



# Person with Schizophrenia and Negative Symptoms in COVID-19 Era: A New Evolution for Treatments and Economy

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**Abstract:** *In the last two years, the COVID-19 pandemic has become part of people's lives, including those diagnosed with schizophrenia. Many have also exacerbated negative symptoms of the disease such as anxiety, increased hallucinations, and depressive symptoms. To overcome the illness, the wishes of the patients were investigated. Subsequently, starting from the personalism philosophy point of view, for a little group of the Day Care Service, a program (that has integrated pedagogical interventions, educational groups, psycho-educational interventions, social skills training and telephone support) has been created to decrease the negative symptoms of schizophrenia and improve the psychophysical well-being of each patient. This research shows that it is possible to introduce a clinical-pedagogy perspective for the care of schizophrenia patients and to mitigate the negative symptoms of schizophrenia.*

## 1. INTRODUCTION

The COVID-19 pandemic<sup>2</sup> has changed people's life habits and psychophysical balance. Many Italian schizophrenic patients in charge of the Day Care Service began to increase the negative symptoms of the disease (hallucinations, anxiety, deflection of mood...). Progressively these people were no longer able to perceive that their life could take place constructively even during the pandemic period. For this reason, with four patients (between 42 and 58 years old) a project was structured that allows them to regain their *being in the world* starting from a common desire. Through a program that has integrated pedagogical interventions, educational groups, psycho-educational interventions, social skills training and telephone support the operators have built the conditions to allow these people to go on holiday outside the region. The positive results of the project demonstrate how it is essential to develop pedagogical, educational and rehabilitative interventions to care for schizophrenia people. In this way they can re-invest themselves in their life project even in critical world events such as SARS CoV-2.

## 2. SCIENTIFIC FRAMEWORK

In the 1960s, thanks to the idea of Basaglia (1968, 2000, 2014), onwards in Italy a period of reflection on the care of psychiatric patients has begun. According to Agazzi (1965, 1981) and Cancrini (1974) institutional interventions have been created to preserve psychophysical health at an early age. In agreement with De Sactis (1924, 1963) and Bertagna (2006, 2015), the attention of the Italian government to the personalism philosophy has created an attitude in the operators to increase the *ad personam* intervention in different fields (education, health care system...). As reported by Medea (1963) and Galbusera (2020) this approach is part of the Italian

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<sup>2</sup> The Corona Virus Disease 2019 (COVID-19) started in China in December 2019 and in March 2020 it has spread all over the world.

culture and it differs from the Anglo-Saxon model to provide care, assistance and rehabilitation to its citizens. The group of Fusar-Poli (2017)<sup>3</sup>, Kępińska (2020)<sup>4</sup>, Kozloff (2020) and Brown (2020) underline that during the Covid-19 pandemic the story of how psychiatric patients experienced this event was useful to create intervention programs. For example, the experience of social distancing and movement restrictions (useful information to reduce the contagion of COVID-19 such as said Center for Disease Control (2003)) led according to the group of Gardner (2015), Rubin (2020), Duran (2020), Wang (2020), Anglin (2020) to negative social and psychological outcomes, including loneliness, depression and anxiety mostly in vulnerable population and it contributed to increasing the perception of patient's discomfort. As Wang and colleagues (2020) argued, in fact, anxiety symptoms were rated as the common psychological problem in the COVID-19 period. Furthermore, for Wallace's group (1980) the self-reported poor physical health status associated with the presence of a chronic illness favored in the patients the spread of anxiety and depression symptoms. As reported by Mounier (1948, 1964) and Bertagna (2015) these elements and the personal experience that the patient has lived during the pandemic have been the pillars to create education and rehabilitation treatments.

Through the use of pedagogical interviews by Galbusera (2020), educational groups, treatment groups suggested by Turner and colleagues (2017), in particular social-skills training indicated by Gohar's (2013) and Horan's (2009) groups, psycho-education training as showed by Patterson's group (2006) and Xiang's group (2007) and telephone support disclosed by Guimond and colleagues (2019) an educational and rehabilitative opportunity has been structured for four psychiatric patients who, overcoming their resistance to change and the negative symptoms of schizophrenia (specified to research groups led by Kay (1987), Fusar-Poli (2015) and Velthorst (2015), managed themselves to fulfill a wish (according to Galbusera (2018) also thanks to the theoretical gaze of personalism).

### 3. DATA COLLECTION AND PROCEDURES

Pre and post-intervention data is collected using self-report instruments and interviews. The participants have been informed about the purpose of the study. They have also been informed that participation is voluntary and anonymous, that data is kept in a safe only the research group can access it, that it is also possible to withdraw consent without explanation, that the results only are reported, so the identity of the participants is protected. The results can be reported at the conference and in a scientific journal.

### 4. PROJECT

In the COVID-19 pandemic, many schizophrenia people have exacerbated negative symptoms of the disease. For this reason, individual pedagogical interviews were carried out with the aim of identifying the triggers of the discomfort. For these people, the common emotion was fear (especially of death). Often the fear has been somatized by patients with a constant stay in bed<sup>5</sup>. During the interview, the experience of living in fear was associated with other dimensions such as apathy and anguish, the ideation of negative thoughts about one's own health, the fear of not having the

<sup>3</sup> It is important to remember that Fusar-Poli and colleagues argue that the association between psychosis and psychosocial events (like stressful life events) may worsen symptoms.

<sup>4</sup> It should be emphasized that in the literature there is already a scientific contribution that has been involved in relating the mental health condition of psychotic person with the pandemic time (in particular Spanish Flu).

<sup>5</sup> This emotion decreased slightly only when the patient had the day of attendance in Day Care service.

energy to get out of bed, stand and move, the perception of being about to experience physical and intellectual death. Among the patients' interviews, ten of them recalled how much the idea of organizing a holiday could be a good motivation to get out of the loop of negative thoughts. Of these ten people, only four have agreed to develop this desire even by realizing it. A common feature of this group was sharing a holiday that has been organized by a voluntary association, a few years before the pandemic. Considering the contents of the interview and the motivation for the project itself, after a week, the operator organized a second individual meeting where three elements were gathered: the memories of the subject about the last holiday (which took place three years earlier), the positive thoughts that have been generated and the difficulties encountered. The four guests of the daycare remembered this experience with great joy and satisfaction. They discussed some critical difficulties. They recalled the strategies used to overcome any inconveniences. They identified the idea of organizing a new holiday as an opportunity to escape from the loop of negative thoughts that constantly were undermining the current psycho-physical balance. In the first two talks, it was decided to carry out the desire of patients to leave for a holiday by structuring an intervention program. Group interventions were carried out (social skills training, psycho-education groups, educational groups) with the aim of having in relation the four patients who have shown to have a common interest. Among the objectives of the intervention there was the idea of using their *status quo* as change motivation to contain/limit the persistent and current negative symptoms of schizophrenia and to involve them in building a positive life experience.

Interventions lasted sixty minutes and each has been organized every two weeks. In the first three meetings of the educational matrix, the memory of the experience conducted three years earlier was shared with the group, sharing the common desire of patients to face a new holiday, the impossibility of being able to carry out this project with the association of volunteers (that due to the pandemic would not have activated this initiative) and the availability of operators to support patients in the construction of this project. Given the current fear about SARS CoV-2 two psychoeducation meetings were held where some results of scientific research on coronaviruses (and some behaviors) have been shared to contain the risk of contagion (including the current use of personal protective equipment and their disposal in waste, the hygiene of the person, the living environment and the clothing worn) and presented.

During these two meetings, some questions emerged in the patients. 4 out of 4 patients raised some elements that were collected by the operators and addressed in an educational group. Three topics were discussed. The first concerns the feeling of anguish and fear that is activated especially when listening to the news on the TV<sup>6</sup> (4 out of 4 patients had this concern). The second is regarding the mortality rate<sup>7</sup> (2 out of 4 patients shared this theme). The third con-

<sup>6</sup> The central theme concerns the fact that for many months now the first news on TV has always been linked to the disease of COVID-19 (numbers of hospitalized, deaths, lockdowns, vaccines, vaccination obligations...). Actually, when the operator reported that there were days when the first news was not directly related to the virus, all patients said that they did not notice the fact.

<sup>7</sup> The patient 1 brought to the attention of the group that in the current year there were more deaths than in previous years. He consulted the data collected by ISTAT-Istituto Nazionale di Statistica (The agency identified the total deaths of Italian citizens in 2020 compared with the average 2015-2019). Hence the concern that, despite the decrease in infections, COVID-19 disease was not really under control. (It should be noted, however, that the patient looked at Italy's mortality rate and not the data regarding the mortality rate from COVID-19). The patient 2 commented on the increase in the mortality rate of Italians based on the news learned through newspapers and television news. In the patients' statements on this issue there is a sense of alarm and a difficulty in thinking critically about the shared elements. In the discussion it emerges that part of the concerns related to the awareness that the Italian authorities have extended the state of emergency until 31 December 2021 and, therefore, according to the interpretation of the patients, to the fact that it

cerns the choice of the Italian government to include a green pass as a device that can allow inhabitants to access social places such as cinemas, theaters...<sup>8</sup> (element examined by 3 out of 4 patients). Subsequently, five meetings about social skills have been organized. The themes were: relationship ability, the ability to manage daily life in the territory where they would stay for the holidays and the skills to manage emergencies. Finally, at the end of the interventions, a last educational meeting was structured where the work carried out with the group was shared.

It should be emphasized that, during the group interventions, in order to better promote the harmony of the working group and to contain the negative consequences of social distancing that often emerged as an experience still very present in the stories of the participants, the knowledge among the members of the group has been encouraged even outside the Day Care service. As underlined by teams Fortuna (2019) and Aschbrenner (2018) one tool used was the phone<sup>9</sup> that favored peer support among patients.

One week after the training, each patient received a pedagogical interview where the person's motivation for the holiday was evaluated, the current persistence of fears regarding the SARS-Cov-2 and the comparison between the perception of the negative symptoms of schizophrenia of the first encounter with those possibly present in the second meeting. In this last interview, each patient showed less concern about the disease from COVID-19, a major decrease in the negative symptoms of schizophrenia and a lot of motivation for the ongoing project.

About three weeks later, the patients left for the sea. On the week before departure, 1 patient out of 4 began to accuse big anxiety and apathy. For him usually, be-weekly access to Day Care service and a daily interview have been arranged (remotely if the patient was not on the day of attendance) to restore a greater psychophysical balance.

Three days before departure for the other patients a remote pedagogical interview was established to monitor the psychophysical balance of each person and the motivation to carry out the project. During the last meeting, an agreement was reached. The indication given to each patient was that, during the holiday, in case of need, it would have been possible to contact an operator of the center by phone (from 8.30 to 16.00 from Monday to Friday).

All the patients went to the sea (departing on Sunday). During the week, by personal choice, two patients called the operator daily to update him about the weather, food and service offered

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is still necessary to be very careful about the lethality of the virus.

<sup>8</sup> The patient 1 who first deal with this topic wondered why this device would become necessary to attend some places. The patient had previously shared the matter with the priest of the Catholic Church he was attending. With this intervention he tried to understand if the cinema and/or the municipal market were places with a greater risk of contagion than the church (which presumably would not have been subject to this indication). Patient 2 dealt with the topic by correlating it to the fact that attending in the winter would allow access only to guests with green pass. Patient 3 heard about the green pass at the bar. In this case he took the information without really understanding the use of the certification and when to use it. Patient's interventions on the issue gave rise to a subsequent reflection that led to a work. It was a matter of identifying the public places that the patients of the group habitually attend to detect the behavior of the people they meet and the use of protective equipment, the different level of risk of the places under consideration and, during the holiday, on what social occasions he would be required to exhibit the green pass. Among the places detected are the open-air market (for 4 out of 4 patients), the bar (for 4 out of 4 patients) and the church (for 2 out of 4 patients).

<sup>9</sup> With the aim of increasing the use of the phone by patients and, through technology, to provide them with a tool to overcome social isolation scientists from the group of Frith (2015) argued that, compared to the general population, people with psychosis have less access to mobile phone and technology.

by the hotel (one of them was the patient who have felt bad just before leaving). The other 2 patients contacted the operator 3 days a week discussing the same issues as the patients who called every day. During the telephone interventions in no case patients report discomfort. Two days before returning 2 patients out of 4 asked the operator to be helped to organize the activities to be done on the day of return (deciding what time to set the alarm clock, when to pack their bags, and whether to buy food for the trip, etc.).

Upon returning from vacation, after four days, an educational group activity was carried out where the critical issues emerged and the strengths of experience. Subsequently, after a week, an individual pedagogical interview, lasting about forty-five minutes, has been organized. The topics have been: the details of the experience analyzed and compared with those that have occurred a few years earlier; the current psycho-physical well-being of the patient; the futuristic proposals. The story showed a good psychophysical balance and less fear of SARS Cov-2. Everyone pointed out that if they had to choose between the proposal to organize a holiday independently with a group of friends or participating in a holiday accompanied by a group of volunteers all would have headed towards the second hypothesis. All patients highlighted the same motivations: economic element (going with association costs less), and emotional element (in the holiday with the association the patient feels reassured by the presence of the volunteer 24 hours a day). No patient thought about the hypothesis that two holidays could be organized: one independently and the other with volunteers.

Among the elements to be emphasized during this experience emerges the repercussion that the holiday project has had in general the group of patients attending the Day Care service<sup>10</sup>. In fact, five other patients diagnosed with schizophrenia have moved away from their region by organizing a week-long holiday with family members.

## 5. CONCLUSION

This research experience has shown that, during COVID-19, the pedagogical perspective of personalism contributed to the construction of the well-being of the schizophrenic patient. Through this method, the patient regained his *being in the world*, felt again like a human person and questioned the reasons that led him to live almost alone with the identity of a schizophrenic. Each person has become an active citizen in the world and a customer of non-health services only. A further element to be taken into consideration (to be valued and to be developed more with regard to the evaluation of the results) concerns the effects (social, health, cultural, economic...) that an intervention (in this case done on a group of people) has, in general, people who attend the same context.

## 6. LIMITATIONS AND FUTURE PROJECT

This study has a limitation because it has no randomized control trials. Therefore, this kind of study is not adequate for interventional education. It should be noted that this research shows how it can be viable and profitable to introduce a clinical-pedagogy perspective for future research on schizophrenia intervention.

<sup>10</sup> Occurred in the informal moments present in the organization of the Day Care. For example, before starting group activities or after the conclusion, during lunch... space where operators and patients share different topics including the contents of some activities that are being carried out. This is, as Socrates teaches, in order to put curiosity to the patient trying to shift his constant need for self-referentiality towards the observation of what is outside of itself.

## 7. CONFLICT OF INTEREST STATEMENT

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

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