

〈原 著〉

# A Healthy Life Program Combining Salutogenic Group Talk and Philosophical Dialogue

— Program Evaluation by Schizophrenic Patients with Prolonged Hospitalization —

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## Abstract

In this study, Salutogenic Group Talk sessions were held as a healthy life program for schizophrenic patients with prolonged hospitalization in open wards, and the program was evaluated by the participants.

Schizophrenic patients who make up the majority of patients with prolonged hospitalization lead a regular life in hospitals as a closed environment. Losing motivation for discharge due to hospitalism caused by prolonged hospitalization, they tend to be hospitalized in psychiatric hospitals for a long period. We developed Salutogenic Group Talk based on the idea that schizophrenic patients with prolonged hospitalization require a healthy life program that motivates them to be discharged.

Schizophrenic patients with prolonged hospitalization who experienced Salutogenic Group Talk were able to freely think and speak about each theme, and enjoy discussions.

As a place to communicate with others, Salutogenic Group Talk provided an opportunity for these patients to acquire good life experiences. The results support its effectiveness as a healthy life program to promote mutual exchange among inpatients.

Key Words : Long-term Hospitalized Patients with Schizophrenia, Salutogenic Group Talk, Philosophical Dialogue, Healthy Life Program, Program evaluation

## I. Introduction

In Japan, psychiatric, health, medical, and welfare services have long been centralized in inpatient treatment<sup>1)</sup>, and prolonged hospitalization among people with mental disorders has become a major social issue. In September 2004, the Ministry of Health, Labour, and Welfare established the Vision of Improving Mental Health Service Provision through the Decentralization of Services to

promote national measures to shift mental health services from inpatient medical care to community life, which has actually reduced the number of hospitalizations among people with mental disorders. However, the number of such people with hospitalization of 1 year or longer is increasing by about 50,000 each year, and schizophrenic patients account for nearly 60% of all inpatients<sup>2, 3)</sup>.

Schizophrenia tends to involve chronic conditions and requires long-term social life

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support. With repeated recurrence, negative symptoms and cognitive dysfunction progress, making it difficult for many schizophrenic patients to resume their social lives<sup>4</sup>. Hospitalism caused by prolonged hospitalization is one of the problems faced by schizophrenic patients. Hospitalism refers to the phenomenon of losing one's innate ability to live independently after repeating a passive life in a facility during prolonged hospitalization<sup>5</sup>. Even if their ADL and self-care levels are high enough to be discharged, their motivation for discharge may be lost due to hospitalism, which results in prolonged hospitalization in psychiatric hospitals.

Schizophrenic patients who make up the majority of patients with prolonged hospitalization lead a regular life in hospitals as a closed environment. The process of recovery from hospitalism in such an environment is likely to be difficult<sup>6</sup>. Recovery from hospitalism requires not only more enjoyable activities in hospital life, but also increased autonomy and independence<sup>7</sup>. Therefore, we found it necessary to develop a healthy life program for schizophrenic patients with prolonged hospitalization to lead a lively life even in such an environment. They are already participating in programs to prevent diseases and their recurrence, and to promote adaptation to society<sup>8, 9</sup>, but the existing programs do not suffice to shorten the length of hospital stays. Participation in healthy life programs to lead a healthy and lively life while coping with the disease of schizophrenia may increase their motivation for discharge.

There is a concept, "salutogenesis". This concept is a theory that aims to support and promote the elucidation of health factors from the perspective of health recovery and promotion<sup>10</sup>. To develop a healthy life program for schizophrenic patients with prolonged hospitalization, we focused on

salutogenesis, considering that it might underlie such programs, including those targeting schizophrenic patients. In salutogenesis, the sense of coherence (SOC) as a salutogenic factor is thought to be the "strength for healthy living" or the strength that enables an individual to live healthy, cheerful, and lively lives by appropriately managing stressful events, which not only protects mental and physical health, but also promotes growth and development through these experiences. We also regarded salutogenic factors as an important element of a healthy life program targeting schizophrenic patients with prolonged hospitalization.

In previous study, programs that successfully increased SOC were characterized by interactions, such as group discussions/learning, and respect for participant autonomy and independence<sup>11</sup>. Therefore, we developed Salutogenic Group Talk with the aim of creating an environment for patients with prolonged hospitalization to mutually exchange and acquire good life experiences, similarly to those found in society. As a pilot study, we held Salutogenic Group Talk sessions for schizophrenic patients with prolonged hospitalization in closed wards first, and achieved a high participant satisfaction level, which supported its applicability as a new healthy life program<sup>12</sup>.

Based on these findings, we incorporated Salutogenic Group Talk for schizophrenic patients with prolonged hospitalization into their hospital lives, and aimed to increase their motivation for discharge. We expected that the program would provide these patients with a variety of thought-provoking realizations and the enjoyment of communication with others, and that repeating this experience would nurture their strength to establish a healthy, cheerful, lively, autonomous, and independent life.

## II. Purpose

To hold Salutogenic Group Talk -“Be Lively! Cafe” sessions for schizophrenic patients with prolonged hospitalization in open wards, and to conduct program evaluation by participants.

## III. Definitions of Terms

### 1. Schizophrenic patients with prolonged hospitalization

Patients diagnosed with schizophrenia who had been hospitalized in open wards of psychiatric hospitals for 1 year or longer.

### 2. Salutogenic Group Talk

A healthy life program combining group talk to promote a lively life and Philosophical Dialogue<sup>13)</sup>. Philosophical Dialogue is a grassroots forum for discussions in coffee shops founded by French philosopher Marc Sautet in Paris. The main feature of this dialogue is intendedly dealing with themes that are not usually discussed, rather than special or difficult topics. In the present study, participants discussed familiar themes, such as what interested them in everyday life, what was happening in society, and what they would like to do in their lives after discharge.

## IV. Methods

### 1. Study hospitals

Two single-department psychiatric hospitals in Mie prefecture of Japan. The inpatient division of each hospital consists of acute care, long-term psychiatric care, and dementia care wards.

### 2. Participants

The participants were schizophrenic patients with prolonged hospitalization in open wards of

the psychiatric hospitals. Chief nurses selected patients who met the following criteria: being able to communicate, having no problems in daily life on the ward, and having a relatively stable condition. Among these patients, we included those who consented, with the permission of their doctors.

### 3. Intervention methods

Salutogenic Group Talk -“Be Lively! Cafe” targets a small group of 4-6 members, with the first author acting as a facilitator. Salutogenic Group Talk was attended by a total of 10 people (5 from Hospital A and 5 from Hospital B). One ward staff member also participated as a secretary, and observed participants during the activity without making any statements.

Handout was distributed at the first session (see Figure 1). One session was held a week, and there were 8 sessions in total. The duration of each session was about 30 to 50 minutes. Participation in the Salutogenic Group Talk was voluntary.

Although the members were hospitalized in the same ward and familiar with each other, they might feel tense when speaking in front of others. In addition, some of them did not come out of their rooms very often. Therefore, before starting the program, the facilitator gave various considerations to reduce their tension, and make them feel at ease participating, such as chatting with them over tea or coffee (Table 1).

### 4. Questionnaire items (Original version in Japanese)

#### 1) Participants' attributes

The items of participants' attributes were: age, sex, name of the diagnosis, age at onset, and hospitalization period.

#### 2) Program evaluation by participants

Statement items were four (1. “Be Lively!

Cafe” was enjoyable, 2. It was good to hear other members’ opinions and ideas, 3. My thoughts and opinions were conveyed to others, 4. “Be Lively! Cafe” is useful for work and my own life). Each statement items were rated on a 4-point scale (1. Agree, 2. Somewhat agree, 3. Somewhat disagree, and 4. Disagree).

### 5. Distribution and Collection of questionnaires

The first author and ward staff conducted the questionnaire survey the day after the

completion of the entire program. The participants filled out the questionnaire as they listened to the first author read out each statement. For participants who had difficulty in understanding and rating a statement, the first author read the statement out again, with the attending ward staff providing individual support. The questionnaire was staff collected. The first author interviewed participants at a later date based on their responses to the questionnaire. During the interviews, the

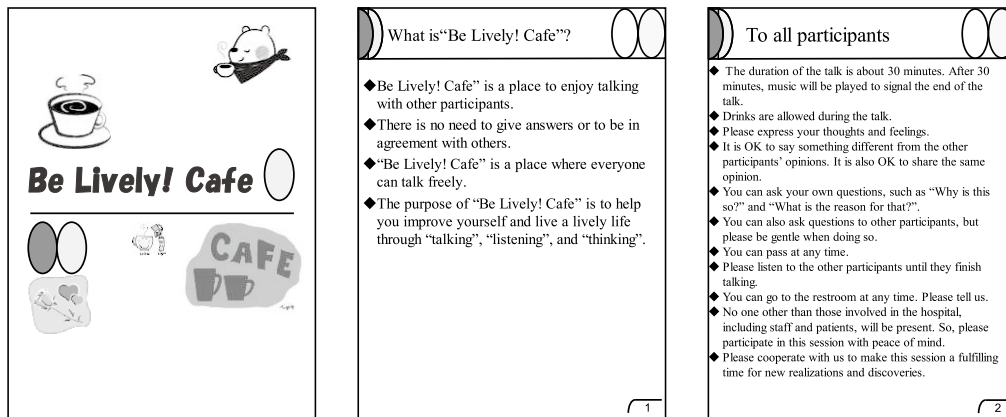


Figure 1: Handout (original version in Japanese)

Table 1: Role of the Facilitator and Considerations for Participants

|                         |  |
|-------------------------|--|
| Introduction<br>10 min. | <p>1. Preparation:<br/>All participants sit where they can see the whiteboard. The facilitator acts as an ice breaker (playing relaxing music and chatting with the participants over tea or coffee).</p> <p>2. Orientation:<br/>The facilitator explains “Be Lively! Cafe” using a handout (Figure 1), and confirms the purpose and rules of this program.</p>  |
| Group talk<br>30 min.   | <p>3. Start of the group talk (stopping the music):<br/>The session deals with familiar themes, such as what interests the participants in everyday life, what is happening in society, and what the participants would like to do in their lives after discharge.<br/>The facilitator asks all participants to give their opinions on each theme, and writes them on the whiteboard. The theme is decided by a majority vote.<br/>The facilitator appoints all participants to give them a chance to speak, not forcibly, but with sufficient consideration to avoid overburdening participants.<br/>When a participant’s statement is abstract, the facilitator asks him/her to describe in more detail.<br/>The facilitator notes down participants’ statements on the whiteboard for review.<br/>To deepen discussions, the facilitator asks questions after collecting sufficient opinions.</p> |
| Summary<br>10 min.      | <p>4. End of the group talk<br/>The facilitator announces the end of the session, and asks all participants to describe their impressions, realizations, and learning experiences.</p>   |

participants were asked about the reasons for their ratings of each statement. The interviews were recorded using an IC recorder, with the participants' consent.

## 6. Study period

The study was conducted during the 4-month period from July to October 2017.

## 7. Analytical methods

The participants' ratings of each statement to evaluate Salutogenic Group Talk were examined by simple tabulation. Subsequently, the reasons for their ratings were also described.

## 8. Ethical considerations

The researchers explained about the survey in person before making a request for cooperation. The respondents were told that participating in the survey was voluntary and they were informed of the purpose and method of the survey, using a written request and consent form. The risks arising from participating in the survey and the ways to cope with such risks, the handling of the data obtained through the survey, the measures for privacy

protection, and how the results of the survey would be published were explained. If the respondents agreed to participate, they signed the consent form. The questionnaires were managed by individual number, so that no individual was identifiable. The ethics committee of the Yokkaichi Nursing and Medical Care University, Japan, examined the survey plan and gave approval (approval number, 91).

## V. Results

### 1. Outline of participants

Ten patients participated in Salutogenic Group Talk. There were 6 males and 4 females (see Table 2). Participation in Salutogenic Group Talk was voluntary, but all participants attended all 8 sessions.

### 2. The themes discussed

They discussed the following themes: "getting older", "sumo wrestling", "TV shows that are always the same", "hospital life", "senior high school baseball", "allowance", "eating", "bathing", "summer festivals", "memories of play during the

Table 2 : Study participants

| ID | Gender | Age | Diagnosis     | Age of disease onset | Period of hospitalization (years) |
|----|--------|-----|---------------|----------------------|-----------------------------------|
| A  | Male   | 50s | Schizophrenia | Early 20s            | About 20                          |
| B  | Female | 50s | Schizophrenia | Latter 20s           | About 10                          |
| C  | Female | 30s | Schizophrenia | Latter 10s           | About 15                          |
| D  | Male   | 50s | Schizophrenia | Early 30s            | About 10                          |
| E  | Male   | 40s | Schizophrenia | Latter 10s           | About 20                          |
| F  | Male   | 50s | Schizophrenia | Early 20s            | About 35                          |
| G  | Male   | 50s | Schizophrenia | Latter 20s           | About 25                          |
| H  | Female | 50s | Schizophrenia | Latter 10s           | About 40                          |
| I  | Female | 50s | Schizophrenia | Early 20s            | About 25                          |
| J  | Male   | 30s | Schizophrenia | Early 20s            | About 20                          |

summer vacation”, “beach houses”, “hot days”, “summer fatigue”, “summer vacation”, and “summer”.

### 3. Results of program evaluation by the participants and the reasons for their ratings of each statement

Table 3 shows the results of program evaluation by the participants and the reasons for their ratings of each statement. Participants A and B did not have reasons for their ratings in any case.

## VI. Discussion

This program is designed with some characteristics that are different from those of conventional programs to prevent diseases and their recurrence. This section discusses its effects on schizophrenic patients with prolonged hospitalization based on the results of evaluation by them after participation and the reasons for their ratings of each statement.

1. Factors that led to positive evaluation by schizophrenic patients with prolonged

Table 3: Evaluation of Salutogenic Group Talk by Participants

| Statement   | Answer choices    | n  | Reasons (interviews)   |   |   |   |   |
|---|-------------------|--|--|---|---|---|---|
| 1) “Be Lively! Cafe” was enjoyable.   | Agree             | 7  | I usually don’t talk with anyone, so I really enjoyed “Be Lively! Cafe”. (C)   |   |   |   |   |
|   |                   |  | It was good to have coffee and tea. Thank you very much. And it was fun for no particular reason. (D)  |   |   |   |   |
|   |                   |  | I think it was good that there were drinks. (G)  |   |   |   |   |
|   |                   |  | The members were nice, and I felt at ease when I met them. (H)   |   |   |   |   |
| 2) It was good to hear other members’ opinions and ideas.   | Somewhat agree    | 3  | I think it was nice that I could talk about common topics with everyone. (J)   |   |   |   |   |
|   |                   |  | There is no particular reason. (A, B)  |   |   |   |   |
|   |                   |  | It was good that there were drinks. All participants were able to talk openly. I was glad that my speech was noted down on the whiteboard. I enjoyed it because everyone was friendly. (E) |   |   |   |   |
| 3) My thoughts and opinions were conveyed to others.  | Somewhat disagree | 0  | It was fun when unexpected opinions came up. I realized that there are various ways of thinking. (F)   |   |   |   |   |
|   |                   |  | I enjoyed F’s and G’s speeches very much. (I)  |   |   |   |   |
|   |                   |  | Disagree   | 0 | It was helpful for me to hear many ideas from various people and to understand that there are various ways of thinking. (C) |   |   |
|   |                   |  |  |   | I could gain knowledge that I didn’t have. (D)  |   |   |
| It was good to hear the opinions of various people. I learned that people who don’t usually talk so much also think about these things. (F) |                   |  |  |   |   |   |   |
| 3) My thoughts and opinions were conveyed to others.  | Disagree          | 0  | I think it was good. (G)   |   |   |   |   |
|   |                   |  | The talk about baseball left a strong impression on me. (H)  |   |   |   |   |
|   |                   |  | I thought F knows everything in detail. (I)  |   |   |   |   |
|   |                   |  | It was good to hear various opinions. (J)  |   |   |   |   |
| 3) My thoughts and opinions were conveyed to others.  | Disagree          | 0  | There is no particular reason. (A, B)  |   |   |   |   |
|   |                   |  | Somewhat agree   | 1 | I enjoyed getting various kinds of information that I did not have, such as “I went to AAA” and “BBB is fun”. (E)           |   |   |
|   |                   |  |  |   | Somewhat disagree   | 0 | I am glad other members gave me their opinions about my speech. (J) |
|   |                   |  |  |   |   |   | There is no particular reason. (A, B)                               |
| Disagree  | 0                 | I felt that my thoughts and opinions were conveyed when I saw other members say “I think so, too”. (C) |  |   |   |   |   |
|   |                   | Everyone’s laughter and reactions made me think that my thoughts and opinions were conveyed. (D)       |  |   |   |   |   |

| Statement  | Answer choices    | n | Reasons (interviews)  |
|--|-------------------|---|---|
|  |                   |   | I was able to talk with other participants before the start and when chatting in between. I think they understood when I spoke about agriculture. (E)<br>I felt that everyone was listening to me. (F)<br>I talked as much as I could, but I was not criticized. I think talking with a smile helped me convey my thoughts. (H)<br>I realized that my problems are also other participants' problems. (I)<br>There is no particular reason. (G) |
|  | Somewhat disagree | 0 |   |
|  | Disagree          | 0 |   |
| 4) "Be Lively! Cafe" is useful for work and my own life. | Agree             | 4 | There are many. It was nice to talk about the past and family memories. (C)<br>I go to coffee shops, and I can talk with people who don't go to coffee shops now. (*Subsequently, he spoke about his delusions.) (H)<br>I felt that it is useful for work and my own life. (J)<br>There is no particular reason. (B)  |
|  | Somewhat agree    | 5 | When I was working, I had an opportunity to speak in front of everyone at a morning meeting. This may be a good practice for such an occasion. (D)<br>I am glad that I had a chance to express my opinion. (F)<br>I found many male participants interesting. It was a good opportunity for me, because I usually do not talk with them. (I)<br>There is no particular reason. (A, G)   |
|  | Somewhat disagree | 1 | "Be Lively! Cafe" was fun, but it is not available whenever I want to participate. / "Be Lively! Cafe" is only held in hospital, so I would not be able to participate in it after discharge.<br>Q: If "Be Lively! Cafe" is held near you after discharge, would you like to participate?<br>A: I would like to. Since I started participating in it, I think I have become able to think and act, rather than spending time in a daze. (E)     |
|  | Disagree          | 0 |   |
|  |                   |   |   |

hospitalization

We developed Salutogenic Group Talk as a program for patients with prolonged hospitalization to mutually exchange and acquire good life experiences based on salutogenesis and the programs reported in previous studies.

All patients who participated in Salutogenic Group Talk positively evaluated this program. The participants experienced various effects of the program, such as being able to express one's thoughts and feelings, deepening one's thoughts and expanding his/her interest by listening to other participants' thoughts and feelings, and establishing closer relationships with them through mutual exchange. Philosophical

dialogue does not have specific targets<sup>13)</sup>.

Participants can deal with all themes, and do not need to draw conclusions or determine directions<sup>12)</sup>. Unlike other programs the participants had previously experienced, the participants do not need to draw conclusions or determine directions and the present program may have enabled them to achieve realizations and learning experiences through a series of processes: freely thinking and speaking, listening to and thinking about others' opinions, and speaking again, and to enjoy discussions as a fulfilling activity. Thus, the incorporation of Philosophical Dialogue into Salutogenic Group Talk is likely to have been the key factor that led to a positive evaluation.

## 2. Salutogenic Group Talk as a place to communicate with others

Salutogenic Group Talk may have served as a place for the participants to communicate with others, as they described “I usually don’t talk with anyone, so I really enjoyed “Be Lively! Cafe” (C), “I learned that people who don’t usually talk so much also think about these things” (F), “I can talk with people who don’t go to coffee shops now” (H), and “It was a good opportunity for me, because I usually do not talk with them” (I). Analysis of the reasons for the ratings revealed that exchange among the participants had been rare, and that Salutogenic Group Talk provided them with the opportunity to communicate with each other for the first time.

People communicate with many others and grow in their communities, including workplaces and regions. Communication with other family members also promotes one’s growth. In a psychiatric hospital, there are many inpatients, and they come out to the hall to participate in ward programs or watch TV. Although it seems that they communicate with each other in such a situation, but communication among inpatients is rarely seen. In this respect, psychiatric hospitals can hardly function as a community. However, the participants of Salutogenic Group Talk stated “I felt at ease when I met them” (H), “It was fun when unexpected opinions came up” (F), “It was helpful for me to hear many ideas from various people and to understand that there are various ways of thinking” (C)(J), “I enjoyed getting various kinds of information that I did not have” (E), “I was not criticized” (H), “I realized that my problems are also other participants’ problems” (I), and “I think I have become able to think and act, rather than spending time in a daze” (E).

Daniel Fisher describes in his book ‘Heartbeats of Hope: The Empowerment Way to Recover Your Life’ that one’s consciousness/spirit, body, social life, and soul all become lively through dialogue<sup>14)</sup>. The participants’ statements also indicate that they became lively by acquiring positive experiences, such as mutually learning with other participants and becoming acquainted with each of them, which promoted mutual understanding<sup>15)</sup>, as well as the sense of being accepted and recognized.

As a place to communicate with others, Salutogenic Group Talk provided an opportunity for schizophrenic patients with prolonged hospitalization to acquire good life experiences. Thus, the program was suggested to be useful as an interventional program to promote mutual exchange among schizophrenic patients with prolonged hospitalization.

## VII. Limitations and challenges of this study

The participants of the study were schizophrenic patients with prolonged hospitalization in 2 hospitals located in a single region, and their number was limited to 10. Future studies should confirm and examine the effectiveness of the program, involving increased numbers of participants and facilities in a larger target area to obtain extensive data.

## VIII. Conclusions

The schizophrenic patients with prolonged hospitalization who experienced Salutogenic Group Talk were able to freely think and speak about each theme, and enjoyed discussions.

As a place to communicate with others, it provided an opportunity for schizophrenic patients with prolonged hospitalization to acquire good life experiences. The results support



the effectiveness Salutogenic Group Talk as a healthy life program to promote mutual exchange among inpatients.

Conflicts of interest: The authors have no conflicts of interest associated with this study.

### Acknowledgements

We would like to express our sincere gratitude to all those who contributed to this study.

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