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Dedication

This research is dedicated to my husband

Pablo and to my daughters

Andrea, Alejandra, and Camila

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CHAPTER I

INTRODUCTION

The starting point of this thesis was a desire on my part to compare and contrast different research methodologies and approaches. I decided upon a specific research topic, namely, the quality of life of people with schizophrenia among Cuban men and women. My decision came about as a result of my involvement in reviewing an article about women and mental illness and an invitation to participate in an international study to measure the quality of life of people with schizophrenia living in four countries: two developing countries and two developed countries.

The original group of researchers in this study had commenced their research. They had designed a quantitative approach, using a structured questionnaire and applied it to a statistical sample size of the two developed countries chosen. The purpose of my integration into this team was to apply the questionnaire to a representative sample size of the two Spanish speaking developing countries, provide any suggestions to the design of the questionnaire, and/or steps to follow in the study. Being a psychologist and doing an M.A. in International Development Studies, I felt that this was very interesting research with which to be involved.

My attention was captured by the methodology selected for this study. I identified this study as grounded in the positivist social science research approach. The positivistic approach's use of deductive, objective, and quantifiable methods reflects underlying assumptions about the process of knowledge creation and its use. This approach assumes that the researcher is able to detach herself/himself from the people and systems being studied, in order to prevent contamination and to avoid biasing the results. There is an assumption in this approach that universal laws exist which govern the nature of social relations, and that these can be deduced from theory and tested through empirical and quantifiable research.

Many social science researchers have questioned the assumption behind this approach and are calling for an alternative research methodology which accepts the degree of subjectivity inherent in all forms of knowledge and inquiry systems (Maguire, 1987, p.17). I believe that choosing a method for a specific topic is a political process as well as a scientific one, because deciding the way a research study will be done and what will be studied, forces the researcher to make different choices. Among the choices the researcher has to make are: who is important to study and what is the best method to process and use in order to gather the data.

Participation in this research project led me to

appreciate the need for critical analysis of the context in which this research was to be conducted, the people for whom the research was going to speak, and the underlying assumptions of the research.

It has been well documented in the social sciences that a major problem in most of the research that has been done to date is the omission of women from the data. Many researchers make the assumption that men and women are the same, and that they experience things the same way (Harding, 1987). Therefore, although women are not subjects in the research, the outcomes are generalized to both men and women. Since this study planned to have both men and women as subjects of study, women would not be excluded from the data and the results would not misrepresent or marginalize women.

However, in my analysis of the survey questionnaires to be used, I found that the questions were not gender specific. Women and men were treated as one group. Issues surrounding women's oppression were not addressed, and domestic labour was not recognized as work. I asked myself the following questions: How could this study provide a cross-national descriptive profile of the mental health status of women who are being treated for schizophrenia in outpatient mental health services if there are not specific questions addressing the participation of women in the process of economic

development from the perspective of the gender division of labour? How could this research offer an understanding of women's disadvantaged position compared with men's position in the productive and reproductive work, if the questionnaire did not address these issues?

Another point that was relevant to my analysis of this questionnaire was the assumption that a translated quantitative scale designed to extract objective and subjective quality of life indicators from developed countries would be relevant and would get the same results when applying it to developing countries. By using this questionnaire it was assumed that we can compare family relations, finances, leisure activities, living situations, personal safety, and work - and that the results would mean the same for different cultures.

My analysis of the design of this proposed study suggested a thesis topic. The overall purpose of my study is to compare and contrast two different methodological approaches. It focuses on the effectiveness (the strengths/weaknesses) of these approaches in gathering and analyzing data on the quality of life of people with schizophrenia. I offered a comparison of the use of a positivist social science research approach and a qualitative (gender) social science research approach drawing on the same

population.

A study of this nature permits discussion and analysis of the use of different methodologies. The addition of qualitative data reveals the life experiences of the participants by identifying the different realities that women and men face. The essential goal of using qualitative research is to document and interpret as comprehensively as possible the quality of life of men and women suffering schizophrenia in Cuba from the participants' frame of reference.

In contrast, the use of a positivistic research approach focuses upon the empirical and objective analysis of discrete and pre-selected variables that have been derived a priori from theoretical statements. Its goal is to determine causal and measurable relationships among the variables under study.

In conducting the study on which this thesis is based, therefore, I made the changes necessary to the original study in the area of quality of life from a social gender analysis. I then conducted this study in one site (Cuba), and finally I compared the different approaches in research design, data gathering, and analysis of the data.

Setting

The setting of my study for this thesis is Cuba, since it was one of the developing countries chosen in the International study. In addition, it is not usual to have the opportunity to do research in Cuba. Cuba has established records in terms of access and equity of health and mental health services to its population. The Cuban principle of universal access to health care is a political and philosophical principle that does not promote a class-based system. Health is seen as a human right to be provided to its whole population.

Cuba holds a distinctive position in the world health care forum. It is a country that has a unique history, not only since it is the only socialist country in the Americas, but also because it has a universal health system through which very successful health polices have been implemented. The health system is credited with the rapid degree of improvement in the country's sanitary conditions and health indicators in the post-revolutionary period. (Eckstein, 1994)

After the triumph of the revolution in 1959, the new government consolidated its state power through a broad-based support from mass organizations (Elling, 1994). The government had profound social structural changes with implications for all sectors of the society, including medicine. According to

Guttmacher and Danielson (1977), and Gilpin and Rodríguez (1978), the medical system in Cuba after the revolution needed total reconstruction. Cuban physicians found themselves in a radically different society and one of the first priorities of the revolutionary government was to reorganize the public health system to overcome previous inequalities. By 1961 the government began to establish facilities that provided public financed, high quality, and, in most cases, free services.

A consolidation of state power allowed a series of reforms and structural modifications. Initially, the government gave priority to recruitment into medicine. As a result a policy for open enrolment in medical schools was implemented for the working class and peasant families. Blacks and women also entered the study and practice of medicine. Government policies rectified geographical maldistribution of medical services and in exchange for free education, physicians served a compulsory two-year period of practice in rural areas. The mental health services were included in this transformation.

The history of the treatment of the psychiatric population in Cuba parallels the history of the Havana Psychiatric Hospital. This hospital was known as "El Hospital de Dementes de Cuba (Mazorra)" (Cuban Hospital for the Demented). It was created in 1857 to give asylum to elderly

black slaves, who, because they were old and not productive, were abandoned by their masters. After slavery was abolished, psychiatric patients living on the streets were located in this institution, thus changing this institution from a slave asylum to a hospital for the mentally ill. In 1864, in spite of protest from the personnel of the hospital, the homeless were also sent to this hospital. The mentally ill did not have proper medical assistance, food, or clothing. It was only a dungeon to keep unwanted human beings (Ordaz, 1992).

In the pre-revolutionary time the dungeons were replaced by the so called "kennels" in which malnutrition, masses of naked people, lack of hygiene, epidemics, tuberculosis, high mortality rate, and also cells and chains instead of beds and wards were commonly seen.

After the triumph of the revolution in 1959 a new director was appointed and immediately three major changes were implemented. First, the "kennels" were demolished, new comfortable facilities were constructed, and other facilities were renovated. Secondly, clothes, food, and shoes were given to the patients. Thirdly, qualified medical attention was offered to treat the ill. It was found that about ninety per cent of the patients were chronic and of these, 68% had schizophrenia (Ordaz, 1992, p.12).

In 1962, the hospital had a service of occupational therapy and rehabilitation with comfortable facilities such as workshops and a gymnasium, where the patients performed different activities under the orientation of occupational therapists, and a coherent multidisciplinary team, among them physicians, psychologists, and social workers.

From 1974 to the present these health services have provided adequate health care for the psychiatric patients. Some of the services are medical/psychiatric inpatient and outpatient services, rehabilitation and case management programs, emergency services, and general health services (Ordaz, 1992, p.18).

One of the goals in the Cuban psychiatric services is the reintegration of the mentally ill into society through their rehabilitation program. As part of this program the "Centros de Rehabilitación Protegidos con Albergues" (Half-Way Houses) were created. These are residential facilities where the patients live under the supervision of a multidisciplinary team. The shelters are located close to the workplace where the patients receive a salary, work in the community, and during their free time have the freedom of going any place they want (Ordaz, and collaborators. Third Edition).

After the patients have successfully accomplished this

phase of the rehabilitation program, they advance to the outpatient department. They are ready to go back to living with their families and to working in the community. Each of these phases contributes to the goal of enhancing the patients' quality of life by ensuring that they count upon the support of family, friends, and health services (Ordaz, 1992, p.33).

A large portion of these people carry a diagnosis of schizophrenia. This illness is one of the most challenging among the psychiatric disorders due to its early onset (late teens or early twenties), its tremendous impact on the level of functioning in those affected (Maneros, 1993), its chronic progression, and its direct and indirect loss to society (Beiser, 1990).

Persons with schizophrenia have a profile of: (1) a high rate of institutionalization (90 days or more per year) due to suicide attempts and the distress of increased symptomatology, such as psychoticism; (2) high rates of physical illness; and (3) weak social and personal self-help skills that interfere with their adjustment to the community, such as assertiveness skills or grocery shopping skills. Within all of these dimensions, the persons' perceived and observed quality of life emerges as a collective concern for both psychiatric health-providers and patients.

The North American deinstitutionalization movement in the last four decades has been widely criticized for the deficiencies in patient care, a process which raised a number of questions about the quality of life of the mentally ill who were placed in the community. According to Bachrach (1976), the majority of these mentally ill persons were schizophrenic. In connection with this movement, the concept of quality of life has created new approaches to dealing with the needs of mentally disordered people and providing them with services.

Quality of Life

This concept, quality of life, has introduced a new set of concerns about the daily life of psychiatric patients, their life experiences in the community and their perceptions of those experiences (Mercier, 1994). Quality of life has altered the perception of the type of care that should be offered to these people, as well as the objectives of that care. This issue has caused two changes: first, a shift in focus from the pathology to the conditions in terms of material, physical, social and emotional wellbeing; and second, from the objective assessment of services and care needs to the patients' subjective perceptions of their needs. The quality of life concept offers a viewpoint that takes into account the patients' lives as a whole rather than concentrating only on their symptoms.

This has led to a number of studies which measured the quality of life concept as an important variable for evaluating community support services geared toward the chronic mentally ill (Bachrach and Lamb, 1982; Baker and Intagliata, 1982; Lehman, 1986; Schulberg and Bromet, 1981; Tantam, 1988). These quality of life studies not only examined life conditions and life satisfaction, but also provided an opportunity to evaluate the resources available.

These studies examined the quality of life of chronic mentally ill people using standardized questionnaires which do not include gender specific questions; therefore they did not recognize that women and men face different realities when it comes to the social and psychological experience of mental illness, particularly schizophrenia.

Little has been examined in the way of mental health outcomes for women with severe and persistent mental illness (Blumenthal, 1995). Instead, much of the professional literature assesses mental health care for schizophrenic populations without regard for gender or ethnic differences (Bachrach, 1988). The main importance of conducting this kind of study is the need to recognize that women and men face different realities when it comes to the social and psychological experience of mental illness, particularly schizophrenia. This study seeks to examine the men's and

women's perceptions of their quality of life so health-care providers can better design and implement psychiatric services that are more "patient-friendly" and that match the individuals' need.

Chapter II discusses the quantitative and qualitative approaches to the process of data collection for the study. This chapter presents the inclusion criteria of participants of the study, and then explains the modified version of the Quality of Life Interview (QOL) by Lehman and the creation of the semi-structured interview guide as a qualitative instrument. There then follows a discussion as to how the data were collected using the two methodological approaches, as well as reflections about using quantitative and qualitative methods to collect the data.

Chapter III describes the dynamics of the process of analyzing data using quantitative and qualitative methods. Chapter IV compares and contrasts the demographic information of the men and women in the study using the quantitative and qualitative approaches.

Chapter V presents findings on the quality of life of the men and the women participants using both qualitative and quantitative approaches of analysis. Differences and similarities of the approaches are presented.

In Chapter VI the conclusions of this study are presented. Comments are made regarding what has been learned about gathering data, and suggestion are made to improve this process. The approaches used to analyze the data are criticized, and personal contributions to the methodologies and literature of Quality of Life is presented.

CHAPTER II

Quantitative and Qualitative Approaches to

the Process of Data Collection

I believe that there is a degree of subjectivity inherent in all forms of knowledge and inquiry systems. Among the choices the researcher has to make are: who is important to study and what is the best method to use to gather the data. This chapter describes the two methodological approaches used in gathering data, and focuses on the effectiveness of these approaches in collecting the data. It includes the methods used in the quantitative and qualitative approaches. In this chapter I outline the criteria for participants' inclusion in the study, and I describe the structured and semi-structured questionnaire. Also I explain the procedure of gathering the data and my personal reflection on the process of interviewing men and women suffering from schizophrenia, using the quantitative and qualitative approaches of data collection.

Subjects

The sample consisted of four men and six women who were involved with outpatient psychiatric services in the principal Psychiatric Hospital in Havana, Cuba. They were interviewed in October, 1994. The subjects satisfied the following four inclusion criteria: 1. they were between the ages of 18 - 55;

2. they had a diagnosis of schizophrenia according to the Diagnostic and Statistical Manual, Third Edition-Revised (DMS-III-R) (American Psychiatric Association, 1987); 3. they were receiving medication for their illness; and 4. they had been outpatients for at least six months.

Description of Data Collection

Data were collected through interviews using a structured survey and a semi-structured interview guide with the subjects. These interviews consisted of three components: 1) demographic information; 2) a structured survey (standardized instrument Lehman's QOL) to measure quality of life; and 3) my semi-structured interview guide. The first quality of life section of the interview was conducted using the standardized QOL scale (quantitative) and the second quality of life section was conducted with the semi-structured guide (qualitative).

Ethics

The interview process started with a statement about ethics. Before beginning the questionnaire, I explained to the subjects the purpose of the study, the characteristics of the questions, and the time it was going to take. I assured each subject that her/his participation was voluntary and

everything she/he said would be kept confidential, that she/he could withdraw from the interview at any time. I asked her/him to sign a consent form giving permission to be interviewed. A separate section of the consent form was attached for permission to review her/his medical record. I assigned an identity code to each of the subjects. Informed consent was obtained from all subjects and the interviews were conducted in the native language (Spanish).

Structured Questionnaire

The data collection for the quantitative approach was done using a structured questionnaire which indicated exactly what information was to be gathered and exactly how it was to be gathered. The structured questionnaire consisted of a set of items which included demographic information and quality of life in which the questions and the response categories were highly structured and pre-determined. All of the subjects were asked to respond to exactly the same questions, in exactly the same order, and had the same set of options for their responses. The questionnaire gave each subject a number of alternative answers from which she/he had to choose, and the subjects had to select the one answer that most closely equalled their response. (See Appendix A and B for the English version of the structured questionnaire.)

The first items on the questionnaire were demographics, since this was the order that the original group of researchers had decided upon. The demographic information consisted of multiple choice questions with the following ten sections: 1. gender; 2. date of birth; 3. ethnic group; 4. education; 5. marital status; 6. social relations; 7. living situation; 8. religion; 9. work; and 10. income.

In the Quality of Life Scale (QOL) by Lehman (1988), the response categories used a seven-point Likert scale with scores ranging from "1= Very Unsatisfied to 7= Very Satisfied." Lehman's scale is a 70-item highly structured, self-report interview schedule used to quantify the experience of general well-being as related to the subjective satisfaction with personal, social, and life conditions. The QOL has been shown to have good validity, particularly on social relations. Test-retest reliability ranged from .29 to .98 (Lehman, 1988).

For the purpose of this study, only 30 items measuring social relations, leisure, finance, health, living situation and general life satisfaction, were included. The original group of researchers translated the survey questionnaire from English to Spanish and then translated it back to English to enhance content validity and reliability. The QOL items took approximately 15 minutes to complete. It is important to

mention that the questionnaire using the quantitative approach was carried out immediately prior to the qualitative questionnaire.

Semi-Structured Questionnaire

A semi-structured questionnaire was designed to gather qualitative data. This alternative approach was chosen because I wanted to use a method which would allow me to uncover and understand the subjective perception of the quality of live of people with schizophrenia, and allow the participant to speak for her/himself. This was in contrast to the quantitative approach where the design is developed to limit data collection areas and elicit responses to fit predetermined categories. For example, in question number 5 of the demographic section in the quantitative questionnaire the subject is asked to choose her/his marital status from 5 possible answers: 1= married, 2= widowed, 3= divorced, 4= separated, 5= never married, and 6= no answer. I found that this question does not give the subject the opportunity to say that he/she is not married but lives with a partner. There is also an underlining assumption of heterosexuality of the subject by not offering a response relating to homosexual relations. It could be that the developers of this question made an error, or that they were only interested in certain kinds of relationships. I believed that by leaving the answer

open to the participants I would get different and richer responses than would be the case with only the set of options provided.

The more qualitative part of the interview schedule consisted of a series of questions to be used as a general interview guide (see Appendix C). This alternative approach contrasted with the rather rigid basis of collecting data using the positivistic approach. In designing these semi-structured questions, I reviewed item-by-item the demographic information and the six domains of the Quality of Life Scale that the positivist approach planned to use.

After reviewing the structured questionnaire I developed a series of open-ended questions to be used as a general guide for the interview to enable the participants to respond freely to what is important to them. The purpose of the semi-structured guide was to facilitate continuous interaction with the participants by not limiting the flow of ideas from the respondents, but rather encouraging the participants to share their ideas about the different aspects of their lives. More importantly, the intent of the guide was to make the participants think about, and question, underlying assumptions or actively consider alternatives related to their lives. For me it was important to let the participants in this study respond in their own words so that I could hear their

concerns. I also added specific questions that addressed the
participation of women in the process of economic development
from the perspective of the division of labour by gender
(Beneria, 1982).

I invited the participants to talk about their lives as
if they were telling me their story. I asked questions to help
them to articulate their lives from their own perspective in
their own setting. Generally speaking, the questions were
divided into four sections. The first involved their
education; the second, their religion; the third, their
household; and the fourth, their work, both paid and unpaid.

I tried to find out how their past related to their
present by asking questions about their education. For
example, I asked them to tell me about their time at school;
to give me the date when they finished school; whether they
have ever taken any other classes, training, crafts: when,
where, for how long, and if they wanted any more formal
education and why. I wanted to hear about their social
relations at school and asked them to tell me if they had
friends there and how were the teachers. There were a series
of questions asking about good and bad times at school, and
about anything that they wanted to do and were not allowed to
do.

I wanted to know the significance of religion in the participants' lives since other researchers (e.g. Brydon and Chant, 1989) found that religious customs play a great part in the daily practice of women's lives and that it also influences women's status. For example, I asked them to tell me if they had a religion, what was the meaning of that religion for them, and with what frequency they went to church. Since church is a physical place where people who share the same beliefs get together, I wanted to know about their social relations. Therefore, I asked them to tell me if their families shared the same religion and went with them to services, and if they had friends there, what they did there.

I focused on gender questions in the household as the household represents the primary site for the structuring of gender relations and the specific experiences of men and women (Harris, 1982). I assumed that the narrative of "what he/she did today" is experienced in time, and I asked questions to help him/her to set the time and context of events. For example, I wanted to learn if he/she: had ever lived with somebody whom he/she cared about; had ever been married; had ever been engaged; or had ever had a boy/girl friend. I was also interested in the current quality of relationships with family members and I asked them to tell me: if he/she was satisfied with his/her present relationships and what kind of relationships he/she would have liked to have. To understand

the living situation and its social context I also asked where
he/she lived, who lived at his/her household, what they did,
their ages, how was his/her relationship with the people
he/she lived with, the kinds of disagreements that were common
at his/her house, and how he/she resolved them.

I wanted to have very specific information about their
work outside the house so that I could understand their actual
experiences as men and women in productive work. I wanted to
relate the past to the present and I asked them to tell me if
he/she had ever worked outside his/her home, where he/she
worked, and what was his/her responsibility. Also I wanted to
know the characteristics of the sexual division of labour at
the present time, and asked them to tell me where he/she
worked, what he/she did, how many hours a day per week he/she
spent at work, what was his/her responsibility, how long
he/she had been working there, and if he/she got a salary for
his/her work. I wanted to know about their satisfaction with
working outside their homes and asked them to tell me how
he/she felt with the work he/she performed, what was his/her
main motivation for working, how long he/she planned to work
there, what he/she liked the best about his/her job, and if
there was any kind of job he/she would rather do if he/she had
the chance. Also I wanted to know if he/she received any money
from other sources, and if he/she had control over his/her own
money.

I recognize the contribution to society made by women inside the family so I included questions to obtain information about reproductive work. I asked the participants to tell me about his/her everyday life. I facilitated this component by asking questions about what he/she did as soon as he/she got up from bed. I wanted to find out how work was carried out domestically and I asked them to tell me who prepared the meals, shopped, cooked, served and cleaned up afterwards, as well as who washed and ironed the clothes. Also I asked who took care of the health of the family and who stayed at home to look after the sick, if this was necessary.

Comparison

The purpose of using a qualitative approach to collect the data is to obtain detailed information about the participants' lives and let the participants speak for themselves. Such detailed information is necessary to be able to describe their quality of life from their point of view. By contrast, the goal of the quantitative approach is to gather data to answer a specific research question and/or prove or disprove hypotheses by using questions that are designed to yield variables predetermined by the researcher.

The semi-structured interview guide (qualitative approach) sees the respondents as individuals who provide the

researcher with information relevant to the study, whereas the structured questionnaire (quantitative approach) sees the respondents as persons used by the researcher to test a particular hypothesis. The semi-structured guide facilitates continuous interaction with the participants, by not limiting the flow of ideas from the respondents. Moreover, the questions encourage the participants to share their ideas, whereas the structured questionnaire has specific questions that need to be asked in exactly the same order, and with exactly the same set of options for the responses. For example, the structured questionnaire specified 30 items to be answered by the subjects whereas the semi-structured interview was a guide where questions could be added, or removed, or changed to help them explain their lives from their own perspectives in their own setting.

The intent of the guide is to make the participants think about and question underlying assumptions or actively consider alternatives related to their lives. By contrast the structured questionnaire offers set alternative responses from which the subjects are asked to indicate their degree of satisfaction or dissatisfaction with each question. For example, the structured questionnaire asks the subjects to choose their response from the answer options (1= very unsatisfied, 2= unsatisfied, 3= somewhat unsatisfied, 4= indifferent, 5= somewhat satisfied, 6= satisfied, and 7= very

satisfied) to the question of how satisfied they feel about their housing situation. In contrast, the semi-structured interview guide invites the participants to talk about their housing situation as if they are telling their own story, and questions are asked to help them to articulate their lives from their own perspective and setting.

Gathering the Data

The original team of researchers trained me to administer the quantitative questionnaire and to record the data. My interview performance was qualitatively evaluated by the original team of researchers. This technique is consistent with the learned techniques of asking questions and recording responses.

From books on qualitative research I learned how to use the semi-structured interview guide for questioning participants and transcribing data before I went to the site. For example, before I went to Cuba to collect my data I decided to follow the suggestions given by Sandra Kirby and Kate McKenna in a book called Methods from the Margins. In their book these authors outline very clear steps for gathering data while protecting the identity of the participants. They suggest that researchers give identity codes to participants so I assigned numbers to the

participants in the order in which I did the interviews ie. number I, II, III... Then I added the participants' initials ie. VMG could stand for Vicente Manuel Gómez. The result was the following identity code IVMG. Also I asked the participants to let me tape the semi-structured part of the interview. I made notes highlighting important areas of content during the interview. Immediately after the interviews I taped my reflections of the interviews.

I met with the director of the Havana Psychiatric Hospital in Cuba, Dr. Bernabe Ordaz, with Dr. Reynaldo Gómez and Dr. María Elena Gómez to explain the purpose of my study and asked them for their consent to apply the semi-structured guide to ten of the original research participants. They agreed.

As I mentioned above, the semi-structured interview guide was applied immediately after the quantitative questionnaire. I explained to the participants that I was looking for more detailed answers than in the first part of the interview, and I gave them the option of stopping or continuing with the rest of the interview. For example, I said "Tell me how was the time you spent at school? Did you have friends there?" or "You said that your marital status is single; could you tell me if have you ever had a boy/girl friend? Have you ever lived with somebody you cared about? Have you ever been engaged? "

Although I had devised a series of questions to be used as a guide, the questions were modified slightly from interview to interview. This was done for two reasons: 1) questions came up spontaneously as I was interviewing, as a result of comments the participants made; and 2) I adjusted the flow of the questions depending on the path the interview took. Application of the overall interviews took me three days. However, I stayed in Cuba for about a week, where I had the opportunity of seeing the participants in the hospital performing their daily paid job and in social gatherings in the work place. Also I received an invitation to visit the homes of two of the participants to complete their interviews.

I was quite surprised how easy and smooth it was for me to collect the data for the study. Of course the participants showed natural hesitation about being interviewed about their quality of life, but at the same time they were very cooperative and answered my questions. Some of them mentioned that they did not mind telling me anything because I was from Mexico "a country which has been a friend of Cuba" for a very long time.

Most of the participants were able to do the interview without any interruptions. However, some of them needed to have a break to drink some water or to smoke, or just to walk around the room where I was doing the interview.

When I was conducting the quantitative portion of the questionnaire, it appeared to me that some of the participants seemed a little bit confused with the language used. When they were asked to respond, several times they just looked at me without saying anything and when I asked the same question twice, they gave me different answers. Some of them took more time to answer than others; some asked me to repeat the instructions, or explain the questions in a different way. I am not sure if they really understood the options for answering. This did not happen when I applied the open ended questionnaire, maybe because specific answers were not suggested, or they felt free to answer what they wanted, without having to use words already determined for them.

I was surprised that the participants' answers to the open-ended section were quite coherent. At the same time it was not difficult to see when some of them were saying things that were out of context as to what I had asked, or to notice when they lost the idea they wanted to express. When this happened, most of them were aware of what they were doing and stopped in the middle of a phrase. I just let them say what they wanted and then I asked the question again in a different way.

Being Spanish-speaking myself it was an asset to be able to communicate with them in their mother tongue during the

interview, because I did not need to find out the words I
wanted to say and the words just came naturally, making our
conversation more fluent and friendly.

Upon reflection I realized that I was expecting that the
participants of this study were suffering from a more severe
degree of mental illness than what I had anticipated. Perhaps
I was biased in my expectations of the behaviour of people
suffering from schizophrenia because of my personal experience
with a member of my family who has schizophrenia. I do not
know if all the outpatients suffering schizophrenia in this
hospital function as well as the participants in this study,
but the ones I interviewed were able to carry out a coherent
interview with somebody that they did not know, and appeared
to have a pleasant time.

Having gone through the process of interviewing, and
having looked at the lives of men and women suffering with
schizophrenia, caused me to reflect on my own feelings about
the quality of life of people with schizophrenia. I realized
that I had more "conceptual baggage" (Kirby and McKenna, 1989)
than I thought in terms of personal interest and motivation in
this topic.

CHAPTER III

Alternative Approaches to Analyzing Data

The purpose of this chapter is to describe step-by-step the quantitative and qualitative analysis of the data. This chapter is divided into two main sections. The first one defines the quantitative approach of analysis. The second one defines the qualitative analysis using three different approaches: Content Analysis, Kirby and McKenna's approach to Grounded Theory, and my Personal Approach.

QUANTITATIVE

Respondents answered according to a pre-selected set of categories, and these answers were already pre-coded (See Appendix). Information from the subjects forms were entered into data files. Once entered into the computer, the data were checked for accuracy by reviewing and comparing the raw data from the subjects forms. Errors were corrected prior to analysis.

Then the data were organized and summarized in contingency tables (two-dimensional frequency distributions in which the frequencies of two variables are cross-tabulated). A contingency table of the demographic information is shown in Table 1, where gender is treated as the independent variable

and the other demographic data are treated as dependent variables.

The collected data represent all four major classes of measurement: 1- nominal, 2- ordinal, 3- interval, and 4-ratio. Nominal measurement involves the assignment of numbers to simply classify characteristics into categories. Nominal measurements include: ethnic group, religion, marital status and living arrangements. In such cases, the numbers assigned to each category on the questionnaire have no quantitative value.

Ordinal measurement involves the sorting of objects on the basis of the relative standing to each other on a specified attribute. Interval measurements indicate not only the rank of ordering of objects on an attribute, but also the amount of distance between each object. More sophisticated statistical procedures are possible when measurements are at the interval level. Interval data can be averaged, for example: the Quality of Life Scale where every question has to be answered in a scale of 1 to 7 (1= very unsatisfied to 7= very satisfied).[1]

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[1] Some researchers would argue this is ordinal data; however, the assumption here is that choosing "5=somewhat satisfied instead of 6=satisfied" indicates not only the rank ordering of objects on an attribute but also the amount of distance between each object.

In contrast ratio measurements are distinguished from interval measurements by virtue of having a zero point. For example, in the question of level of education the original questionnaire has two ranked options: 1) from 1 to 12 years of education and 2) more than 12 years of education, which allows measurement at the ordinal level, but we changed these questions to produce ratio data so we could get the mean. The subjects were asked to give the last grade they achieved instead of choosing the option "1 or 2."

According to the quantitative methodology, it is possible to make inferences and draw conclusions about the population with schizophrenia in Cuba if you have a representative sample of the population and do an inferential statistical analysis using the law of probability. However, that is not our objective; as was previously mentioned, the purpose of using quantitative methodology with a small sample size (n= 10) is to compare and contrast the effectiveness of different alternative methodologies, using data gathered from the same individuals.

A descriptive statistical analysis was used to describe and synthesize the data of the 10 subjects. Averages, percentages and standard deviations were used to reduce, summarize, organize, evaluate, interpret and communicate the numerical information (Polit and Hungler, 1991).

The data are described in terms of the following two characteristics: 1) central tendency which is measured by the mean (also referred to as the average) and 2) variability which is measured by the standard deviation of the mean. The standard deviation is the difference between an individual score and the mean (Polit and Hungler, 1991; Dempsey and Dempsey, 1995).

An example of the process of obtaining the mean in one demographic variable such as income was as follows: Subjects were asked what was their monthly income. The number that they reported was then listed in one of two columns depending upon whether the respondent was a male or a female. An average of income by 1- gender and 2- whole sample was calculated (9 out of 10 reported an income). This was done by adding the income in Cuban pesos divided by the total number of subjects by 1-gender and 2-whole sample. With use of the computer, the standard deviation of the mean in this variable was calculated and the whole sample showed a rather large variability (mean income of total sample was 92 and sd +_ 48); both the women (mean 87 sd+_ 56) and the men (mean 99 sd +_ 38) showed a large variability . These were translated as follows: The average income of the whole sample was 92 Cuban pesos; however some people were getting less or more (sd. 48). There was a difference of income between men and women; men averaged 99 Cuban pesos whereas women averaged 87 Cuban pesos.

The six domains in the Quality of Life Scale were each analyzed separately and then combined into an overall composite score. For example employing Economic Satisfaction The subjects were asked to rate how they feel about:

a. the amount of money they have,

b. what they have to pay for basic needs such as food, clothing, and housing,

c. their economic situation, and

d. their entertainment money.

They indicated their satisfaction by choosing their answers from a scale 1= very unsatisfied to 7= very satisfied. The number they reported was then listed in one of the two columns, depending whether the respondent was male or female. The answers to each of these questions were added and then were divided by the total of subject to get the mean. Then the standard deviation of the mean in this variable was calculated in each of the two columns. The male column showed a mean of 3.8 with an standard deviation of 1.3. The female column showed 4.2 with an standard deviation of 1.9. These was translated as follows: man (mean 3.8 sd 1.3) and women (mean 4.2 sd 1.9) reported indifference in their satisfaction with their economical situation.

QUALITATIVE

Content Analysis

My decision to use Content Analysis as a qualitative research data method in this study was taken after I looked for different alternatives to analysis for open-ended surveys which could enable me to understand the meanings, intentions, and consequences of the participants' responses. It is a method which is widely recognized as being helpful:

> "The method can be used for several purposes, such as revealing the focus of individual, group, institutional, or societal attention; determining psychological states of persons of groups; reflecting cultural patterns and beliefs; describing themes, trends, goals, or other characteristics in communication content; analyzing open-ended survey data..." (Downe-Wambold, 1992, p. 314)

Content analysis theory is said to allow for a systematic and objective analysis of written documents or transcriptions of verbal communication. This objective analysis is accomplished through the use of selection criteria for analysis of the data (Holsti, 1969). The criteria of selection must be sufficiently exhaustive to account for each variation of the message content and must be rigidly and consistently applied so that other readers, looking at the same messages, would obtain the same or comparable results (Weber, 1985). The categories that emerge should reflect all relevant aspects of the various messages and retain, as much

as possible, the exact wording used in the statements themselves (Holsti, 1969).

The selection criteria for the qualitative data relative to the subjective perception of quality of life by people suffering from schizophrenia were:

1) the analysis included manifest and latent content,

2) the unit of analysis included examination of the responses for themes,

3) the unit of analysis was coded according to themes and then placed together into categories,

4) the categories were determined inductively, and

5) the categories were exhaustive and mutually exclusive.

After the selection criteria was determined, I made a paper copy of the original transcript file and I used this as my working document. Themes were identified by examining the language used by the participants. Keeping the suggestion of Robert Philip Weber that coding units need to possess similar connotations or meanings in order for the classification to have semantic validity, I read and re-read the document looking for patterns of responses.

First, I read the responses of all the participants. Then I identified the words or phrases that belonged to the same areas and underlined them with different colour pencils. Then

I opened a file where I organized the answers that belonged to the same area. Here is an example of a participant's answers to the identified area of education:

> My life at school was normal, well a bit abnormal, because the teacher never knew if I was at class or not, because I always sat down in the last row of the classroom. At junior high I was very quiet. With some of my friends I had a good relationship with some of my classmates, but with others I had difficulties.
>
> I would like to study more, because I think my education is incomplete.
>
> When I was in Jr. High I had a classmate with whom I had a very bad fight. Later on we became very good friends. That fight still hurt me. We fought, we started beating each other. I got bruises, he got bruises, he tore my clothes, I torn his, we beat each other a little bit, and we screamed to each other.

The next step was to define the themes. Following what Robert Philip Weber says, themes must be repeated to be recorded. I made a paper copy of the file with the answers that belonged to the same area (i.e. school) and I underlined the words of phrases with the same colour pencil that I identified as belonging to the same theme. Then I opened a file and put together the word or phrases underlined with the same colour pencil under one theme.

Here is an example of two different participants' responses under the theme of relationships at school:

1- I had friends, but I was very quiet, and kept things inside me. I did not

demonstrate anything, I spoke with them,
I said hello, that was all, nothing like
teenagers nowadays.

2-   - At junior high I was very quiet
      - I had a good relationship with some of
      my classmates, but with others I had
      difficulties.
      - I was responsible for the cultural
      activities in high school, I was very
      active as participant and organizer, I
      play the piano and the accordion, and I
      took part in plays.

It was not until I was looking for the themes by gender
that I had a shocking experience. I was having a hard time
determining who said what and differentiating the answers of
the men from the women using the identity codes. Therefore, I
decided to create an identity file, and in this file I matched
the names of the participants and the codes I had given them
when I was collecting the data in order to protect their
identity. In doing so, I gave gender neutral identity codes to
the participants and forgot to pay more attention to their
gender.

It was not until that moment in the analysis phase that
I realized that I had made a mistake with the recording of the
coding and miscalculated the number of participants by gender.
As a result of this I did not get an even number of
participants by gender (which was one of the criteria of this
research) and now I had to do this study with 4 men and 6
women.

In some forms of qualitative analysis this would not have happened because the analysis would have begun before sampling was completed. Glaser and Straus (1967), suggest that the size of the sample should not be predetermined in grounded theory but should depend on the achievement of theoretic saturation. In this research project, however, I did not have the luxury of time in Cuba and so the sample size was set before I began.

This example points to an interesting distinction between quantitative and qualitative research. The discussion of a problem such as this is encouraged in qualitative research with its emphasis on continual self-reflection. The description of the sample with which chapter II began, and which made no reference to the original intent or the fact that there was a problem, is characteristic of quantitative research.

I did not feel comfortable with the process of not taking into consideration the responses that were not repeated. I think that not recording a theme that only one of the participants in a study mentions is a problem. The researcher cannot make sure that he/she is not going to leave out something that could be important. For example, I had participants talking about their responsibility at work, days of the week and hours working, and what they did, but only one told me the difficulties she had in accomplishing her work.

According to this methodology, I could not take into consideration this response because it was not repeated. With some discomfort, therefore, I continued with the analysis and just recorded the themes that were repeated, following what I interpreted to be the guidelines for Content Analysis.

According to Robert Philip Weber I needed to count the words or phrases that were classified into categories. Counting is based on the belief that higher relative counts (percentages or proportions) reflect higher concern with a specific category. I did not find it difficult to use this methodology when I was reporting in the general area I call demographics. For example, it was not difficult for me to report how I understood the participants to define their own ethnicity:

> Eight participants stated that they considered themselves Creole, because they are descended from Cuban parents with one or both grandparents being from Spain. Two of them considered themselves Afro-Caribbean because their parents and grandparents were black natives.

However, when I started to report the findings in the area of "Their Families" I did not feel right. I found myself counting and giving numbers and I felt that I was not giving any meaningful information. In just reporting numbers, I felt that I was isolating human behaviour, measuring it, and quantifying it. Here is an example of what I was finding from the category of their families under the marital status theme:

Of the six women, one was married, two lived
with a partner, two were divorced, and one had
never been married. One man was married, two
lived for short time with partners, one had
never been married or lived with a partner.

I felt like I was using qualitative data that at the end
was transformed into quantitative data. Content Analysis was
supposed to be a qualitative method of analysis and an
alternative method of analysis for researchers. In my opinion
counting the numbers of times participants said a certain word
gets in the way of the analysis and is counter-productive to
theory development.

Later, when I did the quantitative analysis, I realized
from the differences "in results" that I had discovered the
need for new pre-coded categories to be used by quantitative
researchers. But at the time this type of findings looked no
different in structure than one that would have been produced,
much more quickly, from quantitative analysis.

I had many questions in my mind. Was I doing something
wrong? Was I understanding this methodology? Did I choose the
correct methodology? Was I wasting my time using it? At this
point I went back to the literature and decided to talk with
friends who were familiar with this methodology to make sure
I was doing what I was supposed to do.

One of my friends said that I was putting all my comments into categories before putting them into themes. She said that if I wanted to find the themes, I needed to label the comments as to what the participants were saying in them. I thought that I had classified the themes based on the participants' comments and that I had collapsed the themes into categories. The central idea in her comment was that I had not explained how I had given every idea a theme and then put the themes together in a category.

She also pointed out that in order for other people to read the same conclusion as I, they should have to be as familiar with the context. Since that is not a realistic expectation, then it was important to clearly define the themes and how they related to one another and fit into one unique category.

I attempted to do this by going back into the literature and reading about the process. However, I discovered that not only did I have to count the themes but also that my categories had to fit with my research question (my hypothesis). At this time, I recognized that this process would not give me the richness of the participants' lives that I was looking for.

This made me feel totally confused, as if I had a huge

puzzle in my mind and I could not put it together. My hypothesis? Which hypothesis? I did not have one. The purpose of my thesis was to compare and contrast different methodologies in design and analysis. I was trying to find ways of analyzing qualitative data that were inductive and did not have preconceived findings or questions beforehand. I wanted to find out what the participants said about their quality of life, not to prove or disprove what I think or to fit their ideas into some pre-conceived set of categories.

I felt trapped into the positivist approach of research, which is to collect data in order to answer the researcher's central research focus and test hypotheses which had been defined from the beginning and deduced from theory. I wanted to use the qualitative questions to interpret as fully as possible the totality of what the participants were saying. I wanted to understand their internal and external world. I wanted to understand from the participants how they know their world, life events, and happenings. I wanted to discover the essence, the feelings, attributes, values, and characteristics of their life. I did not want to collect data in order to answer any researcher's question, or test hypotheses. I was very surprised and shocked to discover that Content Analysis was based on positivistic assumptions.

Even though Content Analysis is a method of handling

qualitative data, it produces quantitative results. Its technique utilizes a number of control designed to yield objective and systematic expressions. Content analysis has the belief that higher relative counts (percentages or proportions) reflect higher concern with a specific category. As a result I found myself counting, reporting numbers, and enumerating occurrences in each category.

I think that Content Analysis is an effort of their developers to make inductive research more "scientific", rigorous, and easy to control. But in the process of trying to achieve recognition as legitimate and respected research, it has lost the intent of qualitative research. Although I spent weeks using content analysis to analyze my data I decided to leave this methodology and pursue Kirby and McKenna's approach.

Kirby and McKenna's Approach

I reread several books about qualitative research methods and after reviewing them in detail, I decided to use Sandra Kirby and Kate McKenna's approach to data analysis. Their basic pattern for management and analysis of data are based on Grounded Theory, and at the same time, it is a modification of Content Analysis. This approach gave me the advantage of not throwing out what I had done and starting all over again. It

allowed me to continue the analysis through a change in my approach.

Grounded theory is a qualitative methodology which sociologists, Glaser and Strauss (1967), defined as the discovery of theory from data which was "specifically obtained and analyzed from social research" (p. 3). This inductive, "from the ground up", approach to theory generation contrasts with traditional positivistic methods which espouse the deductive approach and seek to test or to predict rather than to explore. Glaser and Strauss see theory generation as a process of discovery and a process of searching for new clues to understand the nature of the social world. Grounded Theory seeks to discover what problems exist in social situations, as well as how people involved handle them (Stern, 1980). This process facilitates the uncovering of data which are rich and detailed, and contain the stories of particular groups of people who share common experiences and meanings (Miles and Huberman, 1984). The last point but equally important that made me decide to use this approach to analyze the data were that Sandra Kirby and Kate McKenna's book, Methods from the Margins, was very clear and easy to follow.

Stern (1985), describes the process in Grounded Theory methodology as the linking of data with questions raised from the data, coding, hypothesizing (during the data analysis),

and categorizing of data using the process of constant data comparison. But the point in the Kirby and McKenna approach to research is that for them it requires critical reflection on the social context. This involves an examination of the social reality within which people exist and out of which they function. As a result, priority to a dialogue between participants and researcher, and critical reflection on the social context should ensure that the researcher hears what the participants experiences are saying. At the same time the researcher could be critical of the structures that influence participants' lives.

I decided to follow Kirby and McKenna's suggestion on how to organize the collected data. Their general analytical design involves inspecting data items and grouping them to generate specific and general patterns. The process involves constant comparison of data items with other data items until sections that seem to describe something can be identified and put together in categories. At their suggestion I opened five files (1. identity, 2. tape, 3. document, 4. content, and 5. process) to organize the data. (See Appendix D)

On the basis of my earlier experience with Content Analysis and my reading and discussion of feminist and qualitative methodologies, I decided to do things differently in terms of translations and my approach to the data.

Originally I had written down the themes and categories in English although the participants' interviews were in Spanish. I had a lot of difficulties in working with two languages at the same time. Since Spanish is my mother tongue I decided that it would contribute to my understanding of the participants' situation to allow the participants to talk fully if the analytic work were done in Spanish. I recognized that I needed to work in Spanish, the language in which I did the interview, until I could find or discover portions of data (bibbits), which later could be pulled out and organized into categories. When I reached that point of analytic clarity, I could do the translation into English.

Another decision I made was that I was going to look at each person as an independent case, because I wanted to have very clear in my mind each of the participants' information before I collapsed them together. This is consistent with the systematic approach by Sandra Kirby and Kate McKenna which gives equal weight to each of the participant's responses in the research process. The absence of this approach was something that I had complained was lacking in the use of Content Analysis. In Kirby and McKenna's Methods from the Margins all participants are respected as equally knowing subjects. As a consequence of this fact, each bit of data are given equal opportunity to speak in the analysis.

My last decision before I started using Kirby and McKenna's approach was to do the analysis of the interviews in the order I did them. This decision was for both pragmatic and analytic reasons. Since I was going to use a copy of the transcript file for the analysis it would be easier to work in the computer in the same order. I also thought that perhaps I could remember something that happened in the interviews if I used the same chronological set of relations.

The initial basis of analysis in Kirby and McKenna's approach is the constant comparison and linking of bibbits (section of data) to understand the specific and overall properties, patterns, and relationships between data and between groups of data. To do this, I read the full Spanish transcript of each of the participants several times and took it as if he/she was telling me his/her story. I did this until I was familiar with the way he/she answered the open ended questions.

I combed through each story trying to find bibbits that were able to stand on their own and underlined them. Then I read each transcript several more times trying to find out the words and/or phrases that I found more significant and these ones also became my bibbits. I read each transcript again and picked out what I thought was the theme of the bibbit and wrote it in pencil on the right hand of the transcript. Then

I read each transcript several more times trying to find out if the words and/or phrases I identified as bibbits matched with the possible theme. Finally I pulled out the bibbits from their context and gave them codes in order to be able to identify their place of origin. Here is an example of the coding of bibbits from one participant under the theme I called relationships:

IIIRF6/2 "I am not satisfied with my present relationship (husband). Sometimes I will like to have somebody, but I am afraid. I am 48 years old, I have children. It is not easy. However, I would like to..."

IIIRF6/9 "He drinks a lot and mistreats me."[2]

Sometimes when I moved to another interview, different themes were identified, so I recorded them and I went back to the previous participant's content file and looked for bibbits that I had not identified before. If I identified additional bibbits I recorded then to include the new theme and then I relocated all the other bibbits in their respective theme locations, and added the new code for cross-referencing. But if I did not locate any bibbit I just left the content of that file the way it was before. For example, "looking after others" did not come clear to me as a theme (under the category "Autonomy/Independence") until I was doing the analysis of the data from participant number six. Therefore,

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[2] The codes indicate that the bibbits were taken from the participant with the identity code of IIIRF from the page 6, in paragraphs 2 and 9 of the transcript.

I went and read the six interviews I had done and I found this theme in the third and fourth participants' interviews. As a consequence of this, I made copies of the respective bibbits and relocated them in the category, adding the theme in the content files of IIIRF and IVIM and left the other content files the way they were before.

After I finished recording the bibbits under the themes of all the ten participants I decided it was time to go to the computer and complete the translation of the content files from Spanish to English. I opened a content file called "translation" where I translated the comments, participant by participant, and enumerated each of them with their respective themes and bibbits.

The more I worked in the analysis of the data two things came to me: first, the advantage of using an open-ended questionnaire and secondly, the usefulness of a qualitative methodology. The open ended questionnaire gave me a rich and detailed data set which revealed the life and experience of this particular group - people with schizophrenia. The use of the qualitative methodology helped me to discover what the participants said. Both features allowed the participants to guide me to their reality, one that was not predetermined by me, and it let the participants be the authors of their own biographies and experiences.

I felt comfortable because I was following what Sandra Kirby and Kate McKenna suggest. They say that the data must be divided into pieces or sections that could be manageable in preparation for coding and cross-referencing before it can be put into category files. They suggest that to maintain the integrity of the research each section of data should be able to stand on its own when it is taken out of context (Kirby and McKenna, 1989).

The next phase in the analysis was to work with the themes and transform them into categories. I opened a file and pulled together each of the participants' themes with their respective bibbits that seemed to fit well together. At the end I had a file naming the categories with all the bibbits from every participant. Each bibbit had its respective codes so I could locate where it came from.

I developed a large number of categories from the analysis of the interviews but later I realized that I could combine some of the categories with other categories, or I could remove a category that was giving me very little information and was not as relevant as another.

Then I worked category by category, trying to make some kind of link between categories. Also I looked for cross-referencing categories to find out categories that could go

together and see if I could discover similar patterns that could be identified as a strong pattern.

For example, when I was working with the category I called **Family Life**, I identified in the reading that power and weakness of decision-making was jumping out of the paper as one of the main themes. Also I identified that this category was cross-referenced with another category called **Autonomy**, specifically with the theme of living arrangements. At the end I was able to focus on six categories: Family Life, Material Comfort, Health, Work (productive and reproductive), Social Life, and Spiritual Life.

When I was working individually with each of the participants I did not find it difficult to code each bibbit into categories. However, when I removed the bibbits of information from the context and collapsed all the participants' bibbits under one category, I felt that the bibbits were out of context, that I was interpreting what the participants said, instead of writing what they said. Also it was very difficult to do the writing up.

I had an appointment with my thesis adviser. After she reviewed what I wrote down she asked me why I did not write down many of the ideas I had expressed in the several meetings we had had. I knew that I had not written them down because I

did not know where to record them. I wanted to use the rules
of the methodology to discover from the participants their
experiences so that I would not impose my ideas on theirs. I
thought that for the results to be scientifically accepted I
needed to find, through the use of the categories what I felt
they were saying when I was working individually with each of
the participants interviewed. However, I could not find them
when I worked with the categories as a group.

Personal Approach

I cannot deny that when I decided to do this study I
carried with me my own academic study and political pre-
judgements and experiences, both of which had contributed to
my understanding of women's role in society and the importance
of including these elements in any research process. After
following step-by-step Kirby and McKenna's methodology, I did
not find how or where to bring out some of the feelings I
experienced by being with the participants in Cuba, or what I
heard each of them say when I analyzed each participant's as
a case study while they were telling me their individual
stories. I realized that the overall impressions I had found
were missed when I systematically applied the Kirby and
McKenna analysis.

I did not feel comfortable pulling out bibbits from the

participants' responses in order to generate analytical themes by comparing these descontextualized features of the participants' lives. I share the opinion of Lorene, one of the people who helped to develop the Kirby and McKenna text, when she said "only in their complete context could the words and categories speak to me. I found that if I removed bibbits of information from the context it broke the flow and the rhythm I felt from the words" (Kirby and McKenna, 1989, p.141). Even though I created codes that enabled me to reestablish the bibbits' home context, they remained only pieces of the story taken out of context.

Continuing with the idea of treating each participant as an individual whom I consciously embedded in his/her context and bringing the themes together without cutting off his/her story, I decided to try a third analytic approach. I went back to each interview and allowed myself to organize their experiences into meaningful episodes.

This analytic approach was most satisfying, but I am not sure that I would have been able to give such rich detail to the participants lives if I had not gone into the two prior processes of analysis. In future, if my goal is qualitative analysis I would reverse the timing of the approaches to analysis and begin with the most holistic one.

Comparison and Conclusion

This thesis has shown me the powerful norms of quantitative analysis in the area of research. I had decided to do qualitative analysis, but at almost every stage of my data collection and analysis, the goal was displaced by the power of the quantitative research paradigm.

The two successive attempts at qualitative analysis (Content Analysis and Kirby and McKenna's approaches) began with the search for frequencies and variations of themes in the data to develop analytical themes. The analysis weaved the themes together into an integral picture of the occurrences under investigation. Even when these analyses were most successful, however, the underlying assumptions turned out to be quantitative.

There were several differences between the Content Analysis and Kirby and McKenna's approach to Grounded Theory analytic processes. In Kirby and McKenna's approach I generated categories from the data, and the categories elicited from the data were constantly compared with the data obtained earlier in the data collection process. Also commonalities and variations were determined by giving priority to the dialogue with every participant in the process. Therefore, each bit of data was given equal

opportunity to speak in the analysis.

The use of Kirby and McKenna's basic pattern for management of the data were of great help to organize the volume of data obtained from the qualitative interview. It allowed me to locate very quickly what I needed to work with. However, it did not allow the social context to emerge, because there were only pieces of the story and it was not possible to understand how the participants knew their world as a whole.

My personal approach permitted me to make connections and see the life of the individual person within the group, allowing social context to emerge. The critical reflection on the social context ensured an understanding of the meaning of each event in its temporal position and the participants' role as a comprehensible whole. What I have called "my personal approach", therefore, allowed me as the researcher and social analyst to understand individuals in their social context.

In carrying out my personal approach or what my advisor calls the "feminist contextualizing" approach, I focused on a small group of men and women, and the subjective experiences of their lives. Therefore, the focus was on the creation of knowledge through an inductive process (knowledge coming out of direct experience). However, the objective was not merely

to relate or describe their experiences, but also to reflect upon them within the broader context of the way in which perceptions of their lives were shaped by their illness as well as by the cultural and socio-economic conditions in which they lived.

CHAPTER 1V

Result of Demographic Data

This chapter presents the demographic information of the study and the findings obtained by comparing and contrasting the demographic data obtained using the quantitative and qualitative methods. In the first section of this chapter, a descriptive statistical analysis of averages, percentages, and standard deviations was used to describe and synthesize the demographic data. These statistical procedures allowed me to compress, arrange, rate, and interpret the data in a meaningful fashion (Polit and Hungler, 1991). In the second section, the quantitative method of presenting demographics is compared and contrasted with the qualitative method of presenting data using Content Analysis and Kirby and McKenna's approach to Grounded theory.

The demographic data obtained through the quantitative method maybe summarized as follows:

Age

The participants consisted of six women and four men, for a total of ten. The average age of the women (40.3 year) was less than the average age of the men (43.5 years). However, the standard deviation (sd) of the mean was larger for the

women (11.1 years) than the men (2.5 years), indicating that the age distribution in the women's sample was wider. The above shows an important difference in age by gender and reflects the fact that the sample included women in their twenties and in their fifties whereas all the men were in their forties.

Ethnicity

One woman and one man declared themselves to be Afro-American, whereas the other participants (five women and three men) declared themselves to be Creoles.

Education

In regards to education, women had more years of education (mean of 10.3) than man (mean 8.8). The women's levels of education also varied more than the men's education, with some women going beyond a high school education.

Employment

In terms of employment, every participant had a job in the last 6 months prior to the interview, with the exception of one woman. Although there does not seem to be any major difference in the average salary, some men seem to earn higher

wages than the higher salary in the women group as is shown in
the standard deviation. Four women had an active voluntary job
whereas only one man did.

Marital Status

The data on marital status show that one man and one
woman were married, two women were divorced, one man and one
woman were separated, and two men and two women were never
married. In terms of living arrangements none of the
participants lived alone: two men and two women lived with
parents, one man and one woman lived with their immediate
family, while three women and one man claimed to live with
their spouses. The responses to the marital status and living
arrangements questions appear to contradict each other,
because three women answered that they lived with their
spouses while only one woman claimed to be married.

Religion

The majority of the participants claimed to be members of
a religious organization of some sort. One man and three women
were Catholic, two women were Protestant, one man claimed to
follow the "Santería" religion, and two men and one woman did
not have any religion.

The quantitative method of presenting the demographic information was helpful because it reduced and could be summarized this data in one table (see Table 1).

Although I had anticipated the purpose of using qualitative methods to obtain demographic information in greater detail, I found myself producing quantitative information that was in some cases similar to the quantitative information produced with the quantitative method; in other cases more detailed information was obtained, and in other cases different information was obtained.

There was no difference in the demographic details using the quantitative and qualitative methods in relation to the number of participants in the study, their gender, and ethnic group. However, more detailed information was obtained using the qualitative method as to their age range, where they had spent most of their lives, their education, productive work place, and responsibility of child-rearing.

The participants ranged in age from twenty-five to fifty-three years. All the men were in their forties, two women were in their late twenties, and one woman was in her early fifties. None of the participants were in their thirties.

Table 1: Demographic data of participants			
	female (n=6)	male (n=4)	total (n=10)
age in years -mean (s.d.)	40.3 (11.1)	43.5 (2.5)	41.6 (8.5)
education in years -mean (s.d)	10.3 (4.2)	8.8 (1.9)	9.7 (3.4)
did work over 6 month period? total n (%)			
yes	5 (83.3)	4 (100)	9 (90)
no	1 (16.7)	0 (0)	1 (10)
income in pesos per month -mean (s.d)	87 (56)	99 (38)	92 (48)
has voluntary job: total n (%)			
yes	4 (66.7)	1 (25)	5 (50)
no	2 (33.3)	2 (50)	4 (40)
no answer	0 (0)	1 (25)	1 (10)
ethnic group: total n (%)			
afro-american	1 (16.7)	1 (25)	2 (20)
creole	5 (83.3)	3 (75)	8 (80)
marital status: total n (%)			
married	1 (16.7)	1 (25)	2 (20)
divorced	2 (33.3)	0 (0)	2 (20)
seperated	1 (16.7)	1 (25)	2 (20)
never married	2 (33.3)	2 (50)	4 (40)
living arrangements: total n (%)			
alone	0 (0)	0 (0)	0 (0)
with parents	2 (33.3)	2 (50)	4 (40)
with imm. family (spouse & children)	1 (16.7)	1 (25)	2 (20)
with spouse	3 (50)	1 (25)	4 (40)
religion: total n (%)			
catholic	3 (50)	1 (25)	4 (40)
santeria	0 (0)	1 (25)	1 (10)
protestant	2 (33.3)	0 (0)	2 (20)
none	1 (16.7)	2 (50)	3 (30)

In terms of education, detailed information was obtained
with the qualitative data. Of the ten participants, two women
started university but did not finish and two women had a
technical degree, one after finishing high school and the
other one after finishing junior high. One woman did not
finish high school, and one woman abandoned elementary school
at grade four. Two men had technical degrees, one man started
high school, and one man finished elementary; both men with
technical degrees completed them after finishing junior high.

In terms of productive work the qualitative data gives
more information. All the participants performed their
productive work in the psychiatric hospital; however, one
woman did not receive salary for this work. The participants
received an average salary of 75 Cuban pesos and most of them
also received a disability pension of 75 Cuban pesos. The
qualitative data also provides information as to the exact
location where the participants work within the hospital: one
man and three women worked in the Music Department, three men
in Human Resources, one woman in the Personnel Office, one
woman in the Cleaning Department, and one woman in the
Pentathlon team.

Also, the qualitative data offer the information that all
the women participants had been involved with somebody
important in their lives and as a result of these

relationships all women but one had from one to four children. All women who had children were responsible for child care.

By comparing and contrasting the quantitative and qualitative data I found that different information was obtained concerning the participants' religion, marital status, and living situation. In terms of religion according to the quantitative data three women and one man were Catholic, two were Protestant, one man claimed to follow the "Santería" religion, and two men and one woman did not have any religion. In contrast, when I coded the qualitative data, two men and three women were Catholic, one man and one woman were "Santería" followers, two women were Protestant, and only one man did not have any religion. The Catholic connection of one man had became clear. The reason for the additional "Santería" follower could be that the dynamic established between the participant and myself during the qualitative interview helped her to feel more comfortable, and she allowed herself to talk about her involvement with this religion. Anybody who practice "Santería" fears rejection because it is not officially recognized by the government.

In terms of marital status the quantitative data provide different information about women participants being married and never married, because the quantitative method of collecting data did not provide the opportunity to obtain

information for participants living in common law relationships. Also the quantitative method did not provide the possibility to get information about participants' living with partners, whereas the qualitative method does.

Summary

Use of the quantitative method to report the demographic data enabled me to obtain very quickly an overview of the participants. Because the response options were set, however the participants' choices were limited, whereas in the qualitative method the participants were offered the opportunity to give different responses and more detail. Thus the qualitative method allowed the participants to speak for themselves. The qualitative method produced more accurate demographic information on the participants and thus more valid data from the quantitative method, whereas the quantitative method is obviously less time-consuming.

CHAPTER V

Results of Quality of Life Data

The purpose of this chapter is to present and compare the qualitative and qualitative analysis of the quality of life data. As described in Chapter III, I analyzed the data collected with the semi-structured interview guide using three different approaches. After that experience, I reached the conclusion that the norms of quantitative analysis in the area of research are very powerful. I had decided to do qualitative analysis, but at almost every stage of my data collection and analysis, that qualitative goal was displaced by the power of the quantitative research paradigm.

Content Analysis, through identification of the categories, gave me a sense of some aspects of the participants' lives, but it did not enable me to understand how the participants knew their worlds. I found that Content Analysis is based on positivistic assumptions where the researcher collects data to answer his/her questions, and test hypotheses which he/she defines from the beginning using a specific theory. Its basic approach is searching for countable patterns.

The Kirby and McKenna approach to Grounded Theory was better, but the analytic approach was still based on

quantitative assumptions and it did not allow the social context to emerge. It restricted the analysis to only pieces of the story, and it was not possible to understand how the participants knew their world as a whole.

My personal approach permitted me to make connections and see the life of the individual person within the group, allowing the social context to emerge. The objective was to reflect upon the participants experiences within the broader context of the way in which perceptions of their lives were shaped by their illness as well as their social, economic, and cultural experiences.

The next section of this chapter presents the results obtained with the use of my Personal approach since this analytical approach is the one that I feel more comfortable with and is the only one that remained truly qualitative in its approach. (See Appendix E for the results of quality of life with the Content Analysis and Kirby and McKenna's approaches to analysis.)

Continuing with the idea of treating each participant as a whole and bringing the themes together without cutting off their story, I went back to each interview and allowed myself to organize their experiences into meaningful episodes. I was able to see that all of the women participating in this study

had a main occupation outside their home (productive work) and at the same time they work at their households (reproductive work) while the men participants only had to work at the hospital. I will deal first with the reproductive work of the men and women and then with their productive work.

Reproductive work

Food preparation, shopping, cooking, serving, and cleaning up afterwards, probably were the most time-consuming of the domestic tasks for the women participants. Most of the women were in charge of going to the shops to collect the family ration food that under the Cuban political system every Cuban had the right to receive. The shops did not have available a large variety of food, or all the food at the same time, and on many occasions women needed to make daily trips to the stores to find out if they had new products.

Not only did they have to undertake frequent shopping trips, but they also spent a large amount of time lining up to collect the food, and then the food had to be carried home. Some men mentioned that they also went to collect the food at the shops; however, they only went along with the female members of the household to help out with the heavy load. Men kept an eye on products available in the black market. When

they knew of the availability of goods, some of the men bought them in spite of the expense.

Once food was collected, it had to be prepared. All of the women were the first ones to get up in the morning to prepare breakfast for the residents of the household before they went to work. Some of the participants relied on help from their daughters or mothers during meal preparation, e.g. in Lucrecia's household, she prepared breakfast for herself and her youngest daughter while the oldest daughter did it for her husband. Since the participants of this study ate the main meal of the day at the hospital where they worked, women needed to leave prepared food that their family was going to consume that day, unless another female member stayed at home during the day. Some men mentioned being able to prepare light food like a sandwich or scrambled eggs; however, they considered it primarily a job for women.

Many actions related to food and its preparation are directly or indirectly influenced by the difficulties which exist with respect to shortages of services. The lack of refrigeration in the household meant that women were not able to collect products that were perishable unless they could be cooked and eaten the same day. The lack of gas or spare parts to repair broken stoves made more difficult the task of preparing food, and women relied on their own creativity to

have a meal to put at the table.

Along with food preparation, ironing and washing clothes were part of the reproductive work of the women in the study. The situation in Cuba was quite difficult with regard to washing clothes, because most of the women needed to do it by hand for lack of washing machines, or because they could not find parts to repair the machines that were out of order. Lucrecia told me that she put the towels and sheets in a big bucket with some soap and water and let them boil for the whole night. She did this every Friday night, because the following day she could scrub by hand the stains that were still in the cloth. Once scrubbed, the clothes were rinsed and squeezed by hand, and hung on a clothes line outside the house.

Once the clothes were dry they needed to be ironed. This was another domestic task of the women. Again, some of the participants had to rely on the help of other female members of the household when they could not do it. This work usually was hard to carry out, because there were frequent electrical failures and the clothes needed to be ironed when there was electricity available. This usually happened at midday when the women participants were working at the hospital.

Cleaning the house was another domestic task almost

exclusively performed by the women participants. María and Mónica said that they liked to scrub things and do the chores of the house, while Rocío saw it as her obligation. Being the only women in the house, she said: "I clean the house; I do everything in the house. My daughters have their own house and I stay with my sons. If they were women it would be different; they could help me, but what could they do?"

All of the women had been involved with somebody of the opposite gender during their reproductive lives. Most of the women, as a consequence of these relationships, had children and the responsibility for child-rearing had been carried by them. The male participants in this study did not have any children and had never been in charge of child-rearing.

In the course of my interviews with the women, it became obvious that the health of their families was also their responsibility. Rocío was responsible for taking care of her family when they were sick. She was in charge of, and controlled, her oldest son, who also suffers from schizophrenia, when he experienced aggressive episodes. She made sure he took his medication and went to see the doctor. Also when her youngest son and husband got sick she looked after them at home. She looked after her mother who did not live with her. Every day after work she went to see her mother, washed her, changed her clothes, and made the meal of

the day for her and the members of that household.

Often women relied on help from other female members of the family when they were unable to look after the sick. Inés took care of her daughter, but her mother helped her when she was at the hospital to see the doctor, while María relied on her sister to take care of her son when she went to work.

All the participants, male and female, were capable of looking after their own illness. They took their medication, went to see the doctor, and followed the advice of the medical personal. However, when they got sick most of them relied on help from other females. Rocío's daughter came from Santiago (the second city in Cuba) to take care of her, took her own daughter with her, and asked the school permission to attend classes in a school nearby Rocío's house. Lorena's daughters called the hospital and informed the doctors that their mother was having difficulties and maybe she needed to be admitted in the hospital. Rodolfo and Eduardo relied on their mother's help. Rodolfo asked his mother to prepare a special meal or get a pill for him, while Eduardo mentioned that his mother looked after all the members of the household if they got sick; however, if his mother was the one that got sick, his sisters took turns.

Lucrecia seemed to be different from the rest of the

women participants, because her husband (who also suffers from schizophrenia) shared the domestic activities. Both of them cooked. She cooked the evening meal, which is more elaborate, and he did the breakfast and he was in charge of doing the dishes. Both ate the main meal of the day at the hospital where they worked. Between the two of them, they cleaned the house 2 or 3 times a week: they did the bathroom, he mopped the floor, and she dusted the furniture. Every day he filled up the tank in the bathroom, while she did it in the kitchen.

By examining the reproductive work of the women participants, I identified several issues. Firstly, it was expected that women would carry out domestic work -that it was their role. Secondly, if there was help in the household with the domestic tasks it came mainly from other female family members. Thirdly, the work was emotionally and physically demanding. Fourthly, it was time-consuming.

Productive work

All the women first showed symptoms of schizophrenia in their early twenties and were able to develop skills which helped them to get a job related to their skills. Inés studied a technical degree in computers and was working in a computer factory; she was also involved in sports. Lucrecia studied in a mass organization that at that time was called "Popular

Teachers"; she worked for several years as a teaching assistant and at the same time she was quite involved in singing as professional. Lorena was able to finish her studies as a secretary and she was working for several years in that profession. María gave up high school and got involved in singing as a professional; she had several tours around Cuba and had a brilliant career. Rocío did not have any studies because she had been working cleaning floors since she was 9 years old; she was working at the psychiatric hospital in the cleaning department.

As a matter of fact, most of the women participants already were working in the hospital in areas related to their skill. Inés was part of the pentathlon team; Rocío was still working in the cleaning department; Lorena in the personnel office; and Lucrecia and María in the music department. This could be one of the reasons why they were quite happy with the work they performed in the hospital.

While all the men were working in the hospital, they were not involved in any kind of job related to the one they were doing before. In the hospital three of them worked as messengers in the Human Resources Department and one worked in the Music Department. Vicente left high school because he did not like it: he liked arts and started working in 1974 in designing, but he began to show symptoms of schizophrenia and

he was admitted to the hospital. Rodolfo, after finishing junior high, took a technical career but was unable to work because he got sick; Alejandro finished elementary school and he was working in the warehouse of the psychiatric hospital when he was diagnosed with schizophrenia; and Eduardo after finishing junior high, studied mechanics and worked for a short time in the petroleum industry before he got sick. All of them mentioned that they were not very happy with the work they performed at the present time, and they expressed a desire to go back to the jobs they had before.

The earnings of the participants were a combination of salary given by the hospital and a disability pension given by the government. With the exception of Inés, the rest of the participants got a salary for their work at the hospital. They received 75 Cuban pesos as a salary in the hospital and also got 75 Cuban pesos as a disability pension, giving an average earning of about 150 pesos (which is approximately CAN$150, at 1994 exchange rates). When I asked them if the money they received at the hospital was fair compensation, all the participants who got a salary had the opinion that the money they got was fair. Woman shared the opinion that the salary they received was fair because their job was not hard and their schedule was flexible, while men said that it was correct because they were patients of the hospital and the money they got was a way the hospital helped them.

Inés did not consider her activity in the hospital as work because she did not get money for it. She saw it as being part of the rehabilitation program. However, she had to practice five days a week from 8:00 am to 2:00 and represented Cuba in national and international events. She mentioned that although the First Panamerican Games for Mentally Challenged were over (Fall 1993), she needed to continue with her training for future games.

Music Department

The people involved in the music department had a flexible schedule since performances were not always at the same time. However, they practised regularly twice a week from 8:00 am to 2:00 pm. and when they had a concert schedule they went for rehearsals to the hospital every day as well as the day of the concert. The women mentioned to me that the last four months before the interview were very heavy for them because they were getting prepared for the concerts offered by the hospital for the big celebration of the hospital's 35 th. anniversary. They were practising everyday from 8 o'clock in the morning to 2 o' clock in the afternoon, and had presentations at the hospital and in the theatre which was their main responsibility. The man working in this area had not practised his instrument for the last three months, because his guitar was broken. As a result for the last two

months prior to the interview, he went to the hospital to sing a little bit and then he left after an hour or so, but he mentioned that as soon as the guitar is repaired, he would be able to play it and stay the same time as the rest of his co-workers.

Personnel Office and Cleaning Department

Lorena works in the personnel office as a secretary and Rocío in the cleaning department. Both work 8 hours daily from Monday to Friday. They had very clear responsibilities: Lorena wrote documents with the typewriter, delivered documents, and took care of telephones and working at the reception desk while Rocío was responsible for cleaning a ward of the hospital. She did the windows, swept and mopped the floors, dusted the furniture, and cleaned the bathrooms and walls in that area.

Human Resources

With the exception of Vicente all the men worked in this area as messengers. They worked from Monday to Friday and started working around 8:00 am. They had a very flexible time schedule as to when to leave and this depended on the load of work they had; however, usually they left after they came back from lunch. Their responsibility in this job was to take

documents to different areas of the hospital, deliver and pick up mail to and from different areas of the hospital and patients, and take mail to the post office.

All the participants in this study worked at the hospital not for survival, since their basic necessities, like clothing, education, food, health, and housing were covered by the Cuban socialist government, but because they were involved in the rehabilitation program in the hospital and productivity was seen in the psychiatric hospital as a very important element in the rehabilitation of these patients.

They knew that their work was part of their involvement in the rehabilitation program at the psychiatric hospital. Alejandro put it very clearly: "I am a person with difficulties and the hospital puts me under a rehabilitation program with doctor Ma. Elena. But I am an outpatient: I come and go as I please and I do not need to sleep in the hospital, because I have my own wife and my own house."

By examining the productive work of the participants, I identified several issues. First, it was expected that women would carry out domestic work while at the same time they were engaged in productive work. Secondly, the women's productive work was related to their skills. Thirdly, the productive work of women was performed in traditional jobs areas. Fourthly,

the productive work of men and women was not for survival but as a result of their involvement in the rehabilitation program at the hospital. Fifthly, their earnings, work days, and working hours were the same for men and women.

The Hospital

The psychiatric hospital played a major role in the lives of every single one of the participants, not only in terms of their being patients, but also because of the way the hospital touched all aspects of their lives. It was as though the hospital played the role of an extended family.

The hospital represented a secure place to ask for help when they were in trouble, a place where they were respected as human beings, a place where they could get goods when they needed them, a secure and pleasant place to rest if they needed to, a place where they could talk about personal problems and be helped, and a place they felt so as comfortable as if it were their second home.

The perception of the patients, men and women, was that the director of the hospital, Dr. Bernabe Ordaz, was like a big father who was worried about their health, struggled with them, and eased in any way possible their life. He personally had told them to go any time and tell him any kind of problem

they had and he would try to help them. Alejandro told me a
specific family problem where doctor Ordaz helped him: "When
my father got sick Dr. Ordaz helped me to get a bed in the
hospital. The general hospital was full and all the beds were
occupied, and it was possible to get him a bed just because he
called and arranged everything. When my father was discharged
from the hospital he gave me a mattress that I needed in the
house, the hospital gave it to me; I needed clothes -pyjamas-
to get him changed, because he was paralysed, he could not
move all this (right) side, he was incontinent so the hospital
got them for me, and after a long time Dr. Ordaz found me a
senior's home to put him in." Rocío said that when she had
felt "tormented until I talked with him. He listened to what
I had to say, and he has given me a desire to continue with
the struggle. I have a son who is schizophrenic and just few
months ago attempted to kill himself; Dr. Ordaz talked with me
and gave me advice of what to do."

All the women in the study saw Dr. Ordaz and the hospital
as a place where they were out of any danger. Lucrecia felt
protected when she was admitted to the hospital because Dr.
Ordaz gave her a safe place to be and gave her affection. She
said "that is why I always sing this song to Dr. Ordaz: "You
opened your heart and your good love to me and I made my nest
on you." María mentioned several occasions when she had spent
the night in the hospital because she did not want to go home

because she had problems with her father, or because she did not want to be late for work the following day after finished a late rehearsal and she could not find transportation, or other times when it rained and she did not want to get wet. "I ask the doctor to stay; the hospital gives me soap to wash my clothes, so they can be clean for the following day. They give me supper, a bed to sleep in, and the following morning they give me breakfast."

As I mentioned efore, the hospital provided the main meal of the day at the hospital for the men and women participants when they were working. This was not only a characteristic of the hospital, because every worker under the socialist system of Cuba had the right to receive this meal. Also, the hospital distributed additional coffee, tobacco, shoes, clothes, and any kind of goods that they needed besides the goods they received through the ration systems. Let me explain what I identified about the Cuban society through analysis of the qualitative questionnaires.

Society

Under the Cuban socialist government the basic necessities like education, food, health care, and housing for its population are covered. Through the ration system every Cuban was assigned a minimum of goods per member of the family

like appliances, clothing, and food. Alejandro's family had received a refrigerator ten years earlier, when the government had distributed some of them to the general population; while Lorena's also had a refrigerator but it was out of order, because they were not able to repair it. María mentioned that she only needed to pay for special things that they wished to have and were not available through the ration system.

All the men and women participants mentioned living with family members. A comment often made by some of the participants, men and women, was the fact that their houses were given to their parents or parents-in-law as a result of "the triumph of the Cuban Revolution." Vicente's parents had a house to live in, because "the Revolution gave the house to my parents, my family paid for several years 10 per cent of the household income until the price assigned by Urban Reform was covered. After my father died my mother, brother, sister, and I had the right to continue living there." Alejandro said "This house was given to me by the Revolution; it was given to my father and my mother, and when they died they gave it to me." Rodolfo said: "I live in a big house that was given to my father in 1961; it is product of the Revolution." Mónica said: "I do not pay rent, because my mother had a house given to her by the Revolution and I exchanged it for two rooms, one for my brother and one for me." The only thing they needed to pay in terms of housing were the services they consumed, such as gas,

electricity, and water.

As described in Chapter III and illustrated above, in carrying out this approach, I focused on a small group of men and women, and their subjective experiences of their lives. The focus was therefore on the creation of knowledge through an inductive process (knowledge coming out of direct experience). However, the purpose was not merely to relate or describe their experiences, but also to reflect upon them within the broader context of the way in which perceptions of their lives were shaped by the illness as well as their cultural features of their lives in Cuban society.

QUANTITATIVE

Both the individual experiences and the social context are not featured when I analyzed the structured questionnaire using the quantitative approach. Descriptive statistical analysis, averages and standard deviations were used to describe the data and synthesize the quality of life information obtained with the structured questionnaire.

The quality of life data obtained through the Quality of Life scale (quantitative method) is summarized as follows:

The results of the Quality of Life Scale for the sample

showed that the domains related to health, leisure activities, and social relations received the highest satisfaction rating (mean of 5.4, 5.3, and 5.2). Also the subjects did not express dissatisfaction with their general quality of life, living situation, and finances (mean of 4.9, 4.7, and 4.0).

An overall composite quality of life index did not show gender differences; however, when each of the six domains was evaluated separetely there were some differences. Women subjects tended to report higher score of satisfaction with leisure activities (mean of 5.6 (0.4)) than did men (mean of 4.9 (1.2)). Scores appeared similar for all other indices with the exception of health, ᵘhere women subjects showed satisfaction, but displayed a lower score (mean of 5.2 (1.1)) than did men participants (mean of 5.7 (0.7)). (See Table 2 which displays gender differences according to quality of life domains.)

Table 2: Perception of quality of life according to life domain score: mean (s.d.)			
Domain	female (n = 6)	male (n =4)	total (n = 10)
General QOL	5.0 (2.0)	4.8 (1.9)	4.9 (1.8)
Social Relations	5.2 (0.8)	5.1 (1.0)	5.2 (0.8)
Leisure Activities	5.6 (0.4)	4.9 (1.2)	5.3 (0.8)
Finances	4.2 (1.9)	3.8 (1.3)	4.0 (1.6)
Health	5.2 (1.1)	5.7 (0.7)	5.4 (1.0)
Living Situation	4.6 (1.2)	5.0 (0.5)	4.7 (0.9)

Satisfaction rating on a scale frⱼm 1 = very unsatisfactory to 7 = very satisfied

Similarities and differences of results between qualitative
and quantitative approaches

By comparing and contrasting the information of the
quality of life for the men and the women participants
obtained with the use of the qualitative and the quantitative
analysis, I found that in some cases more information was
acquired with the qualitative method than with the
quantitative method, and in other cases different information
and findings were obtained.

The quantitative method found similar quality of life
with respect to social relations for men and women, but the
qualitative method revealed different information related to
social relations in the household. I could see the dynamics in
the household, the very different roles that men and women had
in their reproductive work, and how they related to one
another. Also, women mentioned difficulties they had with the
men of the household when the man was alcoholic and abusive,
when the man did not share domestic tasks, or a husband did
not want to live with wife who "is crazy."

Additional information was obtained on the quality of
life in relation to their economic satisfaction. Men and women
worked in the same place, had the same schedule, and received
the same salary. They performed their productive work not for

survival but as part of their involvement in the rehabilitation program at the hospital. Also, since their basic necessities of clothing, education, housing, food, and health care were covered by the Cuban socialist government they did not have to spend money in these areas. This could be the reason why in the quantitative method men and women showed indifference to their economic satisfaction. It could also be that the concept of indifference is an inappropriate way of labelling the midpoint of the satisfaction scale.

With the exception of one woman, everybody else had previous productive work. These women performed their productive work in areas related to their previous experience in the workplace whereas men did not. This could be one of the reasons that the women expressed satisfaction with their productive work and would not change it if they had the opportunity to do so, whereas the men were not satisfied and wanted to go back to the kind of job they had before.

Religion was another area where the qualitative method obtained additional information. Women gave volunteer time to the church and went to religious events. Church was a place where they could socialize, while being involved in a religious activity gave them the sense of belonging. The qualitative method helped me to realize that the "Santería" religion was not socially accepted.

Women had the burden of the reproductive work. The men and most of the women believed that reproductive work was woman's role. Women had to get up early in the morning because they needed to get breakfast for everyone. Women took care of the family's health care needs as well as their own whereas the men had somebody (a woman) looking after their health.

Also the qualitative method uncovered the social context of the participants' lives, e.g. not being worried about a place to live or food to eat. In spite of having all the basic needs covered I could see how stressful it was for them to get to work or prepare food (e.g. transportation- they could walk for hours because the bus was unavailable; food preparation- they needed to cook with charcoal on the patio because the stove was broken).

Additional information was obtained about the participants' health. Men and women participants talked about specific examples of how taking medication affected their productive work performance, their social relations, their sexual life, their time for entertainment, and their daily activities.

The use of the qualitative method obtained information about how the hospital was so important for the men and the women participants. The hospital represents the equivalent of

a second home. It gave them supplies and it represented a secure place for protection, love, and advice. This institution was indispensable for them, not only in terms of a place where their health was taken care of but also as a place were they were included in productive and social activities. For both the men and the women participants Dr. Ordaz was the father figure and the hospital was a secure environment while it allowed them to be exposed as much as possible to the outside environment.

Overall, analysis of the quantitative data implies very little overall difference between women and men while the more qualitative data indicate starkly different patterns of activity and perception. The qualitative analysis also provides a more complete picture of quality of life of schizophrenics in Cuba and of the complex set of interrelationships between individuals, their illness, and the society.

CHAPTER VI

Conclusion

The purpose of this thesis was to evaluate the effectiveness of qualitative and quantitative methods in collecting and analyzing data about the quality of life of men and women with schizophrenia in Cuba.

The Quality of Life scale by Lehman treats men and women as one group. I demonstrated that it is not enough to have both men and women as subjects in research because neutral questions addressed to men and women hide the gender specific issues such as women's reproductive work. By comparison, through the use of the semi-structured interview guide (qualitative instrument) I showed that the inclusion of gender-specific questions helps to identify the different realities that men and women face. Successfully I was able to compare and contrast these two methods and to demonstrate that the use of the Quality of Life scale (quantitative instrument) obscures gender issues.

The norms of quantitative analysis in the area of research are very dominant. I learned that although Content Analysis is a method of handling qualitative data, at the end it produces quantitative results. I found that Content Analysis is based on positivistic assumptions where the

researcher collects data to answer his/her questions, and test hypotheses which he/she defines from the beginning using a specific theory. The Kirby and McKenna approach is based upon the constant comparative method and linking of bibbits to understand the specific and overall properties, patterns, and relationships between data and between groups of data. However, I found that categories were out of context when they were pulled out of the individual data and collated as a group.

The quantitative approach looked at the respondents as subjects used by the researcher for studying their quality of life from the perspective of the researcher whereas the qualitative approach looked at the respondents as individuals who provided the researcher with information relevant to the quality of life from the participants' frames of reference.

Insights Into The Process

1. In the collection of data process I paid too much attention to protecting the identity of the participants, and as a result I lost my focus and was not able to ensure that I had an even number of men and women participants for the study. While I agree it is important to protect the identity of the participants, I would recommend the development of gender-specific codes to identify participants. This could avoid the

mistake being repeated. In addition it would be better to use Arabic numbers instead of Roman ones to avoid confusion between letters and numbers which are similar.

2. In retrospect it would have been helpful to have spent more time at the site during data collection for the following two reasons: first, to follow the suggestion of Glaser and Straus that the size of the sample should not be predetermined but rather should depend on the accomplishment of theoretic saturation; and secondly, to review everything needed for the study. In the case of the latter, I could have noticed the mistake I made with the recording of the identity code if I had started the analysis of the data at the site, and before I completed the sample data collection.

3. Also, it would be helpful to have several interviews with participants to go over points that were confusing to the researcher. For example, it was not clear to me during the interview that some participants defined their monthly income, taking into consideration their disability pension while others did not. If I had the opportunity of another interview with the participants I could add specific question to know who gets a disability pension or who does not.

4. The use of a tape recorder to record field notes was very important in the qualitative analysis of the data. It

represented detailed notes of events and my reflections when I was at the site. Later in the analysis stage I used it to refresh my "memory" which after weeks and months of the observations, needed help to recall.

5. The semi-structured interview guide facilitated continuous interaction with the participants by not restricting the flow of ideas but rather encouraging them to tell their views about the different aspects of their lives. The qualitative method of data collection permitted the participants to speak for themselves and to give more accurate demographic information. It allowed an understanding of their quality of life from the participants' point of view. In contrast, the quantitative method limited the participants in their choice of an answer to the response options listed. For example, the option listed in the demographic information section on marital status failed to consider a homosexual relationship or a common law relationship. In their quality of life information the failure of the researcher to include reproductive work is a glaring example of how ∟ key piece of information which has a major impact on the individual's quality of life may be overlooked.

By comparison, the quantitative method offers measurement of "objective" information describing how the subjects responded to specific variables and reduced the subjects to mechanistic-like figures that are only a sum of their parts.

By using the qualitative method in this study, I was able to provide an understanding of the way the women and the men suffering with schizophrenia in Cuba face different realities from the participants' frames of reference.

6. The inclusion of specific questions addressing the participation of women in the process of development from the perspective of the division of labour by gender showed that women carry the heaviest burdens in reproductive work. Focusing on questions of men and women's work outside of the house, I was able to find out their actual experiences in productive work. Also by including gender questions in the household, I was able to show how it represents the primary site for the structuring of gender relations.

Recommendations

For the purpose of facilitating effective data collection I suggest that future research of this topic take into account the following:

1) to develop gender-specific codes to identify the participants,

2) to allow more time to be spent at the site to achieve theoretic saturation and/or to have everything needed for research completion,

3) to have more than one interview with participants to allow

the researcher to clarify points confusing to the researcher, and

4) to use a tape recorder to record field notes which then allows the researcher to recapture the exact words of the participants.

Implications

~he addition of gender differences into the quality of life research would change the trend in the scientific community by recognizing that men and women face different realities. Researchers of quality of life should address these gender differences. It will improve the participants' quality of life by carrying out assessments of men and women's needs that take into account these differences.

APPENDIX A
Demographic Section of the Questionnaire

"International Study to Measure The Quality of Life of People
with Schizophrenia Living in Four Countries: Canada, Cuba,
Mexico, and The U.S.A."

Schedule Title: Consumer Interview Cuba

Consumer/Client I.D. #____ ____ ____

BACKGROUND INFORMATION
1.GENDER

        1=Male
        2=Female

2.   AGE a.Date of Birth (day/month/year) _/_/_/ Age:_

3.   Ethnic Group a.What is the ethnic or national group
     that you identify with?
        1=Afroamerican
        2=Mestizo
        3=Native
        4=Creole

4.   EDUCATION a.What is the highest grade you completed in
     school?
        1= 1-12 ( )
        2= > 12 ( )

5.   MARITAL STATUS a.What is your marital status?
        1=Married
        2=Widowed
        3=Divorced
        4=Separated
        5=Never Married
        9=Refused to Answer

6.   RELATIONS a. With how you relate to?
        1=Immediate family
        2=Extended family
        3=All of the above
        4=Alone
        5=Other

7. LIVING ARRANGEMENTS a.What is your primary living arrangement?
      1=lives alone
      2=lives with parents
      3=lives with immediate family (uncles, grandparents, etc.)
      4=lives with spouse

8. RELIGION a. what is your religion now?
      1=Catholic
      2=Santeria
      3=Protestant
      4=none

9. VOCATIONAL/EMPLOYMENT a.Are you currently employed?:
      1=yes
      2=no

    b. If YES, how many MONTHS employed of the last 6? __
    c. Do you have a voluntary job?
      1=yes
      2=no

10. INCOME a. what is your monthly income? ___

APPENDIX B
Quality of Life Section of the Questionnaire

Patient No. ___

   Scale: Quality of Life (QOL)

   Instructions: Read out loud and give patient a 3 x 5 card
                  listing the response options.

                  "I am going to ask you 30 questions about how
                  you perceive your quality of life. There are
                  no correct or incorrect answers. As such,
                  please answer as best you can."

Response Options

              VU = very unsatisfied
              U   = unsatisfied
              SU = somewhat unsatisfied
              IND = indifferent
              SS = somewhat satisfied
              S   = satisfied
              VS = very satisfied

                    VU U SU IND SS S VS

A. SATISFACTION WITH SOCIAL RELATIONS

   1. How do you feel about ...
       a. activities you carry out
          with other people?   1 2 3 4 5 6 7

       b. people you live with?1 2 3 4 5 6 7

       c. how you relate to other
          people?   1 2 3 4 5 6 7

       d. your ability to get to
          know people with whom you
          genuinely feel good? 1 2 3 4 5 6 7

       e. the number of friends in
          your life?   1 2 3 4 5 6 7

       f. the amount of affection
          in your life?   1 2 3 4 5 6 7

       g. your sexual life?   1 2 3 4 5 6 7

RESPONSE OPTIONS

B. SATISFACTION WITH LEISURE ACTIVITIES

VU U SU IND SS S VS

2. How do you feel about ...
    a. the way you use your free time?
                              1 2 3 4 5 6 7

    b. having time to do the things
       you like to do?   1 2 3 4 5 6 7

    c. your capacity to enjoy pleasant and
       nice things?   1 2 3 4 5 6 7

    d. how you enjoy activities
                              1 2 3 4 5 6 7

    e. the time for resting in your
       life?   1 2 3 4 5 6 7

    f. the pleasure radio or
       television gives you?1 2 3 4 5 6 7

C. ECONOMIC SATISFACTION

3. How do you feel about ...

    a. the amount of money you
       have?   1 2 3 4 5 6 7

    b. what you have to pay for
       basic needs such as food,
       clothing and housing?
                              1 2 3 4 5 6 7

    c. your economic situation?
                              1 2 3 4 5 6 7

    d. the entertainment money
       you have?   1 2 3 4 5 6 7

RESPONSE OPTIONS

VU U SU IND SS S VS

D. SATISFACTION WITH HEALTH

4. How do you feel about ...

   a. your health in general?   1 2 3 4 5 6 7

   b. the medical attention
      available to you if you
      should need it?   1 2 3 4 5 6 7

   c. the frequency with which you
      see your doctor?   1 2 3 4 5 6 7

   d. the ease with which you can
      speak with your
      therapist/doctor?   1 2 3 4 5 6 7

   e. your physical condition? 1 2 3 4 5 6 7

   f. your emotional stability? 1 2 3 4 5 6 7

E. SATISFACTION WITH HOUSING

5. How do you feel about ...

   a. your housing situation?   1 2 3 4 5 6 7

   b. what you eat?   1 2 3 4 5 6 7

   c. the rules that exist in
      your home?   1 2 3 4 5 6 7

   d. the privacy you have in
      your home?   1 2 3 4 5 6 7

   e. the freedom you have in
      your home?   1 2 3 4 5 6 7

   f. the possibility of remaining
      in the home you are in now
      for a long time?   1 2 3 4 5 6 7

F. SATISFACTION WITH LIFE IN GENERAL

   6. How do you feel about ...

      a. your life in general?   1   2   3   4   5   6   7

         comments:

APPENDIX C

ENGLISH TRANSLATION OF
SEMI-STRUCTURED INTERVIEW GUIDE
ADMINISTERED IN SPANISH

I.   Where did your parents come from?
      In what country did you mainly grow up?

II.   Education
    1.Tell me how was the time you spent at school?
    2.When were you at school d/m/y?
    3.Did you have friends there?
    4.How were the teachers?
    5.Was there anything that you wanted to do and you were not
    allowed to do?
    6.Tell me about a good time at school.
    7.Tell me if you had a hard time in school.
    8.Have you ever taken any other classes, training, crafts?
        When   where   For how long?
    9.Do you want any more education?Why?

III. Religion
    You told me that you practice ... religion
    1.Tell me what your religion means to you.
    2.What is your parents' religion
    3.When was the last time you went to church?
    4.How often do you go?
    5.What do you do there?
    6.Who goes with you?

IV.   Household
    1.Have you ever lived with somebody you care about?
    2.Have you ever been married?
    3.Have you ever been engaged?
    4.Have you ever had a boy/girl friend?
    5.Are you satisfied with your present relationship?
    6.What kind of relationship would you like to have?

    1.Where do you live?

    1.Tell me who lives in your household ?
    2.What do they do?
    3.How old are they?
    4.Tell me about your relationship with the people you live
    with.
    5.What kind of disagreements are common at your house?
    6.How do you resolve them?

V.   Productive work
    1.Have you ever worked outside your home?

2.Tell me about your work.
3.How many hours do you work a day?
4.How many days a week?
5.Where do you work?
6.What do you do?
7.Do you get a salary?
8.Do you have control over your own money?
9.Are you happy with what you make?
10.What is your responsibility?
11.How long have you been working there?
12.How long do you plan to work there?
13.What is your main motivation for working?
14.How do you get along with your coworkers?
15.Do you have any close friends there?
16.How do you get along with the manager?
17.Do you do any kind of activity with your coworkers outside your work place?
18.Tell me about the happiest day you have ever had at your job?
19.Tell me the hardest day at you have ever had at your job?
20.What do you like best about your job?
21.Is there any kind of job you would rather do if you have the chance?
22.How do your family feel about you working?

VI. Reproductive work
  1.Tell me about your normal day.
  2.What do you do as soon you get up from bed?
  3.Who prepares your meals?
  4.food preparation
                    shopping
                    cooking
                    serving and cleaning afterwards
  5.laundry
                    how?
                    where?
                    how often?
                    how long?
  6.ironing
                    how?
                    where?
                    how often?
                    how long?
  7.Health care family responsibility
  8.Who stays at home to look after the sick?
  9.What would it mean for your family if you were not able to do...
  10.How would it impact on your family?
  11.Tell me what do you do when you are not working outside or inside your household?
  12.How often do you do...?
  13.What do you do ... with?

APPENDIX D

EXPLANATION OF FILES TO ORGANIZE DATA

Identity file

The first file contains a list of research participants, with their names and their coded identities. I had already done this when I was using Content Analysis. The original file was placed on computer and a copy was kept in a back-up document file. The code in Roman numerals indicates the order in which I did the interviews and the initials of the participants.

Tape file

The tape file contains the number of the audio tapes I made in Cuba during the interviews with the participants and the list of names of the participants taped on it. It looked like this:

Tape number	Coded names
#001A	IVMM,IILFLL
#001B	IIIRP, IVIM
#002A	VMRC, VILGF
#002B	VIIARP, VIIIEDP
#003A	IXMM, XMNQ

Document file

This file contains the original questionnaire and guide, in English and Spanish, original field notes, and original transcripts.

Content file

This file contains a copy of the original data and it is located in the computer under the name "Content."

Process file

It contains a record of each step I took in the research process and reflections I had in the process. The information is ordered chronologically.

APPENDIX E

DEMOGRAPHIC INFORMATION AND

QUALITY OF LIFE RESULTS WITH QUALITATIVE DATA

Content Analysis

In Content Analysis the approach is to compare the data using themes as units of analysis and then link them with the category system. This involved discovering the common and uncommon themes across the participants' responses. In this approach I counted the frequency with which certain themes were supported by the data, leaving out the themes that were not repeated. In Content analysis the higher percentages or proportions reflect higher concern with a specific category of themes.

I identified five categories in the participants' interviews: education, religion, their families, their work (both productive and reproductive), and the hospital. Only the first three and a half catego ies will be presented, since I stopped using Content Analysis since I was not satisfied with this methodology. (See chapter III for more explanation).

Education

In response to the question regarding the time they spent at school everybody stated that they have very good memories

of their school years, and good relationships with their teachers, and classmates. Most of the men and women (90 per cent) enjoyed the social activities they shared with their classmates and school personnel. One women described how enjoyable the occasion had been when parents, students, and teachers celebrated together the end of the school year, having a party with music and food. Another woman said "Mainly at the end of the school year our teachers, parents, and ourselves got together in the gymnasium to celebrate. The teachers talked with our parents and told them how well or badly we did in that year. We had cake, drinks, music, and certificates were given to the best students. This really motivated me to continue in the school."

Everybody (100 per cent of the participants) mentioned that they had difficulties with mathematics and that the teachers tried to do their best, explaining the material over and over. For example, two women mentioned having problems in class with an exercise involving mathematics and teachers spending time to explain it and one man said "I did not understand anything about numbers."

One man and one woman said that they were not interested in science subjects but more with arts, specifically with music and painting. The man said "At school I enjoyed drawing, painting and literature, I was very good in literature." The

woman said "I was responsible for the cultural activities in high school, I was very active as participant and organizer. I played the piano and the accordion, and I took part in plays."

One man and one woman, said they were very quiet, almost withdrawn from the class. They said that even the teachers did not know if they were in the classroom. The man said "My life at school was very normal-well a bit abnormal, because the teacher never knew if I were at class or not. I always sat down in the last row of the classroom."

In terms of friendship at school most of them had difficulties in making meaningful friends, with the exception of one women who has continued seeing some of her old classmates in her neighbourhood. One of the men remembers he felt very proud when his girl friend at the time was chosen as Queen in the Carnival.

In response to the question regarding recalling problems they had at school in their school years, with the exception of one man and one woman the rest do not remember having any difficulties. The woman had problems because she liked to play all the time and she enjoyed being with boys. "In junior high I had a friend who was in another class and I wanted to spend more time with him, so I visited him skipping my own

class until my mother found out and got very angry at me." The man had frequent fights with his classmates, resulting in bruises, torn clothes, and exchange of words.

One of the women who started university was studying Commerce and the other one was studying Economics. Both mentioned leaving their studies because they were in a lot of stress, (e.g."at the end of the course I was very nervous and the exams were very heavy; I decided not to continue because I was becoming crazy"). The woman who abandoned elementary school at grade four explained that she could not continue studying because "we were too many children, we were very poor, and at nine years old I had to start working, cleaning floors."

Both men who had technical degrees did them after finishing junior high, while the man who started high school did not finish because he was not interested in school and "I wanted to do something in arts, I like music and poetry, plus I was not feeling good, I was very depressed." The man who did not finish elementary did not mention any reason for stopping.

One of the men and two of the women (about 30 per cent of the participants) reported that they quit school because they got very nervous, were anxious in class at the time of exams, and found it very difficult to follow the school's material.

All of them would like to have more formal education. However, they are convinced they cannot study any more, because of the presence of their illness. They share the opinion that they have difficulties in concentrating, remembering things, tiring easily, and being sleepy because they need to take medication.

Religion

Three of the four men and four of the six women who mentioned having a religion ask for favours, follow the rules of the religion they belong to, go often to religious ceremonies, and pray. The other two women believe in God, pray, and ask for favours, but do not go to church. One man does not practice his religion "I believed in Gods but I do not go to church." The other man mentioned not belonging to any religious organization. The family of two men and two women share the same religion practices and beliefs. Two women see the church as the place to be with friends "talk about our problems and give advice to each other" and "some times we go to social activities out of the church." My conclusion of this section is that women are more involved in religious activities than men, they give time to the church, practice their religion, and in general feel that they belong to a group.

Their families

The answers to marital status lead me to conclude that all
women have been involved with somebody important in their
lives and are, or were, responsible for their children. Of
the six women one is currently married, two live with a
partner, two are divorced, and one has never been married. As
a consequence of these relationships five women had from 1 to
4 children, one woman had a partner but did not have any
children. Two of these women at the present time do not share
their household with their children, one of them because the
son moved out of the house when he got married (six months
before the interview) and now lives with his wife; and the
other one, because after her divorce she was admitted to the
psychiatric hospital for treatment and they were given to the
mother in law for custody.

Fifty per cent of the participants live in apartments and
fifty per cent in houses. Two of the men and one woman
mentioned that they have these places to live in because the
(Cuban) "Revolution" gave them to their parents thirty years
ago.

Two of the women's households are to be renovated because
the space is to small for the number of people living under
the same roof. "My house is to small, it has only one room and

my father sleeps in the living room on a mattress on the floor."

None of the participants live by themselves. One man lives with his mother, one woman lives with her father. One man and two women live with a partner (who are also schizophrenics). Two men share their household with their parents, brothers, and sisters. One women lives with her daughters and son in law. One woman live with her sons and husband.

Everybody shares the opinion that having a psychiatric illness has created problems for a stable and satisfactory sexual relationship. One man says that he was living with a woman for four years until he was admitted to the hospital and now he needs to take medication which "makes me sleepy." One woman says she does not have time for a relationship, because she needs to take her medication and go to bed early. One man says he cannot have a relationship with women because he has a mental problem and quite often he has crises. "I would like somebody who understands I have a psychiatric illness. That could help me. I cannot hurt myself physically because I could have a relapse. I could go to the beach for one night or two, go from one party to another, but I need to take my medication, I need to sleep, I cannot do that."

Two men stated that they have a good relationship with the members of the household. One man and one woman said they get along very well; although, he would like to have their own space. The man said "... very well but the best is to have your own, in one word independence."

Four woman had difficulties in their household, due to a variety of reasons: male qualitative, an uncooperative son-in-law, and mental illness by female family members. The woman who lived with her parents moved out of her husband's house, about six months prior to the interview. She explained that "we always had difficulties because I have a mental illness." The woman who lives only with her father has frequent arguments with him, and when he drinks he abuses her: "he drinks a lot and does things that he should not do (hits me). He does not think, he yells at me and says things..." The woman who shares the household with her two sons and the husband said that "we split four years ago but we live in the same house; he drinks and there are constant arguments with everybody in the house and in the neighbourhood." The last woman gets along with her daughters but the problem is the son-in-law, "...my son in law does not share the women's work; he says that women are the ones to have this. He is not a very domestic person, because he is in the military... Sometimes he helps but when he wants, not when he is asked." Most of these women avoided having contact with the male in conflict. One

said "I have not seen my father for 8 days, ... I called him to let him know were I am." Another one said "every time I fought with the father of my daughter I need to pick up my things and come back to my mothers house."

The man and the two women whose partner are also schizophrenics did not have any problem with their relationship. The woman said "I interpret that we are making a life together, trying to live under a special situation. For the others we are patients, whereas we see ourselves as two people with problems and we treat each other with respect and consideration."

In summary, none of the participants lived by her/himself. There are gender differences of satisfaction with social relationship in the household, all (100 %) of the men reported being satisfied while 66 % of the women were not due to problems with males in the household. It is interesting to notice that two (33 %) of the women reported satisfaction sharing their household with husbands/partners who were also schizophrenics.

Their Productive Work

One men and three women worked in the Music Department. There is no difference in the activities performed by men or

women since both played an instrument and sing. The man said:
"I work as guitar player and singer", while one of the woman
said: "I work here; in the hospital I accompany with the piano
and also sing." Both women received 75 pesos as salary plus 75
pesos for a disability pension. The third woman and the man
received the same salary but did not mention having a
disability pension. All of them have the same schedule for
work (Tuesdays and Fridays), from 8 am to 2:00 pm, and when
they need to perform for visitors in the hospital or theatre.
In a working day all the participants eat lunch with the
personnel of the hospital.

Three men worked in Human Resources as messengers. Their
responsibility was to take documents to different areas of the
hospital- delivering the mail to patients, taking mail to the
mail office, and delivering and taking messages. All of them
went to work from Monday to Friday. They mentioned that their
working hours are very flexible and although theoretically
their schedule is from 8 am to 2 pm, they could perform their
work in 2 or 3 hours: "I am going to be honest with you. I
could do my job in a couple of hours; sometimes I do not have
anything to do, so I tell the secretary that I am going to the
ward to pick up my medicine and visit some of the patients; by
then it is time for lunch so I go to eat. After lunch I check
if something needs to be done and I go back home around 2 pm."
All of them received a salary from the hospital and a

disability pension, earning an average of 150 Cuban pesos a month, and also eat the main meal of the day at the hospital with co-workers.

Three woman worked eight hours from Monday to Friday, and two of them received disability pension of 75 pesos and salary of 75 pesos whereas the third one did not get any. One worked as secretary in the Personnel Office, the second one in the Cleaning department, and the third one in the Pentathlon team of the hospital.

Of the ten participants, all of the men and five women had previous employment experience. They used to work full time, seven days a week, and got a salary for their work. One woman worked for several years in the hospital in the cleaning department before she was diagnosed with schizophrenia. She stills works there. One man worked in the hospital in a different area than he is in at the present time. However, he was diagnosed with schizophrenia and he was moved from the previous working area: "I had a crisis and I was readmitted to the hospital for six months, after that I was assigned to this job." One women did not have any work experience before she was diagnosed with schizophrenia when she was studying.

In response to the question regarding how they feel about the salary they get, two men and one woman say they are

thankful to have a job in the hospital despite being patients. Two men and three women said it is fair. The first man and the first woman share the opinion that it is fair because they get shoes, medicine, and food; the second man and the second woman say it is fair, because the work they perform is easy, they do not have to do a lot, and they do not have any pressures; the third woman said it is fair because she works only part-time and has the afternoon free. One woman said she was happy because "here they give me my cigars and they give me coffee, both things are very important for me." Also two men said they compensates the salary they get at the hospital by selling the cigars, rum, and tobacco that the hospital gives them.

The women's opinions about relationships with the people working at the hospital is shared by the men. The four men felt very comfortable with the co-workers: "I get along with them very well, although I am a patient they treat me as an equal." Three of them considered some of their co-workers as friends. One co-worker goes to their houses, has good conversations, talks about their problems, and gives advice about things they could do to resolve them: "... here I have two or three friends. Despite the fact that they have their problems too, they have shown that they are good people, so I can tell them some things about myself."

The women also said they have a very good relationship with

the people they work with. However, they do not spend any time with them outside of the hospital: "I see them here in the hospital the eight hours we are together working here." Three of the women said they go from the hospital to their houses, where they have children to tend to and/or house chores to do: "I have responsibilities at home and I cannot go out ...I have to see my sons." The other two women said they always go out with their husbands.

In summary, of the ten participants one woman did not get paid for her work. The workplace for men and women is within the hospital and there are not gender differences for salary received or working hours. Everybody is satisfied with their salary and there are no differences between men and women with their satisfaction in social relationship with their co-workers. In a working day all the participants ate lunch with the personnel of the hospital. With the exception of one women, everybody else had previous working experience.

Results of analysis of the data using Kirby and McKenna's
Approach to Grounded Theory

The purpose of enquiry in Kirby and McKenna's approach is to
identify the properties existing in the participants' world
and to gain a fuller understanding of what constituted their
reality in their particular setting. The general analytical
process involves examining the data until specific patterns
are identified. This is done through constant comparison of
data items with other data items until sections that seemed to
help to describe something are identified and put together in
a category file.

In the analysis of the interview using Grounded Theory, six
categories emerged: family life, finances/material comfort,
health, social life/use of spare time, spiritual life, and
work (paid and unpaid). However for purposes of comparing and
contrasting aspects of this analysis, only the first three
categories are presented.

FAMILY LIFE

I heard a common voice among women participants of a sense
of power when the place they were living in was owned by them.
A woman said: "I own my house; I share my house with my son-
in-law. Sometimes we have difficulties but I do face up to

him. Because this is not his house he stops shouting and calms down." Another women said "I do not pay rent, because my mother had a house and I exchanged it for two rooms, one for my brother and one for me, and since last March I am sharing it with my husband."

Also those women who were not the owners of the household felt powerless because they did not have any option other than to accept the abuse by the male owner of the house, because they needed a p ice to live. A women said "I live with my father, my mother is now dead, and my sister is married. He drinks a lot and he does things that he should not do." Another woman said "I live with my husband; he shares the house with me. I am not very happy to live with him, but my sons and I do not have any other option; there is no place to go." Another woman expressed "every time I fight with the father of my daughter he tells me to go away. I need to pick up my things and come back to my mother's house."

All the men were satisfied with their family relations "My mother and I have a very good relationship. We do not have arguments, and the rules are very informal. She lets me be, and I do what I want," "I have a good relationship with everybody, and nobody tells me what to do."

The participants described their house in terms of little or

big depending on the number of people living under the same roof. One women said "I live with my daughter, my parents and my brother, and the house is very small. It has only one bedroom and my father sometimes needs to sleep on the floor on top of a blanket or mat." Another women said "I live with my two sons and my husband. I have a small house, with a bathroom, and two bedrooms. My husband has his own room in the house." A man mentioned "I live in a big house with my mother. My brother was a physician. He died when he was 29 years old, then my stepfather died, and my sister got a house in front of the Technological Institute where she works, so my mother and I were left alone." Another man said, "I live in a big house. I live with my parents, four brothers, and one sister. But less than a year ago my sister-in-law and my niece were living with us. The house is big but, for so many people there was not enough space; we were feeling it small."

Some of the women participants mentioned that their households were in the process of renovation to accommodate the number of people living in them. For example, one said "in the living room there is a division made of cardboard, like a room, in which my daughter sleeps with her husband." Another one explained, "At the present time we are building an extension in the house; we are going to have two bedrooms." Another one reported "I have a room that has been remodelled as an apartment."

FINANCES/MATERIAL COMFORT

After analyzing the data, I identified the following four
themes under the general heading of Finances/Material Comfort:
appliances, clothing, food, and transportation.

Appliances:

Most of the men participants described the kind of
appliances they had in their houses when they talked about
material things they have in their household. When women
mentioned appliances they focused on difficulties or
facilities they encountered to make that appliances work in
their daily life. A man said "we have television, a radio,
refrigerator, ..." A woman said "The fridge is broken; it is
very difficult to get fluid and weights. We need to cook
exactly what we are going to eat in order to avoid the food
from getting spoiled."

Clothing:

Clothing was another area identified under the category of
material comfort. Everybody, men and women participants,
mentioned that the government gave them clothes through the
ration system and if they needed more the hospital would
provide more; "the hospital gives me clothes, plus the ones we
get from the ration," "when I need shoes the hospital gives
them to me." As a result, they did not have to spend money on

clothing.

Food:

Men and women participants described the ration system in Cuba and the difficulties they had lately to get products through this system.[3] However, the women generally expressed satisfaction with they lacked variety of food for consumption, although they said: "I am satisfied with the amount of food I have. There is not too much food variety but we are not hungry." The men were less satisfied. They were complaining about shortage of food and were keeping an eye on the black market for products not available through the ration system. One man said: "Sometimes you do not get what you like and if I can find them somewhere else I buy them." Women said that if they cannot find a variety of food they just needed to create different dishes with what they could find.

Both men and women participants mentioned that the hospital gave them the main meal of the day when they were working at the hospital; "When I am working at the hospital I get the main meal of the day free."

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[3] At the time of the interview Cuba was suffering great economic difficulties (known as the Special Period) due to the withdrawal of economic help from the former Soviet Union and the blockade imposed by the United States. Everything was scarce and everybody was suffering the consequences.

Transportation:

   All the participants, men and women, mentioned that in Cuba
it was very difficult to use public transportation, because
there is a lack of gasoline and the buses took a lot of time
to come.[4] A women said "I get up each morning very early,
because I need to take the bus and lately with the "Special
Period" there is shortage of transportation." Another women
mentioned that because she did not live close to the hospital
when she needed to be at work early in the morning for an
special event, she made sure that she did not have any
difficulties by sleeping in the hospital. Another women said
that she did not wait for the bus. She walked several hours or
asked for a ride to get to her job. A man said "Nowadays
transportation is difficult because of the "Special Period";
I live far from the hospital and most of the time I wait at
the bus stop for hours." Another man said "It is very
difficult to get the bus, but I manage to go anywhere I want."

HEALTH

   Most of the women pointed out how and when they started
showing symptoms of schizophrenia, whereas the men could not.
For example one of the woman explained "I was 29 years old. I
was working and I discovered that my husband was having an
affair. After that I abandoned my husband's house, took my

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[4]Transportation was hard hit during the Special Period

kids with me, and rented an apartment. I was desperate and I admit I had a big problem. I had a very big disassociation in my life, after knowing that the man I loved so much cheated on me. I found myself without protection and without help. My husband and mother-in-law decided that I was sick and took me to Mental Health."

Men and women participants mentioned that taking medication affects their area of socialization. Some of the men and women participants mentioned that the medication made them feel sleepy, and they needed to take naps and go to bed early at night. They felt that because they need to take their medication, they were not able to stay out late in social gatherings, because they needed to follow a restricted rest time. One man said, "I know that I have a mental illness and I can not abuse myself physically. I can not go from one party to another one, because I have to go to sleep after I take my medication." Another man said, "I can go to the beach for one or two nights, but I can not drink because I need to take my medicine. If not, I could have another relapse."

One of the woman mentioned that because she suffers from schizophrenia she could not work (she did not recognize that her activity as the hospital was work) and depended on her brother's and mother's help: "Because I am under psychiatric treatment, my mother needs to help me with my daughter. My

brother needs to give me money just because I can not work."

Some of the women mentioned that quite often they had difficulties in finishing something that they started; "I am sick of my nerves, I am always from one place to another, and I cannot stay still. I leave what I am doing but, I always go back and finish what I start."

The men and women participants mentioned that at least for the last twelve months they had not been admitted in the psychiatric hospital. They were currently being seen in the hospital outpatient department, they were taking medication, and they were enroled in a rehabilitation program.

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