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An Interpretative Phenomenological Analysis study of the lived experience of caregivers working in a boarding house with adults with autism and schizophrenia

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Abstract

The caregiving profession represents a relatively overlooked and under-researched domain, characterized by a complex interplay of intense positive and negative emotions. These experiences can become especially challenging when caregivers support vulnerable populations within the demanding environment of boarding houses. The aim of this qualitative study is to explore and gain a deeper understanding of the lived experiences of caregivers employed in a boarding house that supports adults diagnosed with autism and schizophrenia. Data were collected through semi-structured interviews conducted with six caregivers employed at a boarding house in Athens, Greece. The method of analysis employed was Interpretative Phenomenological Analysis (IPA), which integrates the principles of phenomenology, idiographic approach, and the concept of double hermeneutics. The analysis of the interviews identified three interconnected themes. The first theme illuminated the negative emotions and daily challenges encountered by caregivers, with particular emphasis on self-blame and feelings of pity directed toward the patients. These challenges brought to light the second theme, which centered on the coping mechanisms employed by caregivers, focusing on the emotional support from peers and colleagues, alongside the cultivation of meaningful relationships with patients. The third theme uncovered an additional dimension of the caregiving profession, revealing the positive psychological impact of the caregiver's role. This theme specifically explored the personal fulfillment derived from patients' progress and well-being, as well as an enhanced sense of gratitude fostered by the recognition of life's challenges. Collectively, the findings offered a comprehensive portrayal of the full spectrum of caregivers' emotional experiences, providing valuable insights into the working conditions within the mental health field.

Keywords

Caregivers, boarding house, emotional challenges, coping mechanisms, positive impact

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Literature review

The caregiving profession holds a vital role in modern societies, providing indispensable support to individuals experiencing physical, cognitive, and psychological challenges. Caregivers are individuals who provide not only practical assistance with daily tasks such as hygiene, nutrition, and medication management, but also essential emotional support to individuals who are unable to care for themselves due to illness or disability (Schulz & Sherwood, 2008; Zarit & Femia, 2008). Caregivers typically provide their services in a range of settings, including patients' homes, hospitals, and supportive residential facilities such as boarding houses. This profession is associated with several challenges, which can physically and mentally exhaust the caregiver (Laverdière et al., 2018). Moreover, the demands are notably elevated when the care-receivers face severe mental and intellectual disabilities (Emerson & Hatton, 2007). This research will explore the lived experiences of caregivers employed in a boarding house who provide support to adults with autism and schizophrenia, by investigating the emotional challenges they encounter, the strategies they employ to manage these challenges, and the positive outcomes associated with their profession.

Autism and schizophrenia are two disorders that profoundly affect the daily functioning of diagnosed individuals. On the one hand, autism is a pervasive neurodevelopmental disorder that affects many aspects of daily life, including behavior, communication skills, social interactions, and sensory processing (American Psychiatric Association; APA, 2013; Volkmar, Klin & McPartland, 2014). Although it is a disorder that typically manifests in childhood, many individuals continue to face challenges into adulthood, leading to substantial impairments in their overall functionality (Magiati & Howlin, 2019). Simultaneously, adults with autism frequently experience a variety of comorbid conditions, such as depression and chronic anxiety, which further complicate their care requirements (Lai et al., 2014). On the other hand, schizophrenia is a chronic mental disorder marked by a spectrum of symptoms, including hallucinations, delusions, disorganized thinking, impulsive behaviors, and cognitive impairments (APA, 2013). The disorder can profoundly affect the social and occupational functioning of individuals, often making self-care tasks challenging (Barlow, 2014). In rare instances, the coexistence of the two aforementioned disorders can occur, creating substantial barriers to daily functioning for both the patients and their social networks (Buck et al., 2014). In such cases, the implementation of specialized care strategies becomes necessary, rendering the role of professional caregivers indispensable and notably multifaceted.

Unfortunately, in many cases, the families of adults with autism and schizophrenia are unable to implement the required therapeutic interventions, leading to the placement of these individuals in boarding houses or psychiatric facilities. Boarding houses play a vital role in supporting these individuals, as they offer appropriate accommodation and supervision while implementing therapeutic interventions to enhance their quality of life and social reintegration (Thomson, 2014). Within such settings, caregivers serve as frontline professionals, undertaking multifaceted roles that include providing psychotherapeutic support, assisting with daily living activities, administering medication, and managing behavioral challenges (Lakin et al., 2010). The role of caregivers is centered on establishing healthy and therapeutic relationships with patients, a process that demands specialized skills in empathy and caregiving by those professionals (Reid, 2019). However, this role is accompanied by a range of challenges that can strain the caregiver's psychological well-being and potentially lead to occupational burnout. The patients' deteriorating condition, unpredictable behavior, communication challenges, and the emergence of emotional and physical crises represent some of the most significant obstacles caregivers encounter within a boarding house (Gray, 2002; Hasting, 2002). Moreover, factors such as the lack of external support, understaffing, insufficient therapeutic resources, and the inherent risks associated with the role render the caregiving profession psychologically taxing and demanding (Schäfer et al., 2020).

The aforementioned challenges, combined with the inherently demanding nature of the profession, can impose a substantial emotional burden on caregivers. According to Lazarus' transactional model, occupational stress arises when the demands of the profession surpass the coping resources and skills that the employees perceive they possess (Lazarus, 1984). The Compassion Fatigue and Satisfaction Model (Figley, 2002) posits that, due to the stress and emotional demands of caregiving, professionals often internalize many of the work-related challenges, leading them to question their abilities and become overwhelmed by feelings of inadequacy and failure. Furthermore, Paul Gilbert (2005), the founder of Compassion-Focused Therapy, explains that caregivers often perceive the support they provide to patients as insufficient, which makes them more vulnerable to self-criticism and intense feelings of self-blame. The unpredictable behavior of patients with schizophrenia and autism, coupled with limited progress, is directly linked to the stress and self-doubt experienced by caregivers (Maben, 2014). A recent qualitative study by Kalayci et al. (2023) indicated that when caregivers encounter challenging behavioral episodes from patients, despite their best efforts, they often perceive these difficulties as personal failures, leading to reported feelings of guilt and remorse. These challenges not only deteriorate the caregiver's psychological well-being but also adversely impact the therapeutic relationship with patients, highlighting the necessity for interventions that offer psychological support to caregiving staff.

A significant part of the emotional burden experienced by caregivers originates from the feelings of pity and compassion they hold toward their patients. Feelings of pity reflect the deep empathy that caregivers experience toward the struggles and daily challenges of their patients, playing a pivotal role in shaping both the effectiveness of care and their own overall well-being (Goetz et al., 2010). According to the empathy-altruism hypothesis (Batson, 2014), while the feeling of pity can increase the motivation to provide care, it also presents a significant challenge, as caregivers often find it difficult

to manage the emotional weight of their patients' struggles, leading them to become overwhelmed by negative emotions. The aforementioned theoretical framework is supported by Singh's (2024) study, which demonstrated that caregivers experience profound feelings of sympathy and sadness for their patients in boarding houses, contributing to emotional overload and challenges in maintaining professional boundaries. All of this underscores the critical importance of establishing a supportive framework for caregivers, enabling them to effectively manage the intense emotions they experience within the boarding house setting.

To navigate these emotional challenges, caregivers often "shield" themselves by employing a range of coping mechanisms. Seeking emotional support from friends and coworkers is one of the most important coping strategies used by caregivers of individuals with autism and schizophrenia. The boarding house environment requires a high level of interaction among colleagues, as they all face similar stressful conditions (Halbesleben, 2006). According to the Job Demands-Resources model (Demerouti et al., 2001), colleagues often form relationships based on sympathy and mutual understanding to cope with emotional exhaustion, fostering an environment of mutual support and collective resilience. At the same time, the support provided by friends and family outside the workplace is equally important. The social identity approach to health (Haslam et al., 2018) suggests that maintaining connections with friends outside the workplace is crucial for the psychological relief and emotional validation of caregivers, as it enables them to distance themselves from the demanding work environment and supports the sense of identity beyond their caregiving role. These theories are confirmed by the research of Wilks and Croom (2008) which revealed that caregivers who are surrounded by a supportive network of friends demonstrate greater effectiveness in their professional roles and achieve higher scores on measures of mental resilience.

An equally important coping mechanism for caregivers in boarding houses is the creation of meaningful and authentic relationships with the patients they support. Viewing care receivers as multifaceted individuals with numerous significant qualities beyond their disabilities can offer caregivers a different and more enriching perspective on their professional role (Kontos & Naglie, 2009). The self-determination theory proposed by Deci and Ryan (2012) argues that the need for human relatedness is a fundamental psychological need and can function as a vital emotional resource. For caregivers, the positive emotions derived from establishing meaningful relationships with patients act as a counterbalance to the demanding and psychologically draining conditions of their work, as they enhance the sense of connection and belonging (Traynor et al., 2010). The qualitative studies by Templeman et al. (2020) and Monin et al. (2019) supported the abovementioned theoretical framework. The results revealed that caregivers not only derive emotional rewards, such as joy and satisfaction, from their relationships with patients, but they also come to perceive the challenges of their profession as opportunities for personal growth and development.

The previous paragraph highlighted that, despite the numerous challenges inherent in the healthcare profession, many caregivers report that their role can also positively influence their psychological satisfaction. The bond that caregivers develop with their patients, combined with the substantial energy they devote to their care, results in caregivers being profoundly impacted by the patients' progress and overall well-being. According to Ryff's (1989) Psychological Well-Being theory, an individual's sense of meaning in life and personal growth are closely connected to the progress and well-being of those they care for. For caregivers of adults with autism and schizophrenia, the patients' progress is inherently limited, and the challenges they face are often profound, making even the smallest moments of joy particularly meaningful and significant (Matthews, 2016). Therefore, the observation of a smile on the faces of patients and the improvements in their emotional stability serve as an important emotional reward for caregivers, as it boosts their self-confidence and imbues their profession with a deeper sense of meaning (Carbonneau et al., 2010). Ryff's theory is reflected in the research by Kruithof et al. (2012), which demonstrated that the observation of improvements in a patient's emotional state is positively correlated with a heightened sense of personal fulfillment in caregivers.

The positive impact of the role is also evident through the recognition of the daily challenges that exist, which is linked to an increase in the gratitude felt by caregivers. The background and daily issues faced by adults with autism and schizophrenia, coupled with the evident barriers created by their disabilities, lead caregivers to develop a profound sense of gratitude for their own lives, making them more aware that their personal privileges should not be taken for granted (Lovell & Wetherell, 2023; McCullough et al., 2002). According to Emmons and McCullough's (2003) Gratitude as a Cognitive–Affective Transformation theory, recognizing the difficulties faced by others helps individuals appreciate even the smallest and most overlooked aspects of daily life, which is associated with improved psychological well-being. Furthermore, the Broaden-and-Build Theory of positive emotions (Fredrickson, 2004) suggests that gratitude for simple things can function as a coping mechanism in challenging environments, such as within a boarding house, thereby contributing to the strengthening of psychological resilience. Therefore, as revealed by Fultz's (2024) study, caregivers develop gratitude that allows them to view life from a different perspective, enabling them to build healthier social relationships and approach daily challenges with a more positive outlook.

Despite growing awareness of the caregiving profession, there remains a significant gap in the literature concerning the role and lived experiences of caregivers working in boarding houses that support adults diagnosed with both autism and schizophrenia. The existing literature mainly centers on family or sole caregivers, often neglecting the challenges and emotional dynamics that arise within the context of boarding houses. Furthermore, most research has emphasized the negative emotions and burnout experienced by caregivers, while largely overlooking the potential positive psychological impacts associated with the caregiving profession. This qual-

itative study pursues three main objectives: first, to examine the emotional burden experienced by caregivers working in boarding houses; second, to explore the coping mechanisms they employ to manage this burden; and third, to illuminate the positive psychological impact that may arise from their caregiving role. To achieve this, Interpretative Phenomenological Analysis (IPA) is considered the most suitable analytical approach, as it facilitates an in-depth exploration of both the positive and negative experiences of caregivers working with adults with autism and schizophrenia. Therefore, the ultimate goal of this study is to shed light on various underrepresented aspects of the immense importance of the work carried out by caregivers.

Methodology

Study Design

Qualitative research is considered the most suitable method for analyzing the current study's dataset. In contrast to quantitative research, qualitative studies focus on understanding lived experiences, social interactions, and cultural meanings. Consequently, they examine variables that typically cannot be quantified (Battiste et al., 2018). Therefore, qualitative research is mainly used to investigate and comprehend human experiences, actions, and meanings in a particular context (Creswell & Poth, 2016). Regarding this analysis, the use of qualitative methods was appropriate for capturing the subjective experiences of the participants, as it delved into the emotions, thought processes, and daily lives of the caregivers in the boarding house. Some of the most common data collection techniques in qualitative research include semi-structured interviews, focus groups, document analysis, and observation (Smith et al., 2014). For this study, semi-structured interviews were employed as the primary data collection method. This approach facilitated an in-depth exploration of the caregivers' emotional experiences. While the overall structure of the interviews was predetermined, the inclusion of open-ended questions allowed flexibility, enabling adaptation to various research contexts and participant needs (Smith et al., 2014).

Analytic Approach

The choice of Interpretative Phenomenological Analysis (IPA) for this qualitative study is supported by a strong theoretical and philosophical framework, which highlights the efficacy of this approach. Gaining insight into an individual's inner world is a difficult task that necessitates a clear understanding of IPA's core principles. More precisely, IPA aims to explore the deeper meanings of individuals' perceptions, understandings, and unique viewpoints, which makes this method especially appropriate for the subject of this study (Reid et al., 2005).

According to Smith and colleagues (2014) the two main theoretical pillars that support Interpretative Phenomenological Analysis are interpretivism ontology and constructivist epistemology. On the one hand, interpretivism ontology is a philosophical approach that argues reality cannot be understood from a purely objective perspective but is instead a product of social interactions and subjective experiences (Smith et al., 2014). On the other hand, constructivist epistemology maintains that people's subjective experiences and the meanings they assign to them are the foundation for their comprehension of the world and their acquisition of knowledge (Smith et al., 2014). The use of these two theoretical pillars aligns perfectly with the needs of the current study, as they offer a deeper understanding of the complex emotional experiences of caregivers, which are continuously shaped and transformed by both personal and social contexts.

The epistemology of IPA is grounded in three core components: phenomenology, the idiographic approach, and hermeneutics (Smith et al., 2014). According to Edmund Husserl, the founder of phenomenology, this approach focuses on individual's subjective experiences in an effort to comprehend how they interpret and make sense of their own reality (Alase, 2017). Phenomenology is used in this study to highlight how caregivers understand and give meaning to their everyday experiences within a boarding house that supports adults with autism and schizophrenia. Therefore, this approach allows the researcher to gain a deeper understanding of caregivers' emotional experiences without imposing preconceived interpretations. Similarly, the idiographic approach does not seek general laws but instead focuses on uncovering each individual's unique perspective (Moses & Knutsen, 2012). Consequently, as the caregivers discuss their own experiences, the researcher is able to gain insights into their viewpoints and narrative worlds (Breakwell et al., 2012). Heidegger's hermeneutics and the concept of double hermeneutics is the final essential component of IPA. According to Heidegger, each individual's innate meaning derives from the way they interpret their own experiences (Farin, 2014). Beyond this, IPA applies a double hermeneutic, where the researcher further evaluate caregivers' perceptions of their own experiences (Smith & Osborn, 2003).

The six-step IPA process described by Smith et al. (2014) will be used for the data analysis of this study. This model states that the process starts with reviewing the interview transcripts several times over. By reading and re-reading the transcripts, the researcher familiarizes and becomes comfortable with the data. Following that, the researcher conducts a more thorough analysis by taking initial notes and identifying the main themes. The third step involves the development of emergent themes, which highlight key insights derived from the initial notes. This is followed by the connection of themes, where the researcher examines the relationships between emergent themes to identify patterns. Once the researcher has completed these steps for one participant, he repeats the process for each participant's interview. Finally, the identification of patterns across cases allows the researcher to develop a cohesive and comprehensive interpretation of the findings.

Sample

The research sample consisted of six participants aged 25 to 60 years. Among the selected sample, four participants were

female, and two were male. Given that the researcher was involved in the field of mental health, the participants were recruited through the researcher's own working network. The appropriate number of participants in an IPA study range between six and eight; therefore, the selection of six participants for this research was considered sufficient (Turpin et al., 2009). The only inclusion criterion was that the participants must be currently employed as caregivers, specifically working with adults with autism and schizophrenia. This study also included specific strict exclusion criteria for participation. Initially, participants who had been working in the mental health field for less than one year were excluded from the study due to a lack of sufficient experience. Additionally, participants should not be under the influence of alcohol or any psychoactive substance during their involvement in the study. Furthermore, individuals with mental or intellectual disorders were excluded. Finally, individuals under the age of 18 were not eligible to participate in this study.

Procedure

The participant selection process was carried out through purposive sampling to ensure that the participants were caregivers with relevant experience related to the topics being analyzed. The six participants work in a boarding house in Athens, Greece, which supports adults with autism and schizophrenia. As an initial step, the researcher contacted the administration of the boarding house to obtain permission for conducting the interviews. After receiving approval, the researcher approached the participants and inquired if they were interested in participating in this qualitative research. The researcher then informed them about the process and provided them with the necessary information and ethics consent forms. The forms included the information sheet, the invitation, the consent form, the debrief sheet, the GDPR statement and the risk assessment. After reading the sheets and agreeing to the process, the participants suggested a date that would be convenient for them to conduct the interview. The researcher agreed to the proposed date and verbally reiterated the process and the participants' rights during the study. He then thanked them and confirmed the appointment for the interview day.

The participants and the researcher mutually agreed that the interviews would take place in the participants' workplace. Each interview was conducted in a private office, free from external noise and distractions and lasted approximately 45 minutes. The researcher informed the participants that the interview would be recorded, and once they agreed, the process began. During the conclusion of the interviews, the researcher sincerely thanked the participants and informed them that they could have the option to withdraw their data within two weeks after the interview. Having collected all the necessary data, the researcher proceeded with transcribing the interviews and initiated the analysis process.

Materials

The primary material required for conducting the interviews was a mobile smartphone, which was used to record the interviews. The interview transcripts were created manually by the researcher. The transcripts were recorded in Word documents and stored on the researcher's personal computer. In addition, the materials also included the forms that were earlier mentioned in the procedure segment. Specifically, participants received an invitation to participate, which provided a brief overview of the study's purpose and included the researcher's contact information. After that, an information sheet was used to outline detailed aspects of the research process and clarify the participants' role. Participants were also provided with consent forms, which included details about the research objectives of the study. Furthermore, a debriefing form was given to the participants, in which the researcher expressed gratitude for their involvement. Finally, the researcher used a list of 10 questions (Appendix 1) that were asked during the interviews, which helped guide the conversation.

Ethics

The conduct of the research was approved by the Ethics Committee of the University of Derby at the Mediterranean College campus in Athens, Greece. The full briefing of the participants regarding the nature of the research was a fundamental prerequisite for its conduct. Through the aforementioned forms, the participants received all the necessary information regarding the purpose of the research, the procedures followed, potential risks, as well as their right to withdraw from the study at any time they wished. Additionally, a key principle of the research was ensuring the confidentiality and anonymity of the participants. In order to ensure confidentiality, the recorded interviews and transcripts were stored securely, and only the researcher had access to the data. Similarly, all identifiable information, such as names, locations, and personal details, was concealed, and pseudonyms were used to protect the anonymity of the participants. Moreover, if participants expressed discomfort during the interviews, they had the explicit right to withdraw from the study without any consequences, as their participation was entirely voluntary. They also had the right to withdraw their data up to two weeks after the completion of the interviews. At the same time, participants were reassured that their participation in the study would not expose them to any physical, psychological, or emotional risk. The final ethical consideration concerned providing support and debriefing to the participants. Specifically, participants were provided with full information about the study's findings, and they had access to support services in case the interview had caused any discomfort or emotional distress.

Reflexivity

According to Heidegger, no study can be entirely objective, as a researcher can never be utterly free from bias (Øverenget, 2001). Therefore, due to the nature of this specific research approach, it is inevitable that the data collection and its analysis will be influenced to some extent by the personal experiences and temperament of the researcher (Reid et al., 2018). At this point, through the reflexivity section, this particular limitation

is acknowledged; however, it is emphasized that the researcher is aware of its presence and will make every effort to remain as objective as possible.

Before I (lead author) begin my research, I must acknowledge that my personal beliefs, past experiences, and temperament may influence the analysis of this qualitative study. The fact that I work as a supervisor of volunteers and interns in a boarding house that supports adults with autism and schizophrenia has undoubtedly shaped certain biased beliefs. As a result, the research may, to some extent, reflect statements derived from my personal experiences within this context. At the same time, the fact that the participants are my colleagues, with whom I interact daily, may influence the flow and content of the interview. However, my goal is to ground my research in reliable and up-to-date psychological and philosophical literature, while making every effort to set aside my personal beliefs as much as possible. A key support in this effort is my academic supervisor, who continually assists me in maintaining a more objective stance toward the matter.

Analysis

The analysis of the six interviews uncovered a variety of recurring patterns (see also Appendices 2 and 3), which were subsequently categorized into distinct thematic areas. The three most prominent themes that emerged and were examined in detail were: 1) The emotional burden experienced by caregivers, 2) The coping mechanisms employed by caregivers to manage negative emotions, 3) The positive psychological impact on caregivers. Each theme comprised two subthemes, which were analyzed through the interpretation of three representative extracts.

Theme 1: The emotional burden experienced by caregivers

The first theme addressed the negative emotional burden experienced by caregivers working in boarding houses that support adults with autism and schizophrenia. The significant responsibilities inherent in the profession, combined with the challenging conditions present, often cause caregivers to experience anxiety and doubt their own abilities. Simultaneously, the patients' compromised condition and the daily suffering they endure can impact caregivers' psychological well-being in multifaceted and complex ways.

Sub-theme 1: Caregivers' self-blame and uncertainty regarding their competence

Given the high significance and immense responsibility inherent in the caregiving profession, caregivers often experience both successes and setbacks with heightened intensity. However, they tend to be more profoundly affected by setbacks and frequently engage in self-blame, which leads to intense feelings of shame and guilt.

Extract 1: "At first, anxiety affected me quite a lot. I saw it as my own burden, wondering what I had done wrong, how I could help them (the patients), searching for the right way, and blaming myself for anything that might have gone wrong."

The extract accurately presented how the internalization of work-related stress -as described by Figley (2002)- contributed to the questioning of personal capacities and the emergence of self-blame. The working conditions triggered automatic, self-blaming thoughts, which subsequently intensified anxiety and contributed to the formation of a vicious cycle. At the same time, the constant search for the *"right way"* highlighted that caregivers often struggled with self-confidence, despite having demonstrated effectiveness in their roles in the past. The aforementioned statements aligned with Lazarus's (1984) theory, illustrating how cognitive appraisals of helplessness and inadequacy contribute to heightened anxiety and emotional exhaustion.

Extract 2: "I keep thinking about whether I did something wrong, like if I should have paid more attention to something, or if there was something I didn't know that could have helped me, just so it wouldn't happen again... And many times, I feel guilty because I'm not always 100% sure about certain things when it comes to providing the right care for each patient individually."

This extract further explored the feelings of guilt and insecurity experienced by caregivers. The caregiver's repeated questioning—whether they did something wrong or could have acted differently—further underscored their tendency toward self-blame. Furthermore, the caregiver's admission that they were not absolutely certain about the care they provided accurately reflects the lack of self-confidence described by Gilbert (2005). Of course, caregivers tend to attribute this sense of uncertainty to their own perceived shortcomings, often overlooking the inherent complexity of dual diagnoses and the highly individualized nature of care required (Maben, 2014).

Extract 3: "The anxiety is much greater compared to an office job. You're dealing with people and their lives, so even the smallest mistake can become a huge emotional burden for the caregiver."

In contrast to the previous extracts, this passage placed particular emphasis on the substantial responsibility borne by caregivers. Here, the caregiver draw a comparison with an office job to emphasize the emotional exhaustion inherent in the caregiving profession. The caregivers' emphasis on the fact that they are dealing with human beings highlighted the profound demands of the profession, which amplifies stress levels, as described in the transactional model (Lazarus, 1984). Finally, the assertion that any type of mistake could potentially traumatize the caregiver's emotional well-being underscored the intense pressure caregivers experience, which is directly associated with their propensity for self-blame and the internalization of challenges.

Sub-theme 2: Feelings of pity towards patients

The coexistence of autism and schizophrenia in adults can significantly impair patients' psychological well-being and daily functioning. The patients' impaired daily reality can evoke feelings of pity and sadness towards them, especially within the context of a boarding house, where caregivers are often responsible for managing their frequent emotional crises.

Extract 4: "I think the hardest emotion is the sadness I feel for these people… Thoughts constantly cross my mind where I find myself wishing they didn't have to be in this situation."

This extract emphasized the empathetic distress that caregivers experience for their patients in the course of their work. Describing sadness as the *"hardest emotion"* indicated that the caregivers' feelings of pity and sorrow arise not from their tasks, but from their awareness of the lived reality of the patients they care for. This response was well explained by the empathy-altruism hypothesis (Batson, 2014), which reveals how feelings of pity pose a substantial challenge for caregivers. Moreover, the caregiver's openly expressed "wish" underscored the profound concern for the patients' quality of life, highlighting the deep sorrow and emotional distress caregivers experienced for them.

Extract 5: "There were days I'd come home and cry... I felt heartbroken for all these people, especially the younger ones, because I saw them like my own children. In the beginning, it affected me deeply."

Here, the intensity of the caregivers' emotional connection to the patients within the boarding house became markedly evident. The caregiver's admission that they often cried and felt *"heartbroken"* after their shifts revealed that the emotional burden has grown so intense that it became emotional exhaustion. These points supported the findings of Singh (2024), as they illustrated a situation in which the caregiver struggles to maintain professional boundaries, overwhelmed by the deep pity and empathetic distress they feel for their patients. The difficulty in maintaining professional boundaries was also evident in the fact that caregivers often see the patients as their own children. This admission not only highlighted the caregiver-patient emotional attachment but also suggested that such closeness can intensify feelings of pity and sorrow.

Extract 6: "When they have emotional breakdowns, you see the pain in their eyes, and it fills you with immense sadness."

The severe challenges faced by the patients and the emotional burden transferred to their caregivers were once again clearly demonstrated, through the final extract. The way they perceived and internalized the pain of care-receivers reflected both the depth of the caregiver–patient bond and the significant psychological impact this connection had on the caregivers' mental health. The patients' pain translated into the caregivers' experience of *"immense sadness"* reflecting the deep empathy that Goetz, Keltner, and Simon-Thomas (2010) previously described. Finally, this extract also reflected the findings of Singh's (2024) study, emphasizing that patients' crises or emotional breakdowns served as significant triggers for the caregivers' feelings of pity.

Theme 2: Coping mechanisms employed by caregivers to manage negative emotions

The aforementioned emotional burden can contribute to caregiver exhaustion, which typically manifests through feelings of frustration, depression, and uncertainty, and may ultimately lead to occupational burnout. To avoid this adverse condition, caregivers often adopt various psychological defense mechanisms in an effort to preserve their emotional well-being. One way to achieve this is by cultivating a secure social circle of friends, colleagues, and family members, with whom they can openly share their emotional experiences and receive psychological support. A second coping mechanism involves fostering strong relationships with patients, enabling caregivers to derive a deeper sense of meaning from their professional role.

Sub-theme 1: Emotional support from peers and colleagues

Engaging in conversations with friends about work-related experiences and emotions can serve as a vital "psychological refuge" for caregivers, providing an external and more objective perspective on their challenges. Moreover, building friendly relationships with colleagues also serves as a crucial source of psychological support, reinforcing the idea that they are not facing those challenges alone.

Extract 7: "...I blamed myself and saw it as my own fault... But my friends reminded me that sometimes things just happen, and that it's not always my responsibility."

This extract directly highlighted how interaction with friends could serve as a psychological counterbalance to the challenges identified in the first theme regarding emotional exhaustion and feelings of self-blame. Friends and individuals external to the work environment tend to adopt a more unbiased perspective on the situations described by caregivers, resulting in responses that are comparatively less emotionally charged. Therefore, caregivers could evaluate situations more objectively and gain a realistic understanding of the responsibilities they hold. This form of support reduced the emotional burden experienced by caregivers, thereby reinforcing the psychological significance of social interaction. Moreover, the extract aligned with the Social Identity Approach to Health (Haslam et al., 2018), illustrating that friends could serve as a safe place where caregivers could gain emotional relief.

Extract 8: "The colleagues I work with can step into my shoes and understand how I think and how I feel."

This extract highlighted the positive role that colleagues could play in supporting the emotional well-being of caregivers. Specifically, fostering positive relationships with co-workers enables caregivers to feel heard and understood, thereby reducing feelings of isolation as they manage the challenges of their role. As Halbesleben (2006) argued, the shared experience of similar daily challenges promotes collective resilience, thereby distributing the emotional burden among caregivers. Furthermore, the feeling that someone understands how they *"think"* and *"feel"* aligned with the Job Demands-Resources model (Demerouti et al., 2001), which identifies the sense of belonging as a key coping mechanism for managing work-related stress.

Extract 9: "Through conversations with my friends, the burden I carry feels a bit lighter... They help me see things from a different perspective, we share some humor, and overall, it helps me unwind."

Similar to extract 7, this passage highlighted how interactions with friends supports caregivers in coping with emotional exhaustion. The depiction of friends helping to *"lighten the burden"* aligned with findings by Wilks and Croom (2008), which demonstrate that having a supportive social network is linked to greater mental resilience and reduced psychological distress. However, the distinctive aspect of this extract was its reference to the use of *"humor"*. In general, humor functions

as an emotion-focused coping mechanism and, particularly within the emotionally demanding context of boarding houses, can serve as a highly effective strategy for managing stress.

Sub-theme 2: Fostering meaningful relationships with patients

As previously noted, the comorbidity of autism and schizophrenia poses substantial functional and psychological challenges for diagnosed individuals, often leading their caregivers to experience emotions such as fear, anxiety, and pity. One coping strategy employed by caregivers to manage negative emotions involves developing meaningful relationships with their patients. The aim of these relationships is to highlight individuals' personal attributes rather than focusing on their diagnosed conditions.

Extract 10: "It's important for me to get to know each patient and understand their individual traits. I try to give each person a sense of identity, rather than seeing only their condition or illness as the thing that defines them. When I'm able to see the person behind the episodes, it becomes easier to cope, because they're no longer strangers, and that makes it less frightening."

This extract perfectly captured the essence of person-centered caring. As noted by Kontos and Naglie (2009), this extract illustrated the caregiver's effort to engage with the patients' temperamental traits, viewing them as whole individuals whose identities extend beyond the complexities of their diagnoses. The caregiver's effort to attribute a sense of identity to each patient contributed to more personalized care, emphasizing the unique characteristics of each individual. Moreover, the caregiver noted that building meaningful relationships with patients facilitates the management of emotional crises. This, in turn, enhanced their effectiveness at work, thereby reinforcing the principles of self-determination theory (Deci & Ryan, 2012).

Extract 11: "They feel like family to me… When I leave, it feels like I'm saying goodbye to my own people. I constantly worry about how they'll be treated and cared for while I'm gone."

Similarly, this extract underscored the importance of establishing deep emotional bonds between caregivers and their patients. In this passage, the caregiver described viewing their patients *"like family"* and referred to them as *"my own people"*, highlighting the connection between them. Specifically, in the context of boarding houses, patients reside there on a permanent basis, spending the entirety of their day with caregivers and other staff members. This sustained and intensive interaction fosters a mutual relationship of affection and care, which can be compared to those typically found within families (Traynor et al., 2010). The depth of this relationship was evident in the caregiver's observation that even outside of working hours, their thoughts remained focused on their patients.

Extract 12: "You're dealing with people, not computers or lifeless objects. You're dealing with souls who need your help. And if you can't do it with your whole heart, then maybe it's time to consider a different profession."

Once again, it was evident that particular emphasis was placed on a humanistic and values-oriented approach to the caregiver–patient relationship. The comparison of patients to *"computers"* and *"lifeless objects"* served as a person-centered care perspective, emphasizing the need for a deeper, more meaningful therapeutic relationship. Therefore, the fundamental notion that the caregiver must engage with their *"whole heart"* aligned closely with the theoretical framework of Self-Determination Theory (Deci & Ryan, 2012).

Theme 3: The positive psychological impact on caregivers

In contrast to the previous themes, the final theme explored the positive impact that providing care can have on caregivers' psychological well-being. Specifically, beyond the previously discussed challenges, the caregiving profession can foster a renewed sense of purpose, evoking feelings of gratitude, hope, and fulfillment. The analysis revealed two sub-themes: first, the sense of fulfillment caregivers experience when witnessing their patients' joy and progress; and second, the feeling of gratitude that arises from gaining a renewed perspective on life through their caregiving role.

Sub-theme 1: Personal fulfillment derived from patients' progress and well-being

As previously noted, caregivers often develop strong bonds with their patients, experiencing both their joys and sorrows with great intensity. However, witnessing their patients' progress, alongside the moments of joy they experience, constitutes a significant source of satisfaction for caregivers, effectively motivating them to continue their work.

Extract 13: "Just seeing a smile on the faces of the people we help, or even the simplest gesture, like getting out of bed and finding joy in things that aren't taken for granted by everyone, fills me with a deep sense of purpose."

In contrast to the extracts from the first theme, which consistently emphasize the emotional disorientation experienced by caregivers, this extract highlights the *"deep sense of purpose"* that caregiving can foster. Specifically, it is demonstrated that even the smallest indications of progress and joy from patients can serve as a significant emotional reward for caregivers (Mathews, 2016). This aligns closely with Ryff's (1989) Psychological Well-Being theory, highlighting the highly interactive nature of the caregiver–patient relationship, in which one's emotional state can profoundly influence the other's.

Extract 14: "I feel a deep sense of fulfillment... It fulfills me... I feel that I matter to some people, that those people need me, and wait something from me, and I have to be there to offer them what I can."

Similarly, this extract underscored the sense of validation and personal worth that caregivers derive from their professional role. In this context, the sense of fulfillment arise from caregivers feeling valued and needed by their patients. The repeated statements that they *"matter to some people"* significantly enhance their self-confidence, serving as a powerful validation of their professional and personal identity. This not only aligned with the findings of Carbonneau and colleagues (2010) about the enhancement of self-worth, but also functions as a crucial buffer against burnout—particularly within the context of boarding houses, where emotional challenges are considerable.

Extract 15: "I feel that patients experience a sense of safety, trust, warmth, and positive emotions when they're with me. That

shows me the impact I have and makes me realize that this isn't just a job, it's something truly meaningful."

At this stage, particular emphasis was placed on the emotional and relational influence that caregivers can exert on their patients. Once again, the reference to patients experiencing *"safety, trust, warmth, and positive emotions"* underscored the profound impact of the caregiver–patient relationship. This acknowledgment of the positive impact caregivers have on their patients serves as a vital source of validation, confidence, and motivation, while also imbuing the profession much more *"meaningful"*. These statements aligned with the findings of Kruithof, Visser-Meily, and Post (2012), demonstrating that caregivers' recognition of patients' improvements is associated with an increased sense of purpose.

Sub-theme 2: Enhanced gratitude through the recognition of life's challenges

Caregivers' sense of purpose is shaped not only by the emotional well-being of their patients, but also by the renewed perspective they develop toward everyday challenges. Spending extended periods in a work environment characterized by pain and emotional distress fosters a heightened sense of gratitude among caregivers for everyday aspects of life that may have previously been taken for granted.

Extract 16: "I've become a better person and started seeing life through a different point of view. I've realized that life isn't always easy, and above all, I've learned to truly value mental and physical health."

This extract revealed the emotional and cognitive transformations experienced by the caregiver within the context of a boarding house supporting adults with autism and schizophrenia. Continuous interaction with individuals who experience daily suffering can significantly alter the caregiver's perspective on life, often fostering a deeper sense of gratitude. In this instance, the caregiver emphasized that appreciating mental and physical health is among the most valuable lessons of the profession, thereby supporting Emmons and McCullough's (2003) theory about gratitude. Therefore, it became evident that such transformations not only enhance the caregiver's professional effectiveness but also significantly contribute to their personal growth.

Extract 17: "Suddenly, I became aware of a whole side of daily life that isn't so pleasant, and of how many people are fighting daily battles over things we can't even imagine."

Similarly, this extract once again highlighted the caregivers' sudden awareness of life's inherent difficulties. The way this awareness was portrayed suggested that the caregiver may be impacted in two distinct ways. On the one hand, this sudden realization appeared to potentially shock the caregiver, eliciting unpleasant emotional responses. However, on the other hand, this awareness could also foster feelings of gratitude and emotional strength, thereby serving as a substantial source of personal growth. In the latter case, the caregiver demonstrates enhanced psychological resilience, thus corroborating both Fredrickson's (2004) Broaden-and-Build Theory of positive emotions and the recent findings of Fultz (2024).

Extract 18: "The most important lesson is learning to appreciate things you once took for granted. You realize that waking up in your own bed, having a cup of coffee, going out for a walk are things that aren't guaranteed, and it's a mistake to treat them as if they are."

The final extract focused on the profound sense of gratitude that the caregiver develops for the simplest aspects of life, which are often overlooked or taken for granted. Here, the caregiver seek to challenge the common misconception that simple pleasures, such as enjoying *"a cup of coffee"* or *"going out for a walk"*, are universally considered as self-evident. On the contrary, the aim of the caregiver was to emphasize that for many individuals, such simple things are regarded as luxuries, and thus everyone should learn to appreciate them and feel satisfied in possessing them. This aligned with Emmons and McCullough's (2003) Gratitude as a Cognitive–Affective Transformation theory, which posits that awareness of the challenges faced by boarding house patients can foster a more grateful and positive outlook on everyday life.

Discussion

The analysis closely aligned with the initial objectives of this qualitative study. Once again, the primary aim of this research was to attain a comprehensive and in-depth understanding of the lived experiences of caregivers working in boarding houses that support adults with autism and schizophrenia. The aforementioned findings facilitated a comprehensive understanding of the full spectrum of caregivers' emotional experiences and enabled the extraction of valuable insights into the complex nature of the caregiving role and the multifaceted conditions prevailing within mental health facilities.

The study's findings revealed three principal themes, each comprising distinct subthemes, which are closely interrelated and conceptually built upon one another. The first theme analyzed pertained to the negative emotions experienced by caregivers, arising from the adverse working conditions and the inherent challenges associated with the caregiving profession. The psychological state of employees is often closely interrelated with the prevailing atmosphere of their work environment (Schaufeli & Bakker, 2004). Individuals working in boarding houses—particularly caregivers—are no exception, as the analysis of their interviews revealed a range of negative emotions, including anxiety, self-blame, anger, disappointment, and sorrow. However, the analysis indicated that the two most prevalent negative emotions experienced by caregivers are self-blame, stemming from insecurity regarding their professional abilities, and a profound sense of pity towards the patients due to their circumstances.

Concurrently, the analysis revealed a second theme, indicating that caregivers do not surrender to their negative emotions but rather employ a range of coping strategies to manage and regulate them. As inherently social beings, humans experience significant relief and emotional support when they are able to share their thoughts and concerns with others (Rimé, 2009). This was clearly demonstrated in the interviews, which supported the theoretical underpinnings of the Job

Demands-Resources model (Demerouti et al., 2001) and the Social Identity Approach to Health (Haslam et al., 2018), particularly in emphasizing the supportive role of interactions with colleagues and friends in the caregiving context. Moreover, a second significant coping mechanism identified pertains to the formation of meaningful interpersonal connections. Specifically, the establishment of strong bonds between caregivers and patients was shown to play a crucial role in maintaining and enhancing caregivers' psychological well-being.

Finally, the third theme contrasted with the first and directly arise from the coping mechanisms identified in the second. Specifically, caregivers reported that despite the numerous challenges and difficulties inherent in the profession, they were able to discern a higher purpose, which was linked to a range of psychological gratifications. According to the first sub-theme, as previously noted, caregivers develop strong bonds with each patient, which leads to their ongoing concern for the patients' development. Consequently, even the slightest progress, along with patients' expressions of joy and satisfaction, served as a significant source of confidence for caregivers, reinforcing their sense of professional competence. Furthermore, the second sub-theme revealed that the challenging daily realities faced by patients prompt caregivers to reframe their own lives, fostering an increased appreciation for fundamental goods and virtues that they had previously taken for granted.

The three themes presented provided a comprehensive understanding of the emotional spectrum experienced by caregivers working in boarding houses for vulnerable populations. The initial analysis of caregivers' statements revealed a series of inherent challenges within the caregiving profession, including difficulties in managing patients, lack of stability, insufficient training, underfunding, and chronic understaffing. These conditions frequently translate into substantial psychological pressure on caregivers, which—beyond self-blame and feelings of pity—may manifest as persistent anxiety, guilt, insecurity, hypervigilance, anger, and fear. The aforementioned negative emotions can impose substantial emotional strain on caregivers, potentially culminating in burnout. Nevertheless, as caregivers reported, they frequently employ a range of psychological defense mechanisms to manage and adapt to these challenging circumstances. One defense mechanism identified, in addition to seeking support from friends and colleagues and fostering meaningful relationships with patients, was the deliberate avoidance of excessive rumination on the daily challenges encountered in their work. At this stage, caregivers demonstrate enhanced clarity and psychological resilience, enabling them to recognize and appreciate the positive aspects of the caregiving profession. The interviews with caregivers revealed the positive psychological impact of the profession, manifested in a sense of personal fulfillment, heightened gratitude, increased psychological resilience, greater patience, exploration of the sensitive facets of the self, and an enhanced appreciation for personal autonomy and independence.

This study encompassed several research strengths, which have potential for broad applicability and meaningful practical implications. One of the key strengths of the study lies in its in-depth thematic analysis, which generated rich qualitative data on the emotional experiences of an under-researched population—caregivers working in boarding houses with adults diagnosed with autism and schizophrenia. Secondly, the caregivers' narratives closely aligned with the psychological theories outlined in the literature review, thereby reinforcing the theoretical relevance and coherence of the study. Another strength of the study was its real-world applicability and ecological validity, as the extracts authentically reflected the lived experiences of caregivers within boarding house settings.

Regarding practical applications, this research offers a valuable resource for informing and educating mental health professionals about the roles, challenges, and demands faced by caregivers. More specifically, the detailed portrayal of the full spectrum of emotions experienced by caregivers offers a comprehensive understanding of the daily realities of the profession, elucidates both the psychological challenges and rewards, and suggests practical coping strategies. Simultaneously, this research may serve as an impetus for enhancing conditions within boarding house settings, with a particular emphasis on the promotion and support of caregivers' mental health. Proposals to improve these conditions include the establishment of an emotional support system for caregivers, encompassing scheduled debriefing sessions, peer mentoring, external supervision, and the incorporation of gratitude-based interventions.

However, despite the aforementioned strengths and practical implications, the study also presented several important limitations that warrant acknowledgment. The primary limitation of the study was its small sample size, consisting of only six participants. As is common in many qualitative studies, the limited sample size may constrain the generalizability of the findings and reduce their applicability to broader caregiver populations. Additionally, the study specifically focused on the experiences of caregivers working in boarding houses, thereby excluding other caregiving contexts such as clinics, psychiatric hospitals, and occupational centers. Another limitation inherent to qualitative studies of this nature is the potential for self-report bias. Specifically, participants may have provided responses influenced by social desirability or concerns about professional judgment, which could affect the accuracy and authenticity of the data collected. Moreover, the geographical and cultural context must be carefully considered. The study was conducted in a boarding house located in Athens, Greece, and thus the findings are shaped by the specific social norms and cultural values of that region. Consequently, the experiences of caregivers should be interpreted with caution, as they may not be fully generalizable to different socio-geographical settings. Finally, the study faced temporal limitations, as it employed a cross-sectional design that captured caregivers' emotional experiences at a single point in time. As a result, it did not account for potential emotional fluctuations or developments that may emerge over an extended period.

To address these limitations, a series of recommendations for future research is proposed, aimed at enhancing the depth, breadth, and generalizability of findings in this field. A primary recommendation for future research is to increase the

sample size and ensure greater diversity by including participants from various caregiving settings. Additionally, it would be particularly valuable for future studies to adopt a longitudinal design, allowing for the exploration of how caregivers' emotional experiences and coping mechanisms develop and transform over time. Furthermore, to achieve a more holistic understanding of the caregiver's role, future research could incorporate multiple perspectives through data triangulation. Specifically, examining the views of third parties—such as caregivers' family members, care recipients, or external observers—could provide a more comprehensive and balanced account of the caregiving experience. At the same time, the exploration of coping mechanisms employed by caregivers emerged as a particularly compelling area of inquiry. Consequently, future research should further investigate this topic to achieve a more nuanced and in-depth understanding. Last but not least, examining the policies implemented by boarding houses and exploring potential modifications to enhance caregivers' working conditions represents another important topic for future research.

In conclusion, gaining a comprehensive understanding of the emotional complexities inherent in caregiving is a crucial aspect within the field of mental health. The primary objective of the present study was to offer valuable insights into the emotional experiences of caregivers in boarding houses and to serve as a source of inspiration for improving prevailing conditions within the mental health sector. Therefore, improving caregivers' working conditions will not only enhance their psychological well-being but also increase their effectiveness, thereby facilitating care recipients' progress toward improved quality of life and successful social integration.

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