

## Research Paper



# The Lived Experience of Schizophrenic Patients from COVID-19 During Quarantine

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**Abstract**

**Introduction and Objective:** A thorough understanding of how people with schizophrenia experience critical situations such as an epidemic is important. Therefore, this study was conducted to analyze the lived experiences of patients with schizophrenia residing in a care center during the COVID-19 pandemic.

**Research Methodology:** The qualitative research method used was phenomenology. Patients with schizophrenia who were residing at the Sarai Ehsan Rehabilitation Center were selected purposefully. Based on the rule of theoretical saturation, sampling continued until 31 patients were included. Data were collected through semi-structured interviews. The analysis method followed Colaizzi's approach, and the data were manually analyzed by the researchers.

**Findings:** Data analysis led to the identification of 308 primary codes. Five main themes were extracted: (1) patients' perceptions and causes of the disease, (2) patients' views about quarantine, (3) feelings and emotions during the period of quarantine and illness, (4) patients' actions during the period of quarantine and illness, and (5) sources of information about the disease. These main themes included 32 sub-themes.

**Conclusion:** The findings suggest that the Coronavirus pandemic and the resulting quarantine significantly affected the experiences of patients with schizophrenia. Psychiatrists and clinical psychologists are encouraged to use these findings in the treatment of patients with schizophrenia during infectious disease outbreaks.

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## Introduction

In 2020, there was a crisis in the field of public health the world caused by the Coronavirus (Covid-19) pandemic, which spread from China to the whole world in a short period and became a serious threat to people (Jiang, et al., 2020). Due to the rapid and deadly spread of the coronavirus, it caused many psychological problems (Bagheri, et al., 2023). These problems involved different people from different aspects (Raiisi & Riyassi 2022). The spread of the coronavirus caused severe anxiety about this disease, which caused dysfunction in most people and paralyzed life in a way (Garavand, 2022).

One of the important threats of the Coronavirus was to involve institutional people as the target population (Yuan, et al. 2022). In this situation, the target groups and population were the elderly, mentally and physically disabled, and patients with mental disorders who stayed in day and night centers (Wang, et al., 2020). Considering the way of life of the target groups in the centers, it brings serious psychological risks (Xie, et al., 2023). Therefore, in this situation, the focus of the medical staff and specialists is on the treatment of the disease and primary care, including observing physical distance, and observing hygiene (Cacioppo, et al., 2021). Because being in an institution and staying daily or overnight can lead to the spread of diseases and certain experiences (Friedman, 2022). Therefore, the staff of the institutions are inevitably forced to apply strict quarantine (Mendoza-Ruvalcaba, et al., 2022).

Quarantine produces different psychological aspects (Bonati, et al., 2022). Quarantine is defined as the separation and restriction of movement of people who are potentially exposed to a contagious disease to reduce the spread of the disease and reduce the risk of infection to others (Jin, et al, 2021). People's lived experiences of quarantine during the coronavirus pandemic have mostly centered around these things; Creating negative feelings, confusion and pessimism, development of obsessive behavior about the body and washing, concern about the health of the family, economic and social concerns, fear of the tomorrow of freedom from the virus (Khodabakhshi-koolae, 2020). Quarantine of special target groups in boarding centers is one of the effective measures for this purpose, but it produces more emotional load for the supervised and the institutional people (Onyeaka, 2021). In addition to restricting travel, the spread of the disease leads to a reduction or interruption of the emotional and social relationships of patients with their families (Park, 2021). Reducing or stopping temporary discharge, or in other words, complete disconnection from the environment outside the center, anxiety, stress, the possibility of the presence of the virus in the center, stress caused by quarantine in the isolation room to get a positive corona test, worry about the condition of their families, boredom, fear of death due to disease is another factor affecting these people (Pfefferbaum & North, 2020).

Schizophrenic patients, like all people living in institutions, had psychological problems in the face of COVID-19 (Hoşgelen & Alptekin, 2021).). The results of a study showed that schizophrenic patients who have been in quarantine for almost a year show similar concerns with their caregivers in the field of health and social life (Caqueo-Urizar, et al., 2021). Schizophrenia patients suffering from social isolation due to COVID-19 endured a heavy psychological and emotional burden. Forced quarantine and social isolation caused patients to develop a weak inflammatory state. They endured severe anxiety and their sleep quality was worse (Ma, et al., 2020).

The best way to investigate the feelings and emotions of certain people during the quarantine of COVID-19 is through phenomenological studies. A study in autistics indicated restrictions in routine activities are likely to cause psychological stress, leading to exacerbation of challenging behaviors, and increased use of illegal drugs (Courtenay & Perera, 2020). A study entitled *The Lived Experience of People with obsessive-compulsive Disorder* under the influence of the spread of Coronavirus disease showed the organizing themes were: cognition (catastrophizing, critical thinking, extreme responsibility, and labeling), emotion (anger, fear, guilt), behavior (examination, extreme washing, avoidance), lifestyle (interactions, sports, work/study, recreation). These organizing themes are essentially the same as the main components (Hashemi, et al., 2022). The results of another study showed that patients with obsessive-compulsive disorder have experienced psychological pressures, numerous problems, and the aggravation of their disorder during the Coronavirus pandemic (Linde, et al., 2022). Lived experiences of serious mental patients with coronavirus and quarantine indicated people with schizophrenia were more likely to endorse feeling sad or anxious, having trouble concentrating, or worrying about medical bills and having enough to eat. They also reported a significant increase in smoking (Dickerson, et al. 2022). A phenomenology of the Covid-19 pandemic experience in Schizophrenic patients indicated different experiences. Reactions to information about the pandemic, subjective evaluation of the impact of the epidemic on the mental health of patients, patients' attitudes towards restrictions and temporary quarantines, psychiatric treatment, and psychotherapy during the pandemic were common (Kotlarska, et al., 2021). Another study showed that people with schizophrenia distanced themselves from the usual care they received before COVID-19, faced a dual threat from emerging mental illness and infectious disease, and experienced unequal and contradictory conditions (Shin & Joung, 2023).

Examining the lived experience of schizophrenic patients from the experiences of the quarantine period caused by widespread diseases in sanatoriums can help researchers understand the clinical conditions of these patients. This kind of study can help to identify similar critical conditions for these patients. Although the era of the corona pandemic is over, there is still the possibility of the spread of all kinds of viruses. During the last few years,

especially in the cold seasons, we have seen the spread of influenza in the country. These influenzas are not as dangerous as the Covid-19 virus, but they require short-term quarantine. It should be noted that widespread influenzas may exacerbate the clinical conditions of these patients or trigger a worse situation. On the top of that, such studies can be helpful for similar conditions. Therefore, the current study seeks to investigate the lived experiences of schizophrenic patients from being quarantined during the coronavirus pandemic.

### Methodology

This study is in terms of qualitative research approach and in terms of phenomenological method. The reason for choosing the phenomenological method was that, based on a logical assumption, these people were the best reference for describing the situation, feelings, and experiences in their own words (Neubauer, et al., 2019). The statistical population of this study included all schizophrenic patients in Tehran province who were hospitalized in nursing homes in 2020. Schizophrenia patients who were kept in Sarai Ehsan Rehabilitation Center were selected purposefully. Based on the rule of theoretical saturation, sampling continued until 31 patients. The admission criteria for one of the types of schizophrenia were the absence of mental retardation, reading, and writing literacy, and being a resident in the center during the quarantine period. The data collection method was a semi-structured interview. The duration of the interview for each participant was between 30 and 45 minutes. Before starting the interview, the confidentiality of the information and the withdrawal of the patient from the study for any reason were explained. Interviews with semi-structured questions included: "What do you know about Coronavirus?", "What do you think about life in quarantine?", "How did you feel when the Coronavirus came to Sarai Ehsan center?", "How did you live in Sarai Ehsan despite the Coronavirus?", "Did you get Coronavirus?", "What was your experience with Coronavirus disease?", "How do you get information about Coronavirus?", "How did the staff treat you during this course?". "Was the experience of being in quarantine during the Corona era the same or different from the experiences before the Corona outbreak?". Or "Do you think this situation will continue after the end of the Coronavirus epidemic?".

In addition, exploratory questions were asked to complete the information. For example; Please explain more about this issue. Give an example. To clarify the experiences of patients, the obtained information was studied several times. For data analysis, the seven-step Colaizzi method was used. In this analytical approach, the following steps were taken: 1) Read carefully all the descriptions and important findings of the participants, 2) Extracting important phrases and sentences related to the phenomenon, 3) Conceptualization of extracted important sentences, 4) Sort participant descriptions and common themes into specific categories, 5) Converting all inferred opinions into comprehensive and complete descriptions, 6) Converting complete descriptions of the phenomenon into a real summary description, and 7) Final validation (Wirihana, et al., 2018). In addition, the unit was to analyze the experience of schizophrenic patients from being quarantined during the coronavirus outbreak.

By carefully studying these texts, first, for each of the prepared interviews, all independent ideas were identified in the form of the main concept and sub-themes, and then a code was assigned to each one. This was done for each of the interviews. If there were sections with similar themes in the text of previous interviews, the same previously assigned codes were used as their indicators. Based on the agreement-oriented approach to the extracted categories, the final agreement was reached. In the following, the obtained cases were compared with the interpretations of researchers and other studies. Finally, this process led to a deep expression of verbal communication by experts. The validity of qualitative data was determined by using verifiability techniques in the form of researchers' self-review and reliability by carefully guiding the flow of information collection and alignment of researchers. In addition to the researchers, the text of the interviews was provided to another expert and they again extracted sub-categories from the interview text, and the comparison of the extracted categories showed the alignment of the researchers' and subject experts' attitudes.

In more details, in order to achieve data authenticity; The strategy of long-term engagement with the research topic and allocating enough time to collect data was used. As the sampling process lasted for more than four months, also the continuous mental engagement of the main researchers with the data for at least six months made a deep and comprehensive analysis of the data possible. In addition, reviewing the findings by the members of the research team and in some cases returning the results to the participants (three people) and confirming that the themes extracted from the interview text reflect their meaning by saying the said sentences were other ways to ensure the credibility of the data. To achieve dependability, the researchers, while being aware of the research process, allowed the experiences and interpretations of the participants to guide the research process so that the findings emerged from the meaning of life with the care of a schizophrenic patient. The steps taken for the reliability of the research and data analysis were clearly described, so that any reader and critic could audit it. In the current research to achieve the confirmability, all the extracted data and themes were reviewed by the professors of the research team and an external supervisor familiar with thematic analysis research to minimize the influence of the researcher's perceptions. Moreover, recording documents related to different stages of the research was helpful in confirmability the verifiability of this research.

## Results

The participants included 31 patients with schizophrenia, 19 men and 12 women. The average age was 50.83, the lowest age was 34 and the highest age was 71. The demographic information of the participants is given separately in Table 1.

**Table 1.** Demographic data of each participant separately

Number	Gender	Age	Educational status	Disorder history by year	Residence history by year
1	Male	42	Diploma	12	10
2	Male	59	Bachelor	19	13
3	Male	37	Associate	9	5
4	Male	35	Undergraduate	16	15
5	Male	34	Diploma	8	3
6	Male	45	Bachelor	17	10
7	Male	60	Bachelor	27	18
8	Male	61	Undergraduate	30	22
9	Male	62	Diploma	35	21
10	Male	65	Undergraduate	32	25
11	Male	66	Diploma	37	26
12	Male	43	Bachelor	14	11
13	Male	71	Diploma	46	27
14	Male	57	Undergraduate	24	18
15	Male	47	Bachelor	18	12
16	Male	59	Diploma	27	20
17	Male	61	Undergraduate	31	24
18	Male	44	Diploma	16	11
19	Male	42	Bachelor	18	12
20	Female	47	Undergraduate	19	9
21	Female	47	Diploma	14	10
22	Female	60	Diploma	30	21
23	Female	44	Bachelor	11	7
24	Female	40	Diploma	14	9
25	Female	55	Undergraduate	21	12
26	Female	39	Master	15	11
27	Female	47	Diploma	19	14
28	Female	53	Diploma	21	16
29	Female	54	Bachelor	26	20
30	Female	46	Undergraduate	20	12
31	Female	54	Associate	31	18

Data analysis led to the identification of 308 primary codes. Five main themes; The perception and causes of the disease from the perspective of the patients, the views of the patients about quarantine, feelings and emotions during the period of quarantine and illness, the actions of the patients during the period of quarantine and illness and the way of obtaining information about the disease were obtained. These main themes had 31 sub-themes (Table 2).

**Table 2.** The results of the analysis of the interviews with the participants

Main themes	Sub-themes
Perceptions about Coronavirus and its causes	Similar to diseases such as tuberculosis, diphtheria, and measles that humans defeat.
	Believing that this disease is from God and it is divine wrath.
	It is caused by a lack of hygiene and cleanliness.
	It is due to improper nutrition, for example, eating bats and other animals.
	It was created by other governments and is human-made
	Coronavirus is like cold and swine flu for which a vaccine is found.



Individual imaginations and perceptions about quarantine	People's distance from God and the existence of human errors have caused disease.
	It is transmitted by humans.
	Quarantine is like detention centers and prisons, with more restrictions.
	Being away from family and not being able to meet others.
	The stigma of the disease in any case.
	Reduced relationships with others at the center.
	Conflicting behaviors of personnel.
	Lack of facilities.
	Mandatory cleanliness and hygiene.
	Patience and effort to adapt to the new situation.
Feelings and emotions during the quarantine period	Fear of getting infected with COVID-19.
	Fear of death.
	Anxiety and mental preoccupation with the Coronavirus.
	Disappointment losing goals and leaving things half-finished.
	Missing and worrying about the family.
Actions taken during the quarantine period	Study.
	Prayer, supplication, and trust in God.
	Creating and doing entertainment (chess, munches, and watching movies).
	Carelessness and not thinking about the disease.
	Getting help from employees (psychologist and therapist).
	Engaging in workshop activities.
	Communication and conversation with friends by the conditions.
How to get information	Media (television, radio, and so on).
	Friends in the department and ward.
	Personnel.

**- Perceptions about Coronavirus and its causes:** One of the main themes obtained in this study was the perception and causes of disease. Schizophrenia patients reported different answers in this area including the coronavirus is similar to diseases like tuberculosis, diphtheria, and measles that humans defeat, believing that this disease is from God and it is divine wrath, caused by lack of hygiene and cleanliness, caused by improper nutrition, for example, eating bats and other animals, It is created by other governments and is human-made, Coronavirus is like cold and swine flu for which a vaccine is found, The distancing of people from God and the existence of human errors have caused illness, and It is transmitted by humans.

Some participants believed that this disease is from God to warn people or is a form of divine wrath. For example, the participant (4) suggests: *"God brought this disease so that people would be aware of their bad deeds and become closer to each other"*. Participant (12) says: *"People turned away from God and God became angry. People did unusual things"*.

Participants (7), (13), and (20) stated: *"This is a dangerous disease that killed everyone. It is very awkward and so many people are falling. The one who dies has the right to live. Why did this disease kill everyone? Due to people's sins and mistakes, disease has come"*.

Some other participants believed that Coronavirus is like other infectious diseases. For example, participant (29) mentioned: *"Coronavirus is like a cold and swine flu. This Coronavirus will be cured if you don't have any other illness"*.

Some other participants in this research believed that Coronavirus is due to non-compliance. For example, participants (12), and (20) said: *"Some people do not observe hygiene and this causes disease"*.

Participants (3), and (14) believed: *"Not eating the right foods, such as eating bats and other animals, has become widespread"*.

Participants (8), (19), and (31) believed: *"This disease is human-made. That this is political. This is the work of governments and superpowers. Their goal is the destruction of human existence"*.

Participants (1), and (27) believed: *"This disease is like a complicated cold. Anyone can get it. does not specify from the Coronavirus test, it is determined whether anyone who gets this disease will either get better or die"*.

**- Individual imaginations and perceptions about quarantine:** One of the main themes is about thinking and imagining about quarantine, which we encountered different answers in this study:

Some participants believed that the quarantine period was like a detention center and prison with many restrictions. For example, the participant (1) mentioned: *"It was a difficult time, it was like a detention center and strictness was imposed with many restrictions"*. Participant 4 stated: *"It was like a man in a can. The doors were closed. We did not understand how it went on the first day. We wanted to drink water, we had to ask for permission, and cigarettes were scarce"*.

Some participants mentioned being away from family and not having visits. For example, the participant (26) said, *"I was shocked at first and it was hard for me to be away from my family because I didn't have a meeting"*. Some participants talked about the stigma they experienced. For example, the participant (17) stated: *"When my Coronavirus test was positive, everyone else treated me differently, and I even heard them saying that he has a coronavirus, don't go near him"*.

Some participants experienced reduced communication and distance from family. Participant (4) stated: *"The doors were closed and I was no longer able to meet, and they even separated the wards, and we could not talk much with our friends in the ward, and my communication with my family was limited to the phone"*.

Some participants complained about the lack of facilities. For example, participants (8), and 24 stated: *"There were few facilities. We didn't even have a spoon. There were few bathrooms and we had to get out of the bathroom very quickly"*.

Some participants talked about how the staff and personnel treated them. For example, participant (2), and (16) said: *"The treatment of the staff has improved. Naturally, when we face such a disease, their treatment was balanced"*. Participant (26) said: *"I thank you and the staff. You missed us a lot. They were with us like family"*.

Some of the participants complained about the way the staff treated them and stated that the staff did not treat them properly showed a lot of strictness and sometimes behaved violently. For example, Participant (28) stated: *"Some of the staff members are unable to communicate with the clients and take their anger out on the rest of the clients"*. Participant (5) stated: *"It was difficult when they told us to do something and they were loud and nervous"*. Participant (7), (9), and (29) stated: *"The behavior of the personnel changed. They were nervous. The pressure on them is transferred to us. I was confused by them and their behavior bothered me a lot"*.

Some participants stated that the quarantine has helped in maintaining hygiene and cleanliness. For example, Participants (18), (25), and (30) said: *"Quarantine made us pay more attention to cleanliness and we became more aware of hygiene, so we washed more often"*. Participants (5), (13), (17), and (22) stated: *"We observed cleanliness and hygiene more in quarantine and we always took care of cleanliness. We wash our hands with liquid soap so that we don't have any problems"*.

About the quarantine, some participants believed that the quarantine increased their patience and adaptability. For example, Participant (3) said: *"I mostly thought that it had not happened to anyone, then I said that it was nothing special and that we were more serious. This thought made me be more patient and cope with the situation"*. Participant (8) said: *"At first it was very difficult, then by following the protocols, I was able to cope with the new situation and become more adaptable"*. Participant (28) said: *"This is a fact that must be accepted. Just as I lost my father in my life, he left his effects on my life. But I was able to cope with patience, and I can and will accept it now"*.

**- Feelings and emotions during the quarantine period:** One of the main themes was the emotions of the patients. One of the patient's feelings was the fear of getting the Coronavirus. For example, the participant (13) said: *"I was afraid of the Coronavirus and I was afraid of getting it and I was afraid of seeing the death statistics on TV"*. The participant (24) said: *"I was shocked and I was constantly afraid that I might get infected with Covid-19 and my test result would be positive"*.

Some participants considered the fear of death to be part of their feelings during this period. For example, participant (6) mentioned: *"Life is incomplete and I don't reach my goals. How can I reach or not? And the fear of death bothers me"*. Participant (16) asked, *"I was afraid of dying when I went to one salon, but it didn't matter to me at first, and when they told me to go to another salon, I said, 'I died, and my life was over'"*.

Some participants experienced anxiety and mental preoccupation. Participant (27) stated: *"I said that if a person wants to die, she should die without suffering. Why do I have to suffer and die I was thinking about this all the days in quarantine and all these reasons were in my mind, why death is like this and why this suffering has to be"*. Participant (31) said: *"I was always thinking about what my child is doing outside now, that she might not be infected, and these thoughts made me hot and worried me a lot"*.

Some of the participants talked about disappointment in losing their goals and leaving things half-finished. For example, the participant (5) stated: *"I was disappointed. When will we be relieved and our duty will be determined? It was like I didn't have a goal anymore and I was working when I was out, but because my leave was over and it coincided with the quarantine, I couldn't go out anymore and my work was left half"*. Participant (19) said, *"I was very disappointed and we had many limitations. We were in the red hall and we were all sweating. We said we are done and there is no hope"*.

Another emotion raised by the patients was longing and concern for the family. For example, participant (10) stated: *"When I was talking to my daughter on the phone, I was always worried about my daughter getting sick and I kept telling her to take care of yourself so that you don't get sick!"*. Participant (17) mentioned, *"There was no meeting or leave and it was very difficult and this made me unable to see my family and I missed them"*.

**- Actions taken during the quarantine period:** The actions and strategies that patients used to reduce their stress were among the main themes of this study. One of the actions of the patients was study. For example, the participant (20) stated: *"I am very fond of reading books and I read books during this time so that I feel good and my mind is not too busy with illness"*. Participant (2) mentioned: *"I was having fun reading my book and thinking less"*. Another sub-theme taken by the patients was performing religious measures such as praying and trusting in God. For example, the participant (10) stated: *"I used to pray and pray to reduce stress and that praying made me feel better"*. Participants (4), (6), (13), (19), (22), (28), and (30) mentioned *"We prayed and praying to get rid of this situation made us feel much better"*.

Another action taken was to create and perform entertainment by the study group. For example, participants number (3), (11), (23), and (27) mentioned: *"During this time, we had fun with football and chess, and we also played handball with the children, and this had a great effect. Of course, by maintaining social distance"*. Participant number (21), (26), and (31) said *"We used to sing and dance and have fun here every day and also watch series and movies"*.

Another measure was carelessness and not thinking about the disease. A type of desensitization towards the disease was seen in these people. Participant number 5 said: *"At first I wasn't free from illness, then I started feeling carefree and said that there is no point in thinking too much"*. Participant (28) mentioned: *"Diseases are always with us, and as a result, I didn't worry too much about it"*.

Another sub-theme was to get help from employees such as psychologists and counselors. Participant (3) said: *"I used to talk to the therapist and psychologist, which made me feel better and I felt better because I could talk to them"*. Participant (24) said: *"The classes given by the psychologist and the work assistant were very good. We felt better because we could talk with them and they would listen to us"*.

Another sub-theme was to carry out workshop activities. For example, the participant (25) said: *"When I went to the sewing workshop and did the work there, I felt better"*. Participant (22) said: *"I thought less about knitting when I started"*.

Another action taken by the study group was communicating and talking with friends. For example, the participant (1) mentioned: *"Sometimes we used to talk with the children in the ward, and when I talked with my friends, it was very nice and I said that I was not alone"*. Participant (26) said: *"Although it was difficult for us, I felt better when I talked with the children in the yard"*.

**- How to get information:** Another main theme in this study was how to get information. That is how patients received information about the disease of Covid-19. For example, the participant (9) said: *"I got my information about the disease from the TV and the news that was broadcast"*. Participant (15) stated: *"I learned everything about this disease through the news on TV"*.

Another way to get information about this disease was through friends in the department and ward. For example, participant number (23) said: *"When I talked to my friends in the department about this disease, I got more information"*. Participant (21) said: *"When I talk to my friends inside the department, I know more about this disease"*.

Another source of information was personnel and employees. For example, participants (6), (25), and (23) stated: *"We got the information about this disease from the staff of the center"*.

## Discussion and Conclusion

The purpose of this study was to investigate the lived experience of schizophrenic patients from quarantine during the Coronavirus outbreak. Based on this, 5 main themes were obtained the perception and causes of the disease from the perspective of the patients, the views of the patients about quarantine, feelings and emotions during the period of quarantine and illness, the actions of the patients during the period of quarantine and illness and the way of obtaining information about the disease. These results are consistent with the studies of Hoşgelen & Alptekin (2021), Caqueo-Urizar, et al. (2021), Ma, et al. (2020), Courtenay & Perera (2020), and Hashemi, et al. (2022).

The perception and causes of the disease from the perspective of the patients is the first theme. It can be said from the sub-themes of this theme that compared to other mental patients, schizophrenic patients always experience many spiritual fears in high-risk situations (Pietkiewicz, et al., 2021). Because schizophrenic patients always have metaphysical hallucinations and psychotherapies that give the most response to the spiritual aspect after taking medicine (Erduran-Tekin, 2019). In the similar vein, these patients metaphorically often expressed that if we had true faith in God, maybe God would not punish us (Raiisi, et al. 2019). Due to the strong delusions and hallucinations in patients with schizophrenia, these patients often believed that this condition is a supernatural thing and has been revealed by God as a punishment for mankind.

The fears of schizophrenic patients from quarantine conditions are mostly due to external induction and common hallucinations of schizophrenic patients. Evidence has shown glutamate of the anterior cingulate cortex is involved in this high fear in schizophrenic patients (Crippen, 2023). This view comes from the fear of the



disease, which is more likely to be experienced in schizophrenic patients than in other mental patients. On the other hand, latent anxiety and constant guilt in schizophrenic patients have caused this transcendental view and fear of this disease (Zukowska, et al., 2022).

The view of the patients about quarantine is the second theme that explains the condition of quarantine. This state of mental prison is one of the characteristics of schizophrenic people who overestimate the situation of quarantine as catastrophic (Singh, 2016). Schizophrenic patients who were kept in institutions during quarantine experienced a lack of interaction with others due to the restrictions imposed, including restrictions on visits. Permanent stay in the institution and anxiety about the health of family members fueled this issue.

The feelings and emotions during the period of quarantine and illness are another main theme. In general, situations like the spread of the coronavirus that may lead to death can create an emotional burden for everyone. Institutionalized schizophrenics may express more emotions. In general, fear of death and fear of illness in schizophrenic patients may be triggered by any environmental symptom and worsen their mental state (Mavrogiorgou, et al., 2020).

The actions of the patients during the period of quarantine are another key theme. Praying seems to be a mechanism that helps patients cope. Praying in times of danger that is overwhelming can bring peace to everyone. On the other hand, it seems that creating fun and group games has been effective in creating a harmonious atmosphere and has created a strengthening motivation for patients. Women had more fun than men and engaged in better recreational activities that produced happiness.

The way of obtaining information about the disease is the final theme. People with schizophrenia, like everyone else, learned about Covid-19 through mass media. They took help from the staff, psychologists, and counselors of the center to complete their information. This means that they, like everyone else, sought to find accurate information about the disease, its prevalence, and treatment, and followed the news in this field.

Data analysis led to the identification of 308 primary codes. Five main themes were obtained as the perception and causes of the disease from the perspective of the patients, the views of the patients about quarantine, feelings, and emotions during the period of quarantine and illness, the actions of the patients during the period of quarantine and illness and the way of obtaining information about the disease. These main themes had 32 sub-themes. It seems the Coronavirus pandemic and the resulting quarantine can affect the experiences of patients with schizophrenia. Due to fear of Coronavirus, long after the end of the pandemic, patients with schizophrenia were afraid of direct communication, which limited the researchers of this study for face-to-face interviews. On the other hand, it was difficult to gain the trust of patients with schizophrenia to continue the interviews. Because they were not used to the post-quarantine conditions and were less compatible with interview sessions and interactions with researchers. In a similar vein, researchers in these fields of study are suggested to pay attention to the psychological characteristics of schizophrenic patients in their studies, especially in critical situations. Psychiatrists and clinical psychologists should use the findings of this study in the treatment of schizophrenic patients in the conditions of infectious disease outbreaks.

### **Ethical Considerations**

All ethical principles were observed in this study. Participants were informed about the objectives and procedures of the research and gave their consent to participate. They were also assured of the confidentiality of their information.

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### **Conflict of Interest**

The authors declare that there is no conflict of interest regarding the publication of this article.



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