

## **Work Experiences of People with Mental Illness in Malaysia: A Preliminary Qualitative Study**

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*This is a preliminary qualitative study, using a basic interpretive approach, to investigate the work experiences of people with mental illness in Malaysia. Six females and four males (aged 30-70) from a residential home for the mentally ill participated in semi-structured interviews. Three inter-relating themes emerged, namely the experience of self at work, perception of work, and experience of others at work. All participants reported problems in either work or family relationships; most of which interfered with their work. In addition, findings suggest that the participants' self experience may be related to the extent of one's illness integration, experience of psychosis, attitude towards illness, locus of control, and self-efficacy. Limitations and implications of the study are also discussed. Key Words: Work Experience, Mental Illness, Mental Health, and Qualitative Research*

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Work is a major part of people's lives, as most of our prime adult years (between ages of 25-50 years) are spent in the workplace. Besides enabling one to enjoy a higher standard of living, work is also a source of social support (Rüesch, Graf, Meyer, Rössler, & Hell, 2004). These benefits, however, may not be available to everyone, especially those with mental health problems. Four national surveys conducted from 1989 to 1998 in the United States revealed that the employment rate of people with disabling mental disorders, like schizophrenia, was between 22 and 40 percent, as compared to people without mental illness (76 to 87 percent; Mechanic, Bilder, & McAlpine, 2002).

In Malaysia, a 1996 study revealed that the mentally ill represented about 11 percent of the population (*Hidden Casualties*, 2000), which is likely an underestimation by now. This is of concern because essentially, these 2.3 million people (Malaysian Science and Technology Information Centre, 1996) impact the overall productivity and economy of the nation. Mubarak (2005) found that 68 percent of 258 schizophrenic patients were unemployed, whereas Mubarak, Baba, Low, and Quah (2003) revealed a 58 percent unemployment rate in its sample of 174 schizophrenic patients. Extrapolating from these studies, about 1.5 million Malaysians with mental illness are unemployed, thus representing a great loss to the nation's economy.

The odds of securing a professional job (i.e., jobs requiring high education levels in managerial, administrative, executive, or professional specialty fields) are against mentally ill people (Mechanic et al., 2002). Rather, most of them are found to hold semi-skilled jobs, such as food service, general labour, bench work and janitorial work (McCrohan, Mowbray, Bybee, & Harris, 1994).

Those who manage to secure employment face barriers like others doubting their capabilities (Killeen & O'Day, 2004), stigma and discrimination (Alverson, Becker, & Drake, 1995; Auerbach & Richardson, 2005; Jamaayah, 2000; Peckman & Muller, 1999; Provencher, Gregg, Mead, & Mueser, 2002; Secker, Membrey, Grove, & Seebom,

2003), difficult workplace interactions (Auerbach & Richardson; Cunningham, Wolbert, & Brockmeier, 2000), slowness (Peckman & Muller), concentration difficulties (Peckman & Muller; Provencher et al.; Secker et al.), medication side effects (Alverson et al.; Auerbach & Richardson; Peckman & Muller; Secker et al.), and low confidence levels (Provencher et al.; Secker et al.). Other challenges include long working hours, inflexible work schedules, daunting job tasks (Secker et al.), as well as job stress and low pay (Auerbach & Richardson).

However, people with mental illness also report positive work experiences, such as good workplace relationships (Auerbach & Richardson, 2005; Bedell, Draving, Parrish, Gerver, & Guastadisegni, 1998). Work is also a source of personal competence, autonomy, growth, and self-esteem (Auerbach & Richardson; Krupa, 2004; McCrohan et al., 1994). Apart from that, participants who had more frequent workplace interactions enjoyed higher wages (Banks, Charleston, Grossi, & Mank, 2001). Furthermore, supportive work environments help lengthen a mentally ill person's job tenure (Kirsh, 2000), which is shown to be significantly shorter than the average person without mental illness (Xie, Dain, Becker, & Drake, 1997).

Regarding the coping strategies of people with mental illness, Auerbach and Richardson (2005) elaborated on their participants' perseverance in developing problem-solving skills and learning how to manage their psychiatric symptoms. While some sought social support (Krupa, 2004; Secker et al., 2003), others relied on positive mindsets, relaxation, and substances like nicotine and alcohol to cope with work and their illness (Cunningham et al., 2000).

It should be noted that most of the past studies were conducted in the United States, which has social welfare programs (Frank & Glied, 2006) and federal vocational services for the mentally ill (Cook, 2006; Rimmerman & Botuck, 1995), such as workshops, transitional employment and supported employment programs. Furthermore, there are laws to ensure equal employment opportunity and to prevent discrimination against people with mental illness, such as the American with Disabilities Act (Starnes, 1999). In stark contrast, there are only 15 or more day-care centres that provide occupational therapy for people with mental illness in Malaysia (Deva, 2004), half of which are managed by NGOs and receive little funds (Haque, 2005). Industrial rehabilitation and sheltered workshops are provided (Deva). However, research reveals no transitional or supported employment programs so far. Malaysians with mental illness are also denied social welfare services (Malaysian Mental Health Association, 2003). While there is a Mental Health Act (Malaysia, Legal Research Board, 2002, Act 615) that details psychiatric services for the mentally ill, there is no legal provision to ensure equal employment opportunities for them. Likewise, although the National Mental Health Policy encourages employers to hire people with mental illness (Ministry of Health Malaysia, 1997, as cited in Mubarak, 2005), the actual implementation is unknown.

In light of these differences, this study sought to explore the work experience of people with mental illness in Malaysia, as they are likely to experience working life much differently than those in the United States. Using a basic qualitative research design, the aim of this study was to understand how they construe the meaning of their work, the challenges they face, and the ways they cope with those challenges. Findings were expected to have implications at both the micro level (in promoting greater empathy for

the mentally ill) as well as at the macro level (in providing useful information for socio-economic policy making).

## **Method**

### **Participants**

Five student researchers (including the first and second authors of this paper) conducted purposeful sampling, whereby ten participants (six women and four men), aged between 30 and 70 years, were recruited from a residential home for the mentally ill. The site was selected because it was of close proximity to the researchers. In addition, the home had many residents with work experiences and who were lucid enough to be interviewed. With the permission and recommendation of the home supervisor, the researchers approached identified residents and invited them to participate in the study. Participation was solely on a voluntary basis. Selection criteria included a previous diagnosis of a mental illness (e.g., schizophrenia); past and/or present work experience, as well as an alert mental state during the time of the interview. One participant was excluded due to vague answers. Participants held different occupations from each other ranging from white collar to blue collar jobs. Pseudonyms are used throughout this paper.

As this was originally a time-limited class project for the Abnormal Psychology class (taught by the third author of this paper), the researchers only had contact with the participants during the interview period. With the permission of the home supervisor, the participants voluntarily participated in the present study, with no monetary compensation. As student researchers, the interviewers initially held certain stereotypes of how mentally ill people behaved (e.g., strange, dangerous, etc.). Hence, the present study also served as an opportunity for the student researchers to get to know people with mental illness first-hand. The present research question was also, to some extent, shaped by prior readings on the life experiences of people with mental illness, which suggests some differences as compared to people without formal diagnoses. Keeping our own biases in mind, the researchers nonetheless strived to maintain openness and curiosity throughout the interview and analysis process.

### **Procedure**

Prior to the interview process, the researchers gained approval from the Ethics Review Board in HELP University-College. They also underwent a training session on conducting interviews before proceeding with the actual interview sessions. In addition, the researchers also conducted two pilot tests to ensure the suitability of the interview questions.

To obtain informed consent for the interview and audio-recording, the researchers (working independently or in pairs) met with each participant individually. The researchers presented the participants with written information on the study as well as verbally explained the study to the participants. They were assured confidentiality of their identity and their information provided during interview. They were also given sufficient time to ask clarification questions.

Upon receiving their written consent, the researchers then proceeded with a semi-structured interview session, typically starting with general questions or small-talk for rapport-building purposes, followed by a list of pre-set interview questions (Appendix A). These pre-set questions were used as a general guideline to the interview process to ensure some level of consistency in procedure, given that there were five different interviewers involved. Furthermore, because this was the first attempt by the student researchers in conducting qualitative research, the third author (as the supervisor) requested that the researchers keep the research scope to three specific areas of their work experiences, namely what kind of jobs they held, the challenges they faced, and what work meant to them.

The questions were created through several lengthy discussions and dialogue among all the researchers. First, the researchers thought of different areas about working experiences in which they would like to study. After that, the researchers discussed the various areas brought up and decided on a few. Then, specific questions were created through constant dialogue among the researchers so that they were focused on specific areas but yet were open enough for participants to answer. Additional questions were raised to facilitate clarification or elaboration of ideas.

The interview sessions lasted about 30 to 45 minutes, depending on the participants' openness to share and the individual researcher's interviewing skills. All interview sessions were audio-recorded and transcribed using a denaturalized transcription, meaning speech elements like non-verbals and pauses were not recorded. For participants who spoke in Malay and Chinese, we recorded the actual words spoken in those languages into the transcripts. Specific researchers who conducted the non-English interviews and who were familiar with those languages were responsible in coding their own transcripts. All codings were done in the English language.

## **Data Analysis**

The researchers analysed the transcripts using a basic interpretive data analytic approach, which involves identifying recurring patterns throughout the data and striving to understand these data from the participants' perspectives (Merriam & Associates, 2002). The process of coding began with the researchers reading through the transcripts independently, and identifying keywords and tentative categories based on those keywords. After the initial coding process, the researchers met together as a group over multiple sessions of discussions. During these meetings, the researchers reviewed each other's coding of keywords and tentative categories/themes.

In keeping to the interpretive epistemology (Myers, 1997), each researcher made a conscious effort to set aside pre-existing stereotypes and to put ourselves in the participants' shoes when reading the transcripts. To further ensure that our analysis were not merely interpretations based on personal ideas, we employed a peer examination process (Merriam & Associates, 2002) to discuss and debate our individual interpretations of the data. We first shared our individual interpretations of the data and then questioned each other's basis for such views until we came to some consensus on what we thought might be the closest to the participants' meaning given the context. All discussions were conducted primarily in English. As all the researchers were at least bi-lingual (English-Malay) and some were tri-lingual (English-Malay-Chinese), the peer

examination process became even more intense and complex when we worked on the non-English transcripts, as the researchers strived to clarify and arrive at a consensus on the meaning of the participants' words or phrases.

As an example of the coding process: a participant, Whitney, remarked that "Because I'm sick already I cannot work." We categorized this response under the sub-category "Locus of Control" as the statement indicated that she had no sense of personal control over her ability to work, but had relegated such control to her illness. Another similar sub-category "Survivor versus Victim Attitudes" had also emerged based on another participant, Ginny's, statement that "Initially, a few years ago I cannot stand [the smell]...but now if got the smell I overcome it." Another participant, Sarah, commented "I was getting quite good in my work, you know." This seemed to reflect a sense of belief in one's ability to perform well, which we defined as the category "Self-Efficacy." By looking for a broader, overarching theme over these categories, we found that all three categories fit together as different components under a larger theme of one's "Experience of Self at Work."

The coding process was recursive (LeCompte & Preissle, 1994), whereby the researchers constantly examined the relevance and efficacy of the categories and themes by going back and forth in comparing each response within a transcript and between transcripts. As this was a time-limited project, we were unable to return to the participants for feedback on the themes that we had come up with. To compensate for that, the researchers engaged in intense dialogue and debate with each other's ideas, in which we frequently revisited the data at hand, and looked for evidence from individual transcripts that supported or disconfirmed each other's ideas and interpretations, until there was a consensus on a theme that seemed consistent enough in all or most of the transcripts. Where there was data that did not fit into the general patterns observed, we tried to seek understanding from the specific context of the individuals through their responses in the transcripts. We also constantly checked ourselves in terms of where the methodology and procedural factors may have influenced the way how certain participants answer the questions.

The primary ethical concern in this study was about how the participants would react to a subject like work experience, which may be stressful for some especially if they have had unpleasant work experiences. We managed that by being as empathetic as we could in our questioning during the interview. We also informed our participants that referrals to counseling were available where needed. Whilst the researchers had some concerns about the behaviors of some participants (e.g., mild loose association, questionable reality testing), there was no imminent danger perceived and thus the ethical concern to break confidentiality did not arise.

## **Results**

Three general themes relating to work experience emerged, revolving around the participants' experience of self at work, their perception of the work they did, as well as their experience of others at work. Current findings also report on the patterns of challenges experienced by these participants, as well as their various coping responses. Each theme is elaborated as follows:

## Experience of Self at Work

The participants' experience of self at work was the key influence on how they perceived their work and their workplace relationships. From the narratives of the participants, five sub-themes emerged in relation to their experience of self at work: experience of psychosis, integrating illness into identity, "survivor" or "victim" attitudes, locus of control, and work-related self-efficacy.

First, some participants talked about experiencing psychosis, which is defined as a "group of severe psychological disorders...featuring delusions and hallucinations" (Barlow & Durand, 2005, p. 12). Whether this was true to their actual diagnosis and experience was not the focus of this study; the focus was their subjective reality. For instance, Ginny shared her experience of olfactory hallucinations, stating, "I used to smell things like urine, body odour smell, and the stink smell from urine shit and the food," while Simon suffered auditory hallucinations: "Hearing voices—I couldn't control myself."

A second sub-theme emerged in relation to how the participants experienced their mental illness. Some participants showed illness integration, meaning that they accepted their mental illness as part of their identity, such as Whitney who said, "I know myself I'm a *sakit jiwa*." [Literal translation: mentally ill.]

However, others did not show illness integration, like Sarah. "She [colleague] found me a bit, a bit, not very helpful and things like that...but she didn't accept it as part of my illness. She thought my character was just like that." Even though Sarah talked about "my illness," she essentially separated her illness from her character.

The third sub-theme was about the attitudes (either "survivor" or "victim") that participants held towards their illness. Those with a "survivor" attitude perceived that they were able to overcome their illness, such as Ginny. "Initially, a few years ago I cannot stand [the smell]...but now if got the smell I overcome it."

Contrariwise, those with a "victim" attitude perceived their illness (and associated problems) as beyond their capacity to overcome. Whitney, for example, was unable to work due to her fear of being laughed at for her mental illness:

*Ingat orang cakap "yoh, dia sakit jiwa punya", ketawa semua, takut oh.  
Kalau tak ada ini macam ingatan boleh kerja loh.*

[I think that people say "Oh, she is mentally ill", laugh at me, I'm scared of that. If I didn't have these thoughts, I would be able to work.]

Another related sub-theme that emerged from the participants' self-experience at work was locus of control (i.e., the extent to which control over situations lies in internal or external factors; Plotnik, 2002). Most participants exhibited an external locus of control, attributing little personal impact over their lives. For instance, Jane believed that she could only work as long as she took her medicine. Furthermore, she attributed her job search to the effort of the Women's Aid Organisation. "From the Women Aid Organisation, they really push you out...they're pushing you very hard." In fact, those who showed illness integration or held a "victim" attitude tended to have an external

locus of control. Simon, who considered himself “abnormal” expressed a lack of control over his class. “I’m really controlled by them [students].”

On the other hand, those who displayed an internal locus of control believed in personal control and impact, such as Ginny, who took the initiative to overcome job unfamiliarity:

I’m not familiar with my job...so I changed myself. I put my effort and get to know a lot of things, learn a lot of things. I go ask around somebody willing to teach me. I involve myself into my job.

Accordingly, Ginny also believed that she would get good treatment from her boss and colleagues if she performed her job well, stating, “If you...perform on the track, then people would respect you.”

The final sub-theme on participants’ self-experience at work was self-efficacy, defined as one’s beliefs about one’s own capabilities to perform a task (Ramachaudran, 1998). Sarah believed that she could do her job well, saying “I was getting quite good in my work, you know.” All participants, except Simon, expressed high self-efficacy in at least one job. Interestingly, he also reported psychotic experiences, showed illness integration, had a “victim” attitude and an external locus of control.

### **Perception of Work**

After the onset of their mental illness, most participants reported holding semi-skilled or non-professional jobs (McCrohan et al., 1994), such as shampoo girl, cashier, and receptionist. Ian reported holding an engineering job before the onset of his bipolar disorder. “They [psychiatrists] told me I’m emotional. I cannot work...so I cannot work as mechanical engineer. So I cannot get a job then I buy a taxi...so I drive a taxi.”

For some of other participants however, they developed mental illness before they even started working. Whitney and Simon were only in their teens when they were diagnosed with schizophrenia; and Amanda realized that she had bipolar disorder when she was 20-years-old.

In relation to the perception of work difficulty, those who considered their work difficult tended to show illness integration and/or have an external locus of control. Simon, who displayed both illness integration and an external locus of control, said “Actually, for mental illness, working is difficult.”

Even when work was perceived as easy, it was attributed to its lack of mental challenges, as indicated by Whitney, who also showed illness integration:

*Salon awak hanya perlu cuci rambut...cuci rambut ini macam oh, tak payah pakai otak punya, cuci cuci, massage, massage ini saja. Senang saja.*

[Salon work only requires you to wash hair...wash hair doesn’t need you to use brains, just wash and massage. It is easy.]

In addition, participants' perception of their work difficulty seemed to be closely related to their self-efficacy. Sarah who described her electrical work as "not that easy" also said "I couldn't do the work." Contrariwise, Angus experienced his work quite differently. "The job wasn't difficult. I can tackle the job clearly."

Overall, participants perceived their work as avenues for personal fulfilment, learning opportunity, as well as making friends and money. Amanda talked about work as a source of social activity. "It [work] gives me social activity *la*<sup>1</sup>. Somebody to talk to...get to make friends...meet people." Whitney, on the other hand, connected work with normality. "*Saya mau kerja, saya ada kaki tangan, saya mau belajar macam normal punya orang.*" [I want to work, I have hands and feet, I want to learn like normal people.] This need to be reintegrated into "normal" society was particularly important for those who felt alienated, like Ginny. "I can...get some income to go for study. I feel I am useful for the society. Just like an ordinary person instead of you're a sick human person, abandoned from society."

### Experience of Others at Work

Participants' attitudes ("survivor" or "victim") are linked to their perception of how others viewed their work performance. Most participants who held a "survivor" attitude, as well as some of those with high self-efficacy, reported positive appraisal of their work performance. Jane, who possessed high self-efficacy and a "survivor" attitude, reported positive appraisal of her work performance. "There's no complaint to me. Even my employer asked me to stay."

Contrariwise, those who held a "victim" attitude and/or low self-efficacy generally reported negative appraisal of their work performance. Simon, for instance, said, "They [colleagues] complain I was too slow at work." Similarly, Sarah reported being told that she was "too slow" – an illness-related problem that she could not overcome. Incidentally, all participants who reported negative appraisal of their work performance also talked about psychotic experiences.

Most chose not to disclose their illness to their co-workers because they feared stigma, like Jane. "Because you know ah, this kind of mental illness, when you go out to work, you tell them, there is a stigma there. People will not—why should they employ us? So we dare not to tell them."

Work tenure may be related to a person's decision of disclosure. All participants who had short job tenures did not disclose their illness to their co-workers. On the other hand, almost all participants, who had long job tenures, disclosed their illness or had co-workers who found out about their illness. More importantly, when co-workers knew about their illness, participants tended to receive social support from them and have relatively long job tenures, ranging from six to 20 years. An example is Sarah, who worked for six years:

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<sup>1</sup> "*la*" is an expression that Malaysians sometimes use at the end of a sentence. It is just a Malaysian habit, similar to some Americans saying "you know" at the end of a sentence.

The supervisor, when she found out I was ill. She stopped asked me to do so much of work, you know. Sometimes she'd get me to go free, you know. Both of us worked together nicely la...we eat together and things like that.

On the other hand, participants who did not disclose their mental illness did not receive social support from their work colleagues. Neither did they report positive work relationships. They were also more likely to quit their jobs; with job tenures ranging from one to 30 months. Amanda, who did not disclose her illness to her employer or colleagues, lasted only a month in her job. "They [colleagues] don't understand my mood swings."

Furthermore, it was found that most participants who showed illness integration reported shorter job tenures than those who did not show illness integration. Whitney called herself a "*sakit jiwa*" [mentally ill]; most of her jobs as a shampoo girl lasted for only one or two weeks. An exception was Simon, who displayed illness integration, but reported relatively long work tenure in his jobs as a school teacher (six years) and tuition teacher (six and a half years). [Note: In Malaysia, a school teacher typically refers to one who works in a government or private school, whereas a tuition teacher is one who gives private tutoring to students.]

### **Challenges in Working**

All participants reported problems in either work or family relationships; for most of them, these relationship problems interfered with their work. Specifically, participants who experienced psychosis reported work relationship problems, whereby co-workers were perceived to be uncooperative or critical of them. Ginny, who suffered olfactory hallucinations, described a difficult working relationship with her co-workers:

I find it difficult to work with them [colleagues of a particular race] because there's no cooperation we established... you ask them question and they shout at you...so later I quit.

On the other hand, those who did not report psychotic experiences mentioned challenges in their family relationships. For some, these challenges in family relationships interfered with their work. Ian associated his marital problem with his emotional problem and his work problem. "I was emotional because I cannot, cannot do my work properly because I have emotional problem. My wife run away from me. So that's why I drive taxi."

### **Responses to Challenges in Working**

When asked about their coping with work challenges, participants either answered directly or evaded the question. For the latter group, they tended to focus on their problems without resolution, such as Amanda. "I don't think that all those feelings... I had one girl at that time..." (She continued to vent about her problems at work).

For the former group, most participants with a “victim” attitude or an external locus of control relied on external resources for coping with workplace challenges, either by seeking professional help or using substance (medicine, alcohol or nicotine). Jane used medicine to help her continue working, stating, “I’m only working when I took right medicine.” An exception was Simon, who used internal coping strategies. Referring to the students’ complaints about him stopping lessons halfway because of his psychotic episodes, he said, “Well, when the voice come... So my headmaster did complain to me la. I made some excuse la...” Although Simon appeared to use excuse-making to cope, his response still reflected a sense of lack of control over his situation.

What was clear was that most participants eventually responded to work challenges by quitting their jobs, such as Sarah, who quit her electrical job when she faced conflict in her work relationships. “If she [her supervisor] doesn’t want me to work, I can’t. The relationship was affected.” Non-quitting was related to the use of internal coping strategies and the perception that the relationship problems participants faced did not affect their work. However, there was generally no sign of coping that dealt directly with the relationship challenges reported.

## **Discussion**

The researchers explored the work experience of nine persons with mental illness in Malaysia. We organized the results into five themes: experience of self at work, perception of work, experience of others at work, challenges in working, and responses to those challenges. While some findings were consistent with previous research, current findings shed new light on certain experiences of the mentally ill.

Participants in the current study reported holding mostly semi-skilled or non-professional jobs. This information was consistent with previous studies, in which most people with mental illness were found to be in semi-skilled or non-professional jobs (Becker, Whitley, Bailey, & Drake, 2007; McCrohan et al., 1994). In spite of that, work was generally perceived as an avenue for personal fulfillment, learning opportunity, a way of becoming “normal”, as well as making friends and money. This finding too is well-supported by past studies (Auerbach & Richardson, 2005; Bedell et al., 1998; McCrohan et al., 1994; Provencher et al., 2002).

Regarding one’s self-experience at work, current findings point to three main dimensions of self that influence how people with mental illness experience their work. These dimensions of self include one’s experience with psychosis, illness integration, and attitude toward the illness. All of these seemed to be closely related to one’s locus of control and self-efficacy. This self-experience played a role in constructing a mentally ill person’s work experience, specifically their perception of work, their experience of others at work, as well as the challenges they faced and the way they responded to those challenges.

Concerning participants’ illness integration, past research showed that accepting illness as part of one’s identity, while at the same time not allowing it to overwhelm them, was necessary for successful job maintenance (Cunningham et al., 2000; Krupa, 2004). Current findings showed that participants who displayed illness integration had shorter job tenures than those who did not. This raises the question of whether current participants who integrate illness into their identities were actually overwhelmed by their

illness, resulting in lower success in job maintenance. In fact, the sense of being overwhelmed suggests a sense of powerlessness, which essentially reflects a “victim” attitude towards one’s illness. This seems to dispute the previous notion that accepting a psychiatric label was unrelated to one’s sense of control over illness (Kravetz, Faust, & David, 2000). In addition, current findings showed that external locus of control is associated with illness integration or a “victim” attitude toward illness; both are corroborated by Provencher et al. (2002).

On the other hand, the majority of those who did not integrate their illness into their identities are associated with longer job tenure. This result lends further support to the link between positive outcomes (e.g., treatment and recovery) and the ability to separate one’s illness from one’s identity (Mueser, Corrigan, Hilton, Tanzman, Schaub, Gingerich, et al., 2002, as cited in Sadler, 2007; Sells, Stayner, & Davidson, 2004). Furthermore, most participants who enjoyed long job tenures also reported social support, while those with short job tenures did not. Perhaps, social support is a more powerful mediating factor than illness integration. This link between social support and longer job tenure is well-supported (Killeen & O’Day, 2004; Kirsh, 2000).

Current findings show a link between the experience of psychosis and perception of negative appraisal. This is supported by Zarate, Liberman, Mintz, and Massel (1998), who found that people with psychotic illnesses displayed poorer work performances than those without psychotic illnesses. Nevertheless, work performance has also been shown to be related to negative symptoms.

Negative symptoms are deficits in speech, affect and motivation (Barlow & Durand, 2005), as compared to positive symptoms (e.g., delusion, hallucination) or commonly known as “psychosis” (Hoffmann, Kupper, Zbinden, & Hirsbrunner, 2003). Interestingly, in the present study, participants did not report extensively on their experience of negative symptoms.

Consistent with past research, perception of negative performance appraisal was also found to relate with low self-efficacy on a particular job (Brown, Jones, & Leigh, 2005; Harrison, Rainer, Hochwarter, & Thompson, 1997). In regards to self-efficacy, current findings reveal that the majority of the participants showed self-efficacy in at least one particular job in their lives. Difficulty with self-efficacy, on the other hand, seemed to link with reported psychotic experiences, illness integration, a “victim” attitude and an external locus of control. Current findings would warrant further empirical support.

Besides that, current participants who reported negative appraisals of their work also experienced negative work relationships. This is supported by Hoffmann et al. (2003), who found correlation between social competence (ability to get along with others) and work performance. Relating to that, past studies show that people with schizophrenia had significantly less social interaction at work (Banks et al., 2001) and below average social skills (Lysaker et al., 1993, as cited in Honey, 2000) than people with other mental illnesses. In addition, Krupa’s (2004) participants with schizophrenia experienced conflict with their co-workers. These studies lend some support to the current study, whereby those who reported psychosis also reported negative work relationships. Even for those who did not report psychosis, they reported family relational problems. Further research is warranted to delineate the inter-relation among nature of mental illness, interpersonal competence and nature of relational problems.

In work relationships, current findings showed that most participants chose not to disclose their illness because they feared stigma. Although many studies have shown a strong presence of stigma and discrimination towards the mentally ill in the working world (Alverson et al., 1995; Auerbach & Richardson, 2005; Peckman & Muller, 1999; Provencher et al., 2002), current participants also reported having received social support when their coworkers knew of their illness (either through participants' self-disclosure or the coworkers' discovery of their illness).

Finally, most participants chose to quit their jobs when challenges in relation to work occurred. Consistent with past studies, having an interpersonal problem is one of the main reasons for job termination (Becker, Drake, Bond, Xie, Dain, & Harrison, 1998). In addition, current results showed that most participants used external coping resources, like seeking professional help or consuming substances, as shown in previous studies (Cunningham et al., 2000; Provencher et al., 2002). Reliance on medication for symptom management and job maintenance also corresponds with past studies (Becker et al., 2007; Krupa, 2004). However, internal coping resources as demonstrated in past studies, like positive thinking, journaling and breathing exercises (Alverson et al., 1995; Cunningham et al.; Provencher et al.) were not evident in the present study. Not only was there a strong sense of little personal control over their work-related problems, there was no direct attempt to work through the relational challenges faced.

### **Theoretical Significance and Practical Implications**

This preliminary study gives a glimpse of how mentally ill people function at work. It highlights the complexity of the experience of people with mental illness and the heterogeneity among them. The self-experience of a person with mental illness is influenced by the extent to which they experience psychosis, integrate their illness into their identity, and have a "survivor" or "victim" attitude. These experiences are also colored by their locus of control and self-efficacy, which may be either a cause or result of their self-experience. Therefore, more research is required to understand how these complexities interact, and whether this can be generalized into other areas of a mentally ill person's life. The implications of this study are discussed in relation to the workforce and mental health practice.

In regards to the workforce, there are pre-recruitment, recruitment, and post-recruitment issues concerning people with mental illness. At the pre-recruitment stage, the Malaysian Ministry of Human Resources and employers play a significant role in reexamining the labor laws and company hiring policies to ensure equal opportunities for people with mental illness. These policies should be communicated to the human resources (HR) department to ensure implementation, as well as to the general public to educate them about the rights of people with mental illness. During recruitment, employers and HR managers need to take note of the diverse self-experience of people with mental illness, which will likely translate into how they might experience their work and their co-workers. Upon hiring a person with mental illness, the employers or HR managers should provide ongoing support that will enhance their work performance and job tenure (e.g., affirmation to strengthen their self-efficacy, positive social interaction), as well as reducing factors that impede their performance or tenure (e.g., negative interaction or isolation, associating the illness with the person's character).

On mental health practice, clinicians may need to pay more attention to the diversity in the self-experience of people with mental illness. During assessment, it may be beneficial for clinicians to explore the clients' illness integration, experience of psychosis, attitude toward their illness, locus of control and self-efficacy. It is also important to examine how these dimensions of the self link to their interpersonal relationships, challenges at work, and their coping strategies. In therapy, clinicians may want to encourage their clients to separate their illness from the self, practice a "survivor" attitude toward their illness and increase their internal locus of control. Given the significance of interpersonal relationships in the experience of people with mental illness, social skills training and support groups may be useful. Clinicians may also encourage their clients to disclose their illness to coworkers, as they may receive support. However, caution is needed as only a few current participants disclosed their illness and enjoyed such outcomes. Finally, utilizing internal and external resources to develop problem-solving skills is important to reduce the tendency of early job terminations.

### **Limitations and Future Research**

There are a few limitations in this study. Firstly, there might be more heterogeneity in the participants' psychiatric conditions that have not been ruled out, given that their selection was merely based on pre-existing diagnosis (as documented in the residential home). More stringent criteria are needed to ensure greater confidence in their respective mental health condition, as well as state of mind prior to and during the interview (e.g., conducting a mental status examination). Although there were some concerns relating to the reliability of what the participants were saying due to their mental status, the emphasis of the present study was not on objective reality; rather, the researchers were interested to explore the subjective reality of people with mental illness.

Other problems included difficulty understanding the participants' verbal expressions due to language constraints and background noises. Nevertheless, the researchers strived to capture the core content of the participants' communication via repeated questioning and reflecting the ideas back to the participants to ensure accuracy. The study was also conducted in a semi-structured format by multiple interviewers. Hence, there may be significant variability in the questioning styles of the interviewers, which had influence on the amount and quality of the participants' answers. Future research might consider having just a single interviewer to ensure better quality control of the interview process.

In spite of its methodological limitations, this study represents a preliminary effort to facilitate a deeper appreciation of the experience of people with mental illness in Malaysia. More work still needs to be done. It is hoped that with more research, there can be more understanding and support for people with mental illness in obtaining and maintaining employment, thus improving their quality of life. Furthermore, given what we currently know about the mental health scenario in Malaysia and other countries, it would be interesting to conduct cross-country comparisons to delineate the similarities and differences between cultures and societies. In addition, more in-depth qualitative research would also help "unpack" the foundational meaning of "work" and "vocation" for individuals in various societies, particularly those who do not necessarily fit the society's prototype as "healthy" individuals.

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## Appendix A

### Interview Questions

1. Current/ past work experience
    - a. Are you working at the moment? Where are you working now and what kind of work do you do?
    - b. What jobs have you taken before?
    - c. When did you realize that you had the illness?
  
  2. Challenges
    - a. Are your employers and colleagues aware of your illness?
    - b. What are/ were the challenges that you face(d) when working? How do/ did you cope with it?
  
  3. Meaning of work
    - a. How is work important to you?
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