People with Schizophrenia Out of Social Isolation: A Didactic Perspective to Increase the New Well-Being

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Abstract: The outcome of this pedagogical interview conducted in a Day Care Service found that the pandemic from COVID-19 favored in a group of schizophrenia people social isolation, a flattening of interests, and an increase in additional anxiolytic drug therapy. Thanks to an educational activity carried out with a group of patients who showed before the pandemic period a common interest in watching films, an educational path has been structured that, after six months, allowed them to decrease the need for anxiolytic therapy, resume old hobbies, going out of home and rekindle relationships in the context of belonging. The positive results of this experience underline how, in the treatment paths, it is important to encourage educational interventions to allow patients with schizophrenia to improve their self-being in the world (also reducing the need for support from national health service professionals to access the living environment) and to become an active member of the community.

1. INTRODUCTION

The theme of human well-being has been the subject of many authors, including Sen (1992, 1993). The scholar stimulated a reflection on that set of personal abilities that allow each individual to have self-esteem and take part in community life. Also, the philosopher Nussbaum (2007), studied the same object of research. She elaborated the concept of capacity through ten domains that include dimensions such as good health, the integrity of the body, participation in creative activities, and the ability to plan one’s life rationally… all areas that, already at the beginning of the twentieth century thanks to Basaglia (1968, 2014), have become working dimensions for psychiatric service workers dealing with patients with mental illness. In particular, according to Fett et al. (2011) and Mete (2018), this attention should be paid to patients diagnosed with schizophrenia, whose disease impacts self-care, social relations, cognitive and emotional abilities, perception, thoughts, behaviors, and quality of life.

In this historical period, as the working groups Wang et al. (2020), Liu et al. (2017), Tarquet et al. (2020), Rajkumar (2020) and Bartali et al. (2021) argue, with the advent of the pandemic from COVID-19, even patients with schizophrenia have had a greater economic and social disadvantage, an important stress (also resulting from social isolation) and an increase in anxious and depressive symptoms. In conformity with Galbusera (2018, 2022) it is therefore important to invest in the care and education of the person so that he can return to greater well-being. One of the elements that can lead schizophrenic people to reflect on their well-being to improve is the introduction of a constructive dialogue on their life story also analyzing personal passion such as, for example, watching movies. This passion can become the engine that activates the change necessary for the subject to become an active part of his life and well-being.
2. **CINEMA EDUCATIONAL FRAMEWORK**

Cinema is used as a tool for the care, well-being and education of the person. This concept was well described by Aristotle (1341) when speaking of *catharsis* he argued that the vision of shows allows the viewer to rest, lift the soul and suspend the effort. From the mid-twentieth century onwards, many scholars have increasingly described how cinema can contribute to the well-being of the viewer and have declined its potentiality. Authors such as Marzi (1953), for example, have said that film studio enthusiasts have been interested in the suggestions that cinema exerts on all individuals, including psychiatric patients. Volpicelli (1949) argued that cinema can become a teaching tool only if organized. Calò (1953) considered it important to encourage a cognitive reflection on the film in the viewer in such a way that, through an intellectual education, the projection could become for the person an opportunity for reflection. On the same idea was Laporta (1953) who expressed the importance for the person to be trained to have a critical mentality towards the films viewed. Tarroni (1950) also spoke about the educational importance of the film instrument. She pointed out how the viewer’s personal experience affects their perception of the film. Speaking of the theme of emotional involvement-learning Flores d’Arcais (1953) argued that a greater emotional involvement of the looker to the film can both stimulate the person to learning and facilitate his way of living the surrounding world. Within an important book by Malavasi et al. (2005), Cesare Scurati described cinema as a tool that can guide the viewer towards the “culture of life”; a means that can guide the person in the development of his intellectual and moral capacities and his belonging to civil life. Reading cinema through a phenomenological approach, Rodari (2001) analyzed it as a tool that allows the observer to relate and read reality. In his studies, Rivoltella (1998) indicated the methodological aspects useful for organizing the viewing and analysis of films so that for the observer it becomes a moment of personal training. Franzia and Mottana (1997) and Mottana (2002), referring to the studies of Riccardo Massa, through the description of a “method of the film”, show how the vision of the film can become a sort of an active exercise of psychosocial type and it can be a tool that allows the viewer to do decentralization exercise by themselves so that the person can rediscover himself through a new point of view. Finally, Pavone (2016) defined it as a tool that helps people (even those with different abilities) to improve their well-being and quality of life.

That this tool is powerful in creating well-being in people, which allows them to maintain a good psychic compensation and, above all, a good functioning of cognitive abilities has also been indicated by many scientists who have specifically cared for schizophrenia people. It is worth mentioning, in fact, the working group of Tu et al. (2019) and Gurcan et al. (2021) who discussed the viewing of film as an opportunity to provide patients with an improvement of brain processes from a neurophysiological frame. Then there is Niemiec (2020) who spoke about the theme of cinema as a therapy. In this case, the vision of the film becomes an opportunity for the person to look within. While viewers observe their models on the screen, Niemiec (2020) argues that people can reflect on how to improve their skills and this action can also affect their way of being in the social context. Finally, there is the working group of Gelkopf et al. (2006). The scientists demonstrated how the use of cinema has a positive impact on the mental health of these people.

From an educational frame, in order for the viewing of the film to improve the well-being of the person with schizophrenia, according to Merinder (2000), the operator must be able to use this tool in a didactic way. In fact, with this mode of intervention, the trader can transform a simple vision of a film into training for the person. Clearly, if the person benefits from this intervention

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2 In Book I of the *Metaphysics* Aristotle argues the human being knows *in primis* through the organ of sight.
his state of health improves and his requests for support from caregivers and psychiatric workers may decrease. This can have a positive impact on the social and health costs that are usually incurred for the treatment, education and rehabilitation of psychiatric patients.

3. PROJECT

In light of what has been described, an intervention has been structured that has allowed a group of people with schizophrenia to access an educational path where the correlation of the educational vision of the film-subjective well-being of the patient.
- The work was conducted in Day Care in the years 2021-2022.
- The activity was divided into five parts, the first two were preparatory to the intervention program.

First part

- Preparatory work for the activity. (Duration of the activity: two months).
- A pedagogical interview was carried out with every single patient of Day Care (40 people). The history of life and the cognitive and emotional implications that the person has experienced in the pandemic period and the interests have been investigated and whether these have been interrupted in the last two years.
- From the first work, it emerged that 5 male patients (from 35 to 60 years diagnosed with schizophrenia, according to the DSM-5, Q.I in the norm, no signs of neurological pathology, in good psychopathological compensation and no hospitalization for a year) have always had a passion for watching movies (an activity that has always been carried out not only at home). It became clear in the story of each patient that the COVID-19 pandemic froze both their desire to go to the cinema and to watch television preferring to occupy the day in the bedroom to rest. The change in living habits has occurred for some reasons that have been both personal (psychophysical health) and social (national devices adopted to contain the pandemic by COVID-19). All patients have argued that during the last two years, they have acknowledged that they have less competence in concentration skills, in understanding the plot of the films both from a cognitive and emotional point of view and a greater difficulty in sitting for a long time on the chair. They also reported a greater sense of apathy, a need for relational isolation (both from family members and acquaintances) and social (with less desire to leave their bedroom). They reported an increase in the intake of anxiolytic therapy prescribed “to need” by the psychiatrist.

Second part

- Preparatory work for the activity. (Duration of the activity: 1 time per week for a month).
- Four group meetings lasting 45 minutes were arranged. In the first group, in addition to an introduction of the individual members who would have participated in the “cinema project”, as been reconstructed how the passion for watching films in each patient was born. In the second group meeting some elements were shared, among which, the motivation of the patient to participate in the project and why everyone thought that the cinema could provide

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3 In this regard, many of them claimed to have occupied much of the day in the bedroom, sleeping or simply remarrying, and to have had an increase in disturbing thoughts.

4 The prescribed therapy is taken if the person manifests a psychological discomfort difficult to contain with the drug therapy taken daily.
them well-being. The third meeting concerned the definition of the intervention setting (place, frequency, duration of the activity) and the objectives of the intervention. At the end of the meeting, participants were given a task: for the next meeting, each patient was asked to write on a sheet the title of the films they wanted to see and their motivation. In the fourth meeting, three actions were carried out. The first action is the sharing of the tasks entrusted to the participants in the previous meeting and the drafting of the calendar of the screening of films. The second was the programming of the films that would be viewed and the sharing of the topics that would be discussed during the meetings (from friendship to the difficulties in everyday life). The third area was the stipulation of the educational-rehabilitation intervention contract; the action needed to start the activity. It was shared that the group would meet weekly at Day Care for six months and that at the end of watching each film, there would be a moment of discussion in which a “diary” of the activity would be written.

**Third Part: T-0** (Duration of the activity: 1 meeting per week for six months).

- Watching films and compiling the activity diary.

**Part Four: T-1** (Duration of the activity: Six months after T-0).

- Finally meeting with all participants to evaluate the experience and to identify in subjective terms the achievement of the objectives set in the group. Interview each patient to gather what effects this path has produced in the person and to understand if the activity of the cinema can really contribute to his psychophysical well-being both in the *hic et nunc* and in the long term. It was also investigated if at home each patient could watch films in the manner introduced to the group, that is to maintain concentration while watching the film, understand the contents, make a critical analysis and share with others (family, friends, acquaintances) the fruits of the experience.

**Part Five: T-2** (Duration of the activity: Six months after T-1)

- Six months after the intervention, monitoring was carried out. The elements that emerged during the review achieved in the third phase were evaluated both through a group discussion activity and through an interview with each patient.

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5 In the working group it emerged from the patients that when they concentrate on watching the film they manage to contain disturbing thoughts. They also argued that the “film project” carried out within the Day Care Service would allow him: to activate the motivation to go to the cinema like all other people; to identify himself in the protagonist (*watch movies where characters lead an adventurous, positive and happy life allows you to think that even each of them could have lived such a life*); to change mood (*cinema can be like a therapy that leads to well-being, for example, after a bad day, I am watching a relaxing movie I can change the perception of the day*); to change my clothing (*when I look at how the characters are dressed I stimulated to change clothes and give me an ideas to buy and wear clothes*); to be curious about the place presented in the film and to mature the desire to visit them; to meet other cinema attendances and possibly in the long run to meet new friends; to leave my bedroom and home (*in this way I can do a different activity from those I usually do*). Editor’s note: Words in italics were taken from patient comments.

6 The objectives shared in the group were: to maintain the physical presence during the activity; to have the mind concentrated in the activity; to listen to the opinion of the other; to get in touch with the group as a part of it and not as an individual who does an activity in the group; to encourage the knowledge that could favor the attendance of patients outside the Day Care; to identify any relevance between the story presented in the film and his own life story. Finally, it was shared the need for a final interview with the operator (to express the judgment on the activity and to share if the latter has contributed to improve their perception of well-being) and a final meeting in the presence of all participants. (See THIRD PART of the project).
4. DISCUSSION

In the six months of activity (T-1) the group has viewed 26 comedy films. The patients regularly visited the group and they maintained motivation. Each of them has made one absence. This happened in conjunction with a physical illness (flu, fever). From the observations conducted by the operator in the setting of the intervention, from the interview with the patients, and from the discussion carried out in a group, some elements emerged that are intended to decline. First of all, in the course of the activity, while watching films, patients managed to stay seated\(^7\). In some cases, they said they had concentration\(^8\). They showed more attention to clothing and personal hygiene\(^9\). During the discussion, patients, initially focused only on themselves, began to take an interest in the other’s point of view, sometimes finding contact points\(^10\). All the participants have matured the desire to go back to see a film at a public cinema (better if accompanied by the operator or a caregiver)\(^11\). They also expressed a desire to leave their room and/or apartment more frequently. As for the psychophysical health, doing daily monitoring, each patient said he had fewer moments of anxiety\(^12\) and therefore the anxiolytic therapies taken in case of need have been reduced.

Monitoring was carried out six months after activity (T-2). The observations made in T-1 were confirmed. It emerged both in the interview with each patient and in the discussion with the working group that watching films can be an activity that creates well-being and can become a self-therapy that contains any disturbing thoughts and/or psycho-physical tensions. Each participant stated that they live in less social and relational isolation, to carry out more activities outside home, to have maintained the ability to discuss with family members of films seen on television and to have reduced the anxiety therapy prescribed by the psychiatrist in case of need. In each of them, there was a greater motivation to see the films outside the Day Care and the observation of the previous months was confirmed, namely that each participant prefers to be accompanied to the cinema by the operator or by the caregiver.

5. CONCLUSION

Field experiences show that organizing an educational activity based on the interests of schizophrenic patients can help them improve their well-being. In particular, the educational viewing of the cinema has allowed these people to enrich their cognitive and emotional skills, improve their perception of themselves, reduce social isolation and decrease moments of anxiety. These elements, in a chain, have allowed the person himself to experience a change in his life habits

\(^7\) It was agreed in the activity of meeting preparation that would be a break of ten minutes in the middle of the film.

\(^8\) This often happened when the person arrived at the center claiming to have had problems with insomnia or health problem concerns of some parents.

\(^9\) They started that they were often spurred by the clothing worn by the actors.

\(^10\) It is believed that all this was possible thanks to the diary of the activity completed after each meeting. This tool has in fact served to create a greater union among the participants and has helped to establish a group identity. Over the months a climate of mutual trust was born in the group. There was also concern about the health of the other if a participant was not present in the group.

\(^11\) Patients say that going to the cinema accompanied by the operator or a care giver provides more safety. This is especially in the event that, for some reason, the person thinks he may experience some moment of discomfort in that environment.

\(^12\) Especially the same evening of the activity. They also claim to have decreased over the months the intake of anxiolytic therapy prescribed in case of need.
(from passivity and rituality to active), in his being in the world and in the way of interacts with others and this has also had a considerable impact on his request for assistance with psychiatric service and of a caregiver because autonomizing himself and experiencing less moments of anxiety/anguish patient has requested less healthcare (including drugs) and social benefits.

6. LIMITATIONS AND FUTURE PROJECT

This study has some limitations because it has no randomized control trials. Its strength, however, has been to use a didactics method to treat uneasiness that occurs in the condition of life in a different way from the usual one; that is to look for the drug or the isolation to sedate the malaise. For these patients, the experience of cinema has become an opportunity to train the person. In this process, the patient with schizophrenia has moved away from his identity as a patient (sick and in need of treatment because he has discomfort that must be saturated) and has approached the status of a person (who has a malaise and seeks to improve its well-being first of all through an educational perspective that makes it proactive towards itself). It is precisely this last concept that should be further investigated.

Conflict of Interest Statement

The author has declared that there are no conflicts of interest in relation to the object of this study.

References

Aristotle. (1341). Politica, Q7, b 32-1342 a 16.

13 The patient has changed his organization of the day and his being in the world from a rigid and repetitive mode to a more dynamic.


