Individuals' subjective experiences of negative symptoms of schizophrenia

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Background

- Negative symptoms are usually considered to be a central feature of schizophrenia.
- Negative symptoms reflect an absence of behaviours and include, for example; lack of motivation, flattened affect, anhedonia and alogia.
- Negative symptoms are usually assessed through clinician and observer rated assessments, for example the Positive and Negative Syndrome Scale (PANSS; Kay, Fiszbein & Opler 1987).

Aim

To examine, using qualitative methods, how people living with a diagnosis of schizophrenia subjectively experience negative symptoms.

Methods

- Semi structured interviews with 20 people, recruited from National Health Service mental health trusts from across the United Kingdom.
- Inclusion criteria: a score of three on two or more of the negative symptom items on the PANSS, a case note diagnosis of schizophrenia, schizophreniform disorder, schizoaffective or delusional disorder and aged 18 years or older
- Topic guide contained questions around the experience of negative symptoms and the impact this had on functioning and relationships with others.
- Interviews were audio record, transcribed verbatim and analysed using thematic analysis. (Braun & Clarke, 2006)

Findings

What is it like to experience negative symptoms?

1. Loss of concentration

"Concentration..dreadful..absolutely dreadful. Couldn't watch TV programme; couldn't listen to the radio couldn't even listen to music."

2. Loss of motivation

"It's like a nightmare...living in a nightmare..you can't you try and push yourself but you can't..you cannot do it..Summat holding you back all time..and it feels like I'm being pulled back...you're not going forward or anywhere like that"

3. Withdrawal

"I'd rather just chill out all on my own ... until I am feeling more energetic."

4. "Feeling but not feeling"

"I used to feel numb sometimes..I just feel like no one is listening to me sometimes, it makes me feel empty.."

Where have my negative symptoms come from?

1. Impact of traumatic life events

"It's because you've been abused in the past, that's all... I've been abused in the past... have those emotions within in me; um, perhaps they are there... and [Interviewer: 'yes'] so you end up withdrawing from people and you know life."

2. Positive symptoms as a root cause of negative symptoms

"I could hear voices; they always seemed to be like external by the sound they had, and it made me exhausted you know."

3. Impact of social network: support and meaning in life

"Having to look after the children and my partner helped because I had to get up, I couldn't lie down all day and do nothing".

4. Impact of prescribed and recreational drugs

"I smoked a lot of cannabis you know and it's easy to get so I felt unmotivated to do anything after a smoke you know".

"Well it's the olanzapine.....you know makes me feel drugged up and s***."

Conceptualising the findings

Conclusions

- Negative symptoms are persistent, prolonged and enduring.
- Individuals with schizophrenia do have insight into what may be causing their negative symptoms.
- Future work is needed into understanding the negative symptoms of schizophrenia.

References

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative research in psychology, 3(2), 77-101.
Kay SR, Fiszbein A, Opfer LA. The positive and negative syndrome scale (PANSS) for schizophrenia. Schizophr Bull. 1987; 13(2): p. 261.