>5 yr. 6 mo.</td>
<td>2 previous, continuous 40 yr.</td>
<td>25 yr.</td>
<td>1 sister; parents single</td>
<td>single</td>
</tr>
<tr>
<td>50</td>
<td>M</td>
<td>chronic</td>
<td>accordionist</td>
<td>high school</td>
<td>3 yr. 4 mo.</td>
<td>2 previous</td>
<td>36 yr.</td>
<td>3 older brothers; parents single</td>
<td>single no children</td>
</tr>
<tr>
<td>72</td>
<td>F</td>
<td>schizophrenia</td>
<td>RN</td>
<td>nursing school</td>
<td>10 yr. 6 mo.</td>
<td>2 previous, long term</td>
<td>38 yr.</td>
<td>youngest of 6; both parents</td>
<td>married 1 son; 2 daughters</td>
</tr>
<tr>
<td>53</td>
<td>F</td>
<td>schizophrenia</td>
<td>timekeeper</td>
<td>high school (cum laude)</td>
<td>2 yr. 4 mo.</td>
<td>4 previous</td>
<td>6 within 18 mo.</td>
<td>both parents; large family</td>
<td>single 2 daughters; 1 son</td>
</tr>
<tr>
<td>29</td>
<td>F</td>
<td>schizophrenia</td>
<td>nurse (some college)</td>
<td>high school</td>
<td>17 days</td>
<td>2 yr. 18 mo.</td>
<td>18 yr.</td>
<td>both parents; several siblings</td>
<td>married 1 son</td>
</tr>
<tr>
<td>40</td>
<td>F</td>
<td>schizophrenia</td>
<td>post office worker</td>
<td>bachelor in English</td>
<td>9 days</td>
<td>10 yr.</td>
<td>10 yr.</td>
<td>questionable, parents single</td>
<td>single no children</td>
</tr>
<tr>
<td>26</td>
<td>F</td>
<td>schizophrenia</td>
<td>homemaker</td>
<td>high school</td>
<td>7 days</td>
<td>followed in OPC</td>
<td>28 yr.</td>
<td>3 older sisters, parents single</td>
<td>single no children</td>
</tr>
<tr>
<td>23</td>
<td>F</td>
<td>chronic</td>
<td>none</td>
<td>high school</td>
<td>15 weeks</td>
<td>2 and OPC</td>
<td>7 yr.</td>
<td>2 older sisters, 1 younger single</td>
<td>single brother, parents</td>
</tr>
<tr>
<td>26</td>
<td>M</td>
<td>schizophrenia</td>
<td>graphic artist</td>
<td>AAS</td>
<td>3 days</td>
<td></td>
<td>10 yr.</td>
<td>2 older sisters, 1 younger single</td>
<td>single brother, parents</td>
</tr>
</tbody>
</table>

? = information unavailable
Appendix G

Excerpt from Text, Informant 5

N: Can you tell me, K, what kinds of choices you make on a day to day basis?

C: Well, fairly routine. I empty the garbage, mop the floor, take out stuff for people, go to the store for people.

N: So those are the choices you have?

C: Yeah.

N: Yeah. Well, that’s exciting. Do they make a difference, those choices, in what happens to you?

C: Oh, yeah.

N: How do they do that?

C: If I don’t feel good, I don’t feel like doing that stuff. And when I feel good, I feel like doing it.

N: Mmhmm. How do they make a difference in what happens? Does anything happen if you do it or you don’t do it?

C: No.

N: No? Would it matter if you don’t do it at all?

C: Yeah.

N: How’s that?

C: I’d miss it.

N: You’d miss it. So you enjoy what you’re doing?

C: Mmhmm.

N: That’s good. Do you feel like you’re free to make the choices you want to make?

C: I think sometimes.

N: Sometimes? What stops you from being free?
C: When I hurt real bad.

N: You hurt real bad?

C: Yeah, I get headaches.

N: Oh, you get headaches. Where are they?

C: Here.

N: Over the front. But otherwise you're free to do what you want to do?

C: Yeah.

N: Good. They're nice people here, too. That makes a difference. Have you felt like you're able to change things in your life?

C: Well, some...you know. Sometimes.

N: Can you tell me a little bit about that?

C: Well, um...I can't figure out how.
Appendix H

Excerpt from Text, Informant 2

N: Well, maybe that’ll help us look at this next question. Do you feel free to make the choices that you need to make?

C: Uh, to a point, I feel free. I feel free right ‘here in this hospital cause in this hospital I feel I’m understood.

N: Uh huh.

C: Nobody’s going to think I’m really strange cause they’ve seen it all before. I mean I probably look fairly sane compared to most of the folks in here.

N: Mmm.

C: Cause I have no doubts about my sanity. I have my crazy points, you know, little dark places, and I’ve gotten into those places since I’ve been here. Um, I’m aware that I still need to do more work on myself. So that’s one of the reasons I want to stay. The other reason I want to stay is I’m learning an awful lot that will be helpful to the kids. So, it would be advantageous for me to stay. The worry that I have now, and I do worry about this, I hate to even admit that I worry about something. I think worrying is such a waste of times, is that I don’t have a job when I get back because I’ve officially been terminated, but I’ve been terminated on awfully nice terms, so it looks to me like they’re giving my time to get myself together. I pray to God that that’s wht it is because I don’t want to have to go hunt for a job. I’m really...I’ve built the foundation. I’m on a two year contract which they could terminate any time, I guess I could, too, say fuck you and leave. I don’t want to...but I don’t wanna leave, so, you know, I’d never say that.

N: Yeah.

C: Uh, so I feel free here to be myself. When you’re a mental patient you have ultimate freedom because you can act out and they say, well, you know, that’s what crazy people do. So I feel probably freer than if I were, say, hired by the hospital to teach art therapy. Then I’d be thinking about my job, you know, I’d better not look too weird. So that’s why it’s very freeing.
### Appendix I

**Hermeneutical Analysis Abstract**

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>REDUCTION</th>
<th>INTERPRETATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 tired, no control</td>
<td>people, study, in/out</td>
<td>What difference does it make on what I do?</td>
</tr>
<tr>
<td>2 choices vis-a-vis others, family limitations</td>
<td>not always understood, activities, co-creating</td>
<td>The universe works with everybody or for everybody</td>
</tr>
<tr>
<td>3 overprotective parents, no friends</td>
<td>get apartment, job to know people</td>
<td>The good times are gonna start by meeting new people</td>
</tr>
<tr>
<td>4 can’t figure out how to change</td>
<td>back to work, get rid of my headaches</td>
<td>I just want to feel happy again and get rid of my pain</td>
</tr>
<tr>
<td>5 family put me in; freedom here to choose</td>
<td>don’t know what keeps me in or out</td>
<td>I guess that’s my life, to belong in</td>
</tr>
<tr>
<td>6 parents wanted a boy; husbands punitive</td>
<td>little change possible: some choices: don’t make much difference</td>
<td>Well, my dad wanted a boy, and he got a girl</td>
</tr>
<tr>
<td>7 no awareness</td>
<td>limited choices, ? future</td>
<td>I couldn’t say</td>
</tr>
<tr>
<td>8 Uncertain of consequences of actions</td>
<td>choices: eat, sleep; God and family decide</td>
<td>I’m just waiting patiently to go home</td>
</tr>
<tr>
<td>9 psychosomatic illness</td>
<td>choices limited by illness</td>
<td>I feel bad when I can’t fulfill those promises</td>
</tr>
<tr>
<td>0 family lying</td>
<td>loves people, here to help: knows God</td>
<td>I wouldn’t want to change things</td>
</tr>
<tr>
<td>1 discrimination, following rules</td>
<td>religion important</td>
<td>Everybody have a little discrimination one way or the other</td>
</tr>
<tr>
<td>12 choices in isolation</td>
<td>everytime I do something, I go backwards</td>
<td>The house could be full of people, but I just go off to myself</td>
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<tr>
<td>13 parents had expectations</td>
<td>don’t let people get to you; meet people</td>
<td>I’m still happy; I can go home</td>
</tr>
<tr>
<td>14 supportive family</td>
<td>through trial and error change comes; reading</td>
<td>Ourselves, we make a good day</td>
</tr>
<tr>
<td>15 no boyfriend; weight gain</td>
<td>love from family; do what I’m told here</td>
<td>I’m gonna try to live my way</td>
</tr>
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</table>

*Column 3 represents revelatory phrases taken from text*
Appendix K

Individual Scores on the Four Tests of the PKPCT

<table>
<thead>
<tr>
<th>Awareness</th>
<th>Choices</th>
<th>Freedom to Act Intentionally</th>
<th>Involvement in Creating Changes</th>
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<tr>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
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