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Abstract

The study aim was to describe how a patient with schizophrenia who had been in a psychiatric hospital for an extended period of time changed in his desire to interact with others after participating in the therapeutic recreation program, and to interpret his inner process based on symbolic interactionism theory. Data from a patient who showed marked changes in narratives of an interview held after the program and through observation during sessions were analyzed. The patient gained a sense of willingness, including the desire to interact with others and began to act accordingly.

***Keywords**:* recreation, schizophrenia, psychiatric nursing, symbolic interactionism

Willingness to Interact after Therapeutic Recreation in a Patient with Schizophrenia

Based on a policy slogan calling for a transition “from hospitalization-centric care to community life-centric care” (Ministry of Health, Labour and Welfare, 2004), various efforts have been undertaken within Japan’s mental health and welfare system to enable those suffering from mental illness to live within the local community. As a result, the average length of hospital stay for the mentally ill has shortened to 282.1 days (Ministry of Health, Labour and Welfare, 2014); however, this is still longer compared to other nations. While there has been an increase in the proportion of those who receive short-term inpatient care, long-term inpatients (those hospitalized for over a year) have still not transitioned to live within their local communities (Ministry of Health, Labour and Welfare, 2015). Furthermore, 61% of hospitalized patients suffer from schizophrenia (Ministry of Health, Labour and Welfare, 2009). Difficulty making comprehensive and integrated judgements and other disabilities related to schizophrenia may be barriers to interacting with others in daily life and transitioning into the community (Yamane, 2003).

In particular, patients with schizophrenia who are hospitalized over an extended period of time become institutionalized, such that the hospital environment further reduces their social ties and desire to interact with others (Kuriaki & Yoshihara, 1986). Uebuchi (2004) noted that for motivation to be increased, one must be interested in or

derive enjoyment from an action. Therefore, to effectively assist such patients to be discharged, it is essential to first provide nursing care that helps to increase their desire to interact with others. For this reason, we considered recreation, which has a long history and is familiar within the mental health care field, as a method for providing nursing care.

However, it has been pointed out that recreation in psychiatric departments in Japan is highly influenced by and dependent on the staff at each facility (Haga, 2000), and has not extended beyond the experiential realm (Kunikata & Takigawa, 2000). In many cases, recreation is provided without a clear therapeutic purpose for the patients, and often only when the medical staff has some extra time, or as a single seasonal event that takes place as a matter of routine. As such, we were concerned whether medical staff would be able to view recreation in a new way: provided systematically as part of nursing care to support the goal of discharge.

After considering the situation of a cooperating facility, we drafted a program, which included contents of various open group recreational activities to be incorporated as part of routine nursing care. As shown in the results of our previous study, nursing staff not only demonstrated an interest in recreation as a way to provide nursing care, but also proactively engaged in activities; furthermore, patients who participated showed an increased interest in interacting with one another (Kohno & Matsuda, 2008). However, since each patient had different contents of recreational activities and the

number of times each patient participated differed from the program's original plan, there were some obscure points in our findings. Accordingly, we decided to improve the original recreation program by using therapeutic recreation (Carter et al., 2003) as the foundation. Therapeutic recreation considers the health of the patient and contributes to improvement in the patient's quality of life.

While early recreational programs were meant only to bring the experience of joy to patients, therapeutic recreation both supports and fosters the ability of the patient to have meaningful interactions with other patients, and also functions as a continual rehabilitation process aimed at proactively improving the lives of those being treated. Therapeutic recreation has been implemented in various medical facilities across the United States and within the field of psychiatry, and has been connected to improvements in behavior, psychiatric symptoms, and overall functionality in patients with schizophrenia (Finnell, Card, & Menditto, 1997; Voruganti et al., 2006).

For this reason, we restructured our program based on therapeutic recreation to be *a therapeutic recreation program to increase the desire to interact with others* (hereinafter referred to as the rec program). Using mixed methods for evaluation, we found that the rec program showed an overall improvement in patients' awareness and behavior in relation to interaction with others (Kohno et al.2014). However, our previous study did not reveal how individual patients experienced cognitive changes. Given that nurses working in psychiatric departments must focus on and gain a better

understanding of the various inner states of individual patients, examining changes in patients' attitudes toward interacting with others after participating in the rec program was deemed important.

Symbolic interactionism theory (Blumer, 1969) has three premises: (1) “Human beings act toward things on the basis of the meanings that the things have for them,” (2) "The meaning of such things is derived from, or arises out of, the social interaction that one has with one's fellows,” (3) “These meanings are handled in, and modified through, an interpretative process used by the person in dealing with the things he/she encounters” (Blumer, 1969, p. 2). This theory provides a way to understand the inner process of an actor by “seeing from the perspective of the actor” (Funatsu, 2009, p39).

Purpose

The purpose of this study was to fully describe how a patient suffering from schizophrenia who had been hospitalized in a psychiatric hospital for an extended period of time, improved in his desire to interact with others after participating in therapeutic recreation, and to interpret his inner process based on Blumer's (1969) theory of symbolic interactionism, with a goal to identify better methods for providing nursing care. Specifically, Blumer's theory was used to interpret changes in the cognitions and behavior of the patient in relation to his desire to interact with others.

Method

Design

Descriptive single-case design was employed to describe dynamically the changes and process of an individual participant.

Participants

Participants were chosen for inclusion in the rec program based on the following criteria: diagnosed as having schizophrenia, hospitalized in the psychiatric ward for over a year, not received any psychosocial therapies such as social skills training, and agreed to participate in this study.

Five males participated in the rec program. They were in their 40s to 60s, suffering from schizophrenia, and hospitalized in the same ward for over two years. They hardly spoke to others and spent most of their daily lives within the ward.

The participant in this study was a patient with schizophrenia referred to as Mr. Z. Mr. Z was a male in his 60's who had been hospitalized in the psychiatric ward for approximately 10 years. He spent most of his time in his own room or in the day room watching television; he never went outside of the building. When other patients or medical staff in the ward spoke to him, he sometimes bowed back, but hardly ever had a conversation.

This particular patient was chosen because he gained the motivation to interact with others through the rec program, and was most able to give concrete

details about the process of change he had experienced. In addition, he was regarded as a model example of a long-term patient with schizophrenia.

Overview of the Rec Program

The rec program used in this study was developed based on the structural framework of the Therapeutic Recreation Outcome and Service Delivery Models (Carter et al., 2003). This model defines therapeutic recreation as-"to the specialized application of recreation and experiential activities or interventions that assist in maintaining or improving the health status, functional capabilities, and ultimately the quality of life of people with special needs"(Carter et al., 2003,p9). It is comprised of an *Outcome Model* to identify expected changes and a *Service Delivery Model* consisting of elements of services that are provided to achieve those objectives. The *Service Delivery Model* is comprised of four elements—diagnosis/needs assessment, treatment/rehabilitation, educational services, and prevention/health promotion activities—expected to be provided dynamically based on the subject's level of disability or autonomy.

The developed rec program was designed to gradually increase the desire of long-term inpatients with schizophrenia to interact with others. The aim of the rec program is to increase the desire of patients with schizophrenia who are long-term inpatients to interact with others through recreation. (See Table 1).

Table 1. Program Structure

Intervention period		12 one to two-hour weekly sessions (three months)
Group structure		Closed, five to eight participants
Intervener		Two nurses (leader and co-leader)
Monthly goal and schedule	First month	[Become comfortable interacting with others and regain a sense of enjoyment together] Each week a different game such as fruit basket, singing games, bingo, and self-introduction games is introduced.
	Second month	[Find enjoyment in cooperating and competing with others] Spend three weeks creating one's own sugoroku (a Japanese board game similar to Snakes and Ladders), and play with one another in the final week.
	Third month	[Become aware of community life as a setting in which to enjoy interaction with others] Spend two weeks planning an outing, put it into action, and evaluate the experience in the final session.
Intervention materials		Program administrator's manual and patient booklet outlining the importance of interacting with others and how to have better interactions with others

To prevent patients from feeling hesitant about participating, the rec program was named the "Recreation Club" (hereinafter referred to as the club). To carry out the rec program, one researcher acted as the leader, and the clinical nurses (one to three individuals per session) from Mr. Z's ward acted as the sub-leaders. The researcher was chosen to be the leader because she designed and was most familiar with the rec program and its content model; this arrangement was expected to help facilitate understanding of therapeutic recreation among the clinical nurses.

Data Collection

Background information on Mr. Z and qualitative data relating to his desire to interact with others were collected. We used the 23-item Rehabilitation Evaluation Hall and Baker scale (REHAB) to assess any pharmaceutical or other forms of therapy being received by Mr. Z. This scale measures two major areas of functioning through a deviant behavior score and a general behavior score. The latter is further divided into the following five factors: social activity, speech disturbance, self-care, community skills, and overall score. Higher scores on all items indicate more severe problems with functioning. In the case of social activity, which was most relevant to this study, scores of 16 or less indicate no disability. The reliability and validity of the Japanese version of the REHAB have been verified by Tahara et al. (Baker & Hall, transl. Tahara et al.,

1994). In addition, this scale was administered along with an interview by the primary nurse.

The main qualitative data comprised an interview on the subject of interacting with others conducted within a week of completing the rec program, and observational data on how the subject was interacting with others in each of the club activities. The interview was conducted using a private room by a female nursing researcher who had utilized qualitative study. The interview content was recorded and later transcribed. Additionally, observations were recorded during participation by the clinical nurse who was the co-leader, such as spontaneous speech, details of conversations, as well as how they have behaved towards others. After each club gathering, we held a meeting to review the subjects' speech and conduct based on the recorded observations. Each of these sessions was recorded and transcribed afterward.

Data Analysis

Symbolic interactionism is an approach to the scientific study of human group life and human conduct (Blumer, 1969, p. 47). The process of data analysis was referred to the case study research (Yin, 1994). The analysis was performed from the subject's viewpoint: how the subject interacts with others in each of the club activities.

First, data relating to interactions with others were extracted from the transcript of the interview and the records of observations of participation. For each extraction, codes were assigned. Next, codes from the observational records were combined with

corresponding interview codes. Finally, based on the combined codes, we extracted simple themes that represented Mr. Z's change for each month. To ensure stringency of the analysis, the second author reanalyzed the data and provided feedback. This process was repeated until a consensus was reached.

Ethical Considerations

Prior to the beginning of the study, we received approval from the institutional review boards of our affiliated facilities and those with which the participants were associated. Participants in club activities were provided with a detailed written explanation regarding the purpose of the study, method, and freedom to withdraw at any time, and their written informed consent was obtained prior to participation. The content of the study was explained to the participants both verbally and in writing. The subjects were patients who agreed in writing to take part in this study.

We also requested that the participating institution discontinue participation of a patient if there was a possibility of that patient's condition worsening during the intervention, and to take appropriate measures if symptoms did worsen. Interviews were recorded only after receiving informed consent from participants. The data obtained during the study were rigorously managed and patient confidentiality was maintained.

Results

Background Information

During his participation in the club, the only other therapy Mr. Z had received was pharmacotherapy, and there was no change in the prescription during the study. Mr. Z's overall REHAB score before joining the club was 46 points. After participation, his score was reduced to 18 points. In terms of the social activity factor, which was closely linked to the purpose of holding club activities including interaction inside and outside of the ward, the score was reduced from 25 points to 8 points.

Change in the Desire to Interact with Others

In this section, we describe the month-to-month change regarding Mr. Z's desire or motivation to interact with others based on the observational notes and from the interview data. Codes are shown in angle brackets (<>), themes in brackets ([]), and original data in quotation marks ("").

Theme: Nervousness toward others subsided and interest in others emerged. [First month of participation]

At the beginning, Mr. Z's facial expressions were rather stern, he hardly spoke up on his own, and he looked to the nurses and other members when taking any action. Before joining the club, Mr. Z was aware that while interacting with others he <became exhausted from nervousness at times when speaking to someone of the opposite gender> and felt he did <not really need to talk to others that much>. Regarding the latter feeling, he said the following:

"I don't talk that much. No particular reason, but I am not listening to others. If

we are not listening to one another, we can't really talk, can we? Of course, I feel after getting old it's okay not to talk."

However, after participating in several sessions, Mr. Z stated that through participation and interaction with others in the club that he could <now manage to talk because of the other members there>.

"Well, (up till now) there were no opportunities to talk, and in any case, there was nothing. There wasn't anything. It's the first time I've spoken so much. Yeah, that is, um, well there were all the others besides me; three others, four of us, oh, five including me that were just like that. I think that is what made it possible somehow. The people who I ended up being with were good."

In the first club meeting, each participant introduced themselves and shared their hobbies and things they liked. When other members expressed that they liked to play a sport such as volleyball, a nurse turned and asked, "Are there any sports you are interested in, Mr. Z?" He looked at the nurse and answered "baseball." The nurse questioned, "Baseball. Nice. Do you like to play it or watch it?" Mr. Z replied, "Both. A long time ago I played in a junior league." By responding as such he showed that he was able to <talk about the subject matter of the conversation>. The nurse turned to Participant E after hearing Mr. Z say that, and asked, "Mr. E, did you play sports?" Mr. E answered with his gaze fixed to the ground and quietly said, "Baseball." The nurse responded by saying, "If you played baseball, then you have something in common with

Mr. Z." Mr. E then became silent and continued to keep his gaze down. Mr. Z saw this happen, but quickly looked away. After that, the group played a variation of musical chairs called fruit basket. Normally, fruit basket is played by assigning everyone in a group a fruit, and one person becoming "it." The players assigned fruits sit in a circle and the player who is "it" stands in the middle. The player who is "it" then calls out a fruit, and any players assigned that fruit must stand up and scramble to get a different chair while the person who is "it" tries to take an open seat. However, as there were differences in physical capabilities among the participants, instead of using chairs, we placed mats on the table and participants scrambled to get those mats. Before the game started, a nurse handed a mat to Mr. Z, and Mr. Z asked while pointing to the mat, "we are taking this out? <clarifying points that were not clear to him>.

In the second club meeting, we handed out a paper that said, "If you're happy and you know it then ___________," and had each participant think of a word and fill in the blank space. Afterward, we played a game in which we sang those words to the melody of "If You're Happy and You Know It Clap Your Hands." Once the singing game was explained by the nurse, Mr. Z asked "How about 'pretend to fry a cheesecake'?" through which he was <suggesting what came to mind>. Right afterward, Mr. E looked at the nurse and shouted "Chocolate cake!" The nurse replied and said "Mr. Z wants cheesecake and Mr. E wants chocolate cake. Should we add chocolate cake then?" Mr. Z then gazed at Mr. E's face and <repeated the words of others while

nodding> said, “So, Mr. E wants chocolate cake. Okay.” When the singing game began, Mr. Z looked at Mr. E repeatedly and they smiled at one another.

In the third club meeting, we played a modified bingo game. We started out by creating a bingo card that had the names of Japanese prefectures. While creating the bingo card, Mr. Z realized that another member of the club, Mr. H, had written down “xx Prefecture,” which does not exist, and while smiling <pointed out a mistake made by another> saying, “There is no such prefecture.” Then, when Mr. Z noticed that another member of the club, Mr. F, had stopped working on the project, Mr. Z pointed to Mr. F’s bingo card asking him, “Could you write this?” <give specific directions to others>. In the club, there were times when others, such as Mr. E and Mr. H did unexpected things; however, Mr. Z was not troubled by the words or actions of others, nor was he combative. Instead, he conversed with a smile.

During the interview, Mr. Z stated that <the games we played in our club were fun>, and as he continued to have fun interacting with other members, he said he began to <take an interest in the humanity of the other members>.

“I was interested in the (members’) humanistic side and things like that. Mr. F was there, Mr. H and Mr. I were there, and Mr. E was there. Well, I did think that Mr. E was the best. It’s like, how do I say this? He is a fool. Calling him a fool is not quite right, but how could I say it? I can’t quite say it right, but I thought to myself that I like that he is foolish. Fools are, what I mean by that it’s good that the person is a fool, is, I

thought, is kind of like a gullible person. Well, um, yeah, he has a side that is like a naughty child, an unruly side. Mr. E does. That kind of naughtiness he may have, but yet he is this person, and I was interested in that."

Based on the above, we interpreted that at one month of participation with the club, Mr. Z's desire to interact with others had changed such that his [nervousness toward others subsided and interest in others emerged.]

Theme: Recognition of one's own strengths and shortcomings, and expressing understanding of other people's thoughts. [Second month of participation]

In the second month and seventh meeting since the start of the club, we reviewed the previous week to discuss and share with one another what went well and what did not go well. In this meeting, Mr. Z said in a small voice "I got into a little fight. I could not quite keep my hands to myself." When the nurse replied, "Is that so? Mr. Z, you are always very calm and that is quite unlike you. Had something happened?" Mr. Z responded, "Calm… No, not so much." When the nurse asked, "Were you able to resolve it and be friends again?" Mr. Z replied by saying, "Yeah, maybe so." Furthermore, when the nurse said, "That is good. Now, when you look back at it, what are your thoughts?" Mr. Z replied while scratching his head, "It wasn't right to hit him." This comment shows that he was able to <show regret over his own mistake>. The nurse said to Mr. Z, "I cannot say that fighting was a good thing, but it is wonderful that

you were able to feel bad about it and also to have been able to patch up the friendship." To this, Mr. Z tilted his head and quietly said, "Is that so?" In the club activities for this session, we created our own Sugoroku game, and also created flowers using floral paper to decorate the game. While most participants were making yellow and orange flowers, only Mr. I was making pink flowers. When a nurse noticed that, the nurse showed the flower Mr. I made to all the members and said, "This is the only pink flower, and it is wonderful how it stands out." To this, Mr. Z responded by looking at the flower Mr. I created and <praised another> by nodding and saying, "Yes, it is good." For the eighth club meeting, we played the Sugoroku game that we had completed. Mr. Z took the die, threw it, and, when he was able to move his pieces forward, rejoiced by saying "Hooray!" Upon seeing other members' progress, he looked at each of them and they smiled at each other. When Mr. Z's game piece landed on a square on the board that required him to "Talk about something that you had fun doing," his eyes narrowed with a smile and he said, "I have beaten 10 people in a row in sumo before." We noted that he <spoke with a smile about something that was fun>.

Mr. Z looked back on this experience and said <I was able to look at myself at our club and think of my own good parts and bad parts>.

"The book called Recreation Club (the booklet for patients), I read that book, and I was able to reflect on things I could have done better, find the areas of myself that were not good, or to find my good parts. I did really well with that."

Mr. Z also stated that as he continued his participation, he learned to <speak and express himself better at the club>.

“Well, I am, um, not real eloquent. When it comes to speaking, I’d rather say I have been inarticulate. Being with the others and, um, I think I have become better at talking. (Up until now,) I wasn’t. I hardly spoke to others. This is the first time. How do I explain? Um, this recreation club was the first time.”

Furthermore, Mr. Z was not only able to carry out a conversation well with others, but he also stated that he was <able to understand other people’s perspective at the club and feel empathy as well>.

> “It was good that when having a conversation, there were other people’s thoughts and there were my thoughts, and well, I got to hear other people’s thoughts. Like, the thing that Mr. H wrote, or what he said, what Mr. I said. That’s what I mean. I kind of forgot what they said. Yeah, I could understand their feelings. I understood what they were thinking and, then there was, empathy and such. Well, there were some feelings that matched the other. I was able to empathize.”

In this way, Mr. Z’s desire to interact with others changed after two months of participation in the club to a state we have interpreted as [recognition of one’s own strengths and shortcomings, expressing understanding of other people’s thoughts.]

Theme: Breaking out of the cocoon of the self, regaining personal desire and

compassion towards others. [Third month of participation]

In the third month and ninth session since the beginning of gathering as a club, we discussed what we would like to do on an outing. During the discussion, Mr. E stated that he would like to buy a watch. To this, Mr. Z asked, “Mr. E, did you not just recently buy a watch?” We identified this behavior as <confirming what others have said in the past>. In response, Mr. E grinned, and Mr. Z responded by grinning back. The nurse asked Mr. E while smiling, “You recently bought one, but you still want a watch?” Mr. E replied, “No, I just want to look.” Listening to this dialogue, Mr. Z said, “If it’s just looking at watches, I would like to do that.” His comment was noted as <listening to suggestions by others and stating one’s own desire>.

During the eleventh club meeting, we ventured out based on the outing we had planned. The outing consisted of going to a shopping center about 30 minutes away from the hospital by car to shop, and going to a Kaitenzushi (conveyor-belt sushi) shop near the shopping center to have lunch. Mr. Z went into a clothing shop, reached for a pair of 10,000 yen jeans, and looked at them for a while. When the nurse asked, “Are you buying those jeans?” Mr. Z responded while looking at the price tag and furrowing his brow, “Umm, don’t have enough for them.” When another nurse pointed to another shelf and said, “there are more there that are a little cheaper,” Mr. Z nodded and headed to that shelf. Mr. Z reached for the jeans on that shelf; however, he only tilted his head sideways and did not buy any. Later, the participants entered the Kaitenzushi shop and

sat at two separate tables. Mr. Z was then invited by Mr. E to sit at the same table, and they looked at each other and, Mr. Z said “sure!” and sat across from one another at a table. Mr. Z then proactively started taking sushi from the conveyor belt. When a nurse who was seated further away from the conveyor belt asked, “Mr. Z, could you get me some tuna?” he said, “yes” and handed a dish to the nurse. Without being asked, he also served tea to others. While eating, Mr. Z initiated a conversation with Mr. E by saying, “It’s delicious, isn’t it?”

During the twelfth session, which was the last one, we reviewed the previous week’s outing. When a nurse asked the members their impression of the outing, Mr. Z responded while smiling, “the tuna sushi was good.” After <talking about what was good about an outing he had gone on>, he went on to <express what he would like to do> by stating his hopes for the next outing. “I wanted to buy jeans. But they were a bit too expensive. Good ones are expensive. But I do want to buy good ones.” He then said he would “save money” for that purpose and the nurse acknowledged this by stating, “Yes, we do want things we have come to like. Thinking about saving money for that purpose is great.” Mr. Z smiled at the nurse and said, “Yes. If I save 500 yen each time from the money I receive, I will have about 10,000 yen in about a half a year; so, that is what I am thinking of doing,” thus <setting personal goals to accomplish what he himself would like to accomplish>.

In this way, three months into joining the club, Mr. Z increased his number of

interactions with others, and through the outing with the other members, began to express his own feelings and thoughts more concretely.

During the interview, Mr. Z looked back on the three months he spent with the other members and <reflected on his own behavior about how he used to be in his own cocoon and then decided to voice his opinions>. He spoke of his experience as follows:

"In the past, um, I didn't know. Or, how shall I explain? I was in my own cocoon. I stayed in the cocoon, so, I hardly ever opened up to share my opinion. It was through the meetings (with the club) that I gradually came to understand that. I reflected on it, myself."

Mr. Z also stated that <after watching the relationships between people in the club, I began to feel I should become a kind person.>

> "For example, looking at the relationship between Ms. K (nurse) and Mr. E, and in this case, Mr. H and Mr. I and Mr. E's relationship, and I was watching their interaction. (Looking at their relationship and interactions) I thought 'how kind.' I thought I should become a kind person."

Furthermore, he said he began to feel like <he wanted to make other people happy even if that meant he would be disadvantaged>.

> "There are people who are gullible and good-natured, and there are some who are not. Being good-natured is good, but I think it's good to be gullible. Um, I think it's important to have naïve, simple people. Gullible people are often

losing out or being fooled. Those kind of people, or in other words, even if one may be gullible, or, what's another word for gullible, even if you may be disadvantaged because of it, it's better to be gullible. So I think, um, even if I were to be fooled, I would rather be like a gullible person. That's how I started to think. Maybe a person too trusting of others, but I started to think maybe it's okay to be like that. It's not easy to express this, but, well, joy, I thought it would be nice that others find joy. Well, I really didn't understand gullible people. I thought being gullible was a bad thing, in the past. One could be fooled. When we were talking (in our club), I thought it might be okay to be gullible."

Then, Mr. Z expressed the desire to <be kind to others and deepen relationships>.

"I had been alone until now. I have never developed a relationship of any kind, and now within a short time I was able to have a relationship with people, and then to praise others, teach others, be kind to them, and I thought by doing these things, human relations could get even better. That is, how do I explain it, I used to think to be bad, or being a bad person was good. I didn't like good people. But, by caring for others, praising them and showing kindness, I felt I do like that."

Based on the above, the theme for Mr. Z's third month of participation in the club was interpreted as [breaking out of the cocoon of the self, regaining personal desire

and compassion towards others.]

Discussion

Change in the desire to interact with others. For Mr. Z, the underlying themes of his experience in participating in the club were interpreted as the following: [nervousness toward others subsided and interest in others emerged]; [recognition of one's own strengths and shortcomings, expressing understanding of other people's thoughts], and [breaking out of the cocoon of the self, regaining personal desire and compassion towards others]. We understood this as a process in which Mr. Z was deriving and assigning meaning relating to the interactions he was having with others.

Nervousness toward others subsided and interest in others emerged. Before participating in the club, Mr. Z felt he <became exhausted from nervousness at times when speaking to someone of the opposite gender> and thought <I do not really need to talk to others that much>. When Mr. Z said, "Well, (up until now) there were no opportunities to talk, and in any case there was nothing," the words "there was nothing" can be interpreted to mean that he was in a state in which there was not a thing out of all "the things" (Blumer, 1969, p2) or events for him, which most people would take note of in their own lives, such as "others," "demands," and "occurrences." Before hospitalization, Mr. Z had the ability to self-determine "things" and had the freedom to satisfy those desires; however, such freedom was likely taken away through hospitalization. His experience can be interpreted such that after enduring years in an

institutionalized environment where "there is nothing," Mr. Z felt that the few interactions he had with medical practitioners and other patients were not significant (things) to him. Instead, he gave meaning to the interactions as something that exposed his sense of emptiness. As a result, in order to ease the pain that condition had brought upon him, he began to avoid interacting with others. This happened because people are not organisms that simply react; rather, they are organisms that can stand firmly with their own thoughts and initiate action (Blumer, 1969, and are active, independent entities who can think and judge for themselves and take action (Funatsu, 2009).

It is possible that in the process of hiding in the cocoon of the self, Mr. Z not only engaged in the tendency common to patients in the chronic phase of schizophrenia, wherein he tried to avoid the pressure of his surroundings and went into a state of inactivity and closing himself off from others to gain mental stability (Nagata & Hirosawa, 1999), but also that he changed the meaning of all the "things," including the meaning of interaction with others over the years that he endured living as an inpatient. In other words, the actions that Mr. Z took before he participated in the club—avoidance and hiding away in the cocoon of the self—may have looked like an inactive state of seclusion from an objective point of view. However, those behaviors could also be interpreted as proactive actions taken to protect the self from the agony of desires arising from living in a hospital environment where "there is nothing" and the recognition that nothing can be done to satisfy those desires.

Yet, after Mr. Z began participating in the club, he started to regain an interest in others through multiple enjoyable interactions with other members and nurses. It is thought that Mr. Z's interactions with others, especially with Mr. E, contributed greatly to this process. We saw this in the comments Mr. Z made about Mr. E, who had a tendency to make rather abrupt and somewhat spirited remarks. Mr. Z viewed that side of Mr. E positively, and said things like "I like that he is foolish" and "I like that he has this naughty, unruly side." According to Blumer (1969, p. 4), the meaning of a "thing" for a person grows out of the ways in which other people act toward the person with regard to the thing. Their actions operate to define the thing for the person." Based on this theory, for Mr. Z, participating in the club may have been "the thing" that brought him shared joy as a result of interacting with other individuals. Compared to the past, when there was "nothing," he was now interacting with others in a world full of "things." That is to say, he identified interaction with others as a "thing," and he interpreted these actions through the interactions he had with others. As a result, this contributed to his desire to understand the world better, and created a guiding action to interact with others.

Recognition of one's own strengths and shortcomings, and expressing understanding of other people's thoughts. Mr. Z, who had come out of the cocoon of the self and gained confidence, said, <I think I have become better at talking> at the club, and transformed to a point where he was proactively starting conversations with

others. We can explain this by focusing on the fact that Mr. Z said, <I was able to look at myself at our club and think of my own good parts and bad parts>, and that he felt he could <understand what others were thinking and was able to empathize with others at the club>, and the fact that he <praised others>.

We think this change took place through the process of interactions that Mr. Z began to have with others after he started participating in the club, such as playing games with other members and working together with others. Such interactions inevitably acted upon the self, and helped him gain a deeper understanding of himself and others.

Breaking out of the cocoon of the self, regaining personal desire and compassion towards others

After each club meeting, Mr. Z became more aware of the relationship between the self and others, which became his motivation and fueled his desire to be compassionate towards others, <make other people happy even if that meant he would be disadvantaged> and, <be kind to others and deepen relationships.> Thus, it seems that the process of becoming interested in other club members and joyfully interacting with them influenced Mr. Z and his interpretation of the situation, such that he transformed from a person who felt it was better to avoid interaction with others to a person who believed it was better to proactively interact with others.

Additionally, Mr. Z did not stop at assigning new meaning to interacting with

others, but also regained his desire and will to <set personal goals to accomplish what he himself would like to accomplish.> This can be seen in his mentioning that he would like to take a look at watches, too, when Mr. E said, “I want to buy a watch,” and also in that he chose to make a plan to save for jeans that he liked instead of buying cheaper jeans. Thus, we can interpret that Mr. Z observed Mr. E’s ability to freely express his desires. Mr. Z then took that to mean that it was okay to have one’s own desires, identified his desire for the jeans he found and liked during the outing, and then created a realistic plan to obtain what he wanted. That is to say, through the interaction with Mr. E, who expressed his desires, Mr. Z was able to express his own desires and take action to meet them.

Therefore, through participating in the club, Mr. Z regained his desires through interactions, discussions, and activities with others, and utilized his coping skills to fulfill those desires. Although it was a small desire that was unearthed (to buy jeans), if Mr. Z were able to repeatedly express such desires and use realistic methods to satisfy them, he could regain a vital coping skill necessary for community living.

Implications for Nursing Practice

In this study, Blumer's symbolic interactionism theory enabled understanding of the inner process of Mr. Z by “seeing from the perspective of the actor.” Furthermore, for long-term inpatients with schizophrenia to regain the desire to interact with others,

interactions with other patients through a club, as well as self-interactions during each such encounter can be viewed as important based on the findings of this study.

Thus, nurses should adhere to the tenet that people are not organisms that simply react to various factors, but rather they are organisms that can stand firmly upon their own thoughts and initiate action (Blumer, 1969), and that people are active, independent entities who can think and judge for themselves and take action (Funatsu, 2009). In other words, nurses should understand that even patients who are in the abulia-autistic state are choosing to act that way.

Furthermore, psychiatric nurses should intentionally create opportunities for patients to interact with others in a way that is most appropriate for each patient to increase the patient’s motivation and desire. In other words, nurses should provide opportunities for interaction with the others to see how a patient interacts with the self and others, and whether the patient will interact with others after discharge.

The rec program used in this study is one such option to make these changes. Furthermore, to maintain or increase the desire to interact with others, it may be necessary to continue to assist patients even after the program ends.

Limitations and Future Research

The participant in this study was experiencing negative symptoms, which made it difficult to obtain rich and detailed stories from him; thus, we were unable to describe

the detailed changes he experienced over his long-term stay at the hospital. Additionally, this study was of a single case; therefore, it is not possible to use the results of this study to verify the validity of the rec program. It is necessary to accumulate and compile further data to examine the validity of the program.

Conclusion

We observed and interpreted that Mr. Z, a patient with schizophrenia who participated in a therapeutic recreation program, went through stages of transformation. First, his [nervousness toward others subsided and interest in others emerged]. Then, he [recognized his own strengths and shortcomings, and expressed understanding of other people’s thoughts.] Then, he finally [broke out of the cocoon of the self, and regained personal desire and compassion toward others.] In doing so, he gained a sense of willingness and desire, including the desire to interact with others, and began to act accordingly; this was viewed as important if he were to live out in the community. Blumer's symbolic interactionism theory aided understanding of the inner process of Mr. Z. by “seeing from the perspective of the actor.” As a result, psychiatric nurses should intentionally create opportunities for patients to interact with others to increase patients’ motivation. Therapeutic recreation could be one such option to enable this interaction.

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Conflict of Interest

None.

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