

SCHIZOPHRENIA- SILHOUETTE

B.A (HONS)



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SCHIZOPHRENIA- SILHOUETTE



**A PROJECT REPORT SUBMITTED TO
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REQUIRMENT FOR THE DEGREE**

OF

**BACHELOR OF ART
IN
MEDIA SRUDIES
BY**

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**PROJECT REPORT APPROVAL KINNAIRD
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Date: 12th June,2023

**I hereby recommend that the project report prepared under my supervision by
Mubashara Fawad F19BAMS035 & Javeria Khan F19BAMS060**

Entitled

Title: Schizophrenia - Silhouette

be accepted in partial fulfillment of the requirements for the degree of

**BACHELOR OF ART (BA Hons)IN
MEDIA STUDIES**

In Charge of Dissertation

Recommendation concurred in

1. _____
2. _____
3. _____
4. _____
5. _____

Head of Department

**Committee for the Final
Examinatio**



RESEARCH COMPLETION CERTIFICATE

It is certified that Ms. Mubashara Fawad and Ms. Javeria Khan of BA Hons (Session 2019 – 2023), Department of Media Studies has completed project entitled “ Schizophrenia - Silhouette” under my supervision.

It is assured that research work is original and has not yet been published anywhere else.

All changes suggested by examiners during defense are incorporated in this final copy.

Signature of Supervisor
Dr. Maira Qaddos
Assistant Professor

Dated:12^h June,2023

Signature
Dr. Kiran Karamat
Head of Department

Dated: 12th June,2023



ANTI-PLAGIARISM DECLARATION

We certify that this is our own research work. The work has not, in whole or in part, been presented elsewhere for assessment. Where material has been used from other sources, it has been properly acknowledged. The similarity index of the research report is 8% if this statement is untrue and I am found guilty of plagiarism, the punitive actions against me should be taken as per Kinnaird Anti Plagiarism Policy.

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ABSTRACT

The research focuses on a mental illness called schizophrenia, that can be best described as an illness characterized by a disruption in the connection between cognition, emotion, and behavior. This can lead to distorted perceptions, inappropriate actions, emotions, withdrawal from reality, interpersonal relationships into fantasy and delusion as well as a sense of mental confusion. This study explains how the disorder affects one's life and it also sheds light on the symptoms experienced by the victims. People who experience significant stress or trauma during early childhood or adolescence as well as those with a family history of schizophrenia are more likely to develop the illness. Schizophrenia onset typically varies by gender, with men usually experiencing it between the ages of 15 and 25, while women tend to develop it between 25 and 35 years old. Both genders are equally affected by this disorder. The study raises awareness regarding the stigma associated with schizophrenia, and how the media portrays negative and stereotypical versions of schizophrenic patients which leads to discrimination and prejudice. Effective therapy for schizophrenia frequently calls for a long-term, all-encompassing strategy that attends to the patient's wider social, emotional, and physical requirements in addition to the disease's primary symptoms. Schizophrenic patients can significantly improve their quality of life and capacity to contribute to society with the right care.

Keywords: Schizophrenia, Illness, Psychotic, Delusions, Suicide, Stigma, Media.

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CHAPTER 1

INTRODUCTION

Schizophrenia can be described as a severe mental illness in which reality is abnormally perceived by the patient. While there is a wide range of potential signs and symptoms, many of them involve delusions, hallucinations, or difficulties with speech, all of which can impair a person's ability to function normally. The term "schizophrenia" is used to describe a variety of psychotic diseases as well as a single illness. These are situations where a person feels "disconnected" from reality in some way (Bandhari, 2022). These disconnections can occur in a variety of ways. Schizophrenia is a type of mental illness that involves recurrent or persistent psychotic episodes, characterized by symptoms such as hallucinations, delusions, and disordered thinking. Additional signs include apathy, reduced emotional expression, and social withdrawal. These symptoms often emerge gradually, beginning in early childhood and persisting throughout a person's life.

Depending on sex, schizophrenia can start at various ages. For men, it often begins between 15 and 25 and for women; it typically begins between 25 and 35 (Ochoa et al., 2012). Both sexes, men and women, tend to be equally affected by it. Schizophrenia not only affects mental health, but patients diagnosed with schizophrenia die 12-15 years earlier than the average population (Saha, Chant & McGrath, 2007). About 20% of newly diagnosed instances of schizophrenia are in adults over 45 (WHO). Women are more likely to experience these occurrences. An array of issues linked with behavior, emotions, and thinking (cognition) are present in schizophrenia. Although there are many different signs and symptoms, they typically entail delusions, hallucinations, or slurred

speech and indicate a reduced capacity for function.

Although the precise cause of schizophrenia remains unknown, experts believe that a combination of genetic, environmental, and neurochemical factors may contribute to its development. Imbalances in naturally occurring brain chemicals known as neurotransmitters - specifically dopamine and glutamate - may be linked to the onset of schizophrenia.

Around 24 million people, or 1 in 300 persons (0.32%), globally suffer with schizophrenia. About 1% of people globally have schizophrenia (Leucht et al., 2007). According to estimates from the World Health Organization (WHO), schizophrenia accounted for 2.8% (or 2.6%, respectively) of all Years Lived with Disability (YLD) in 2004 among males and females, placing it as the fifth (or sixth) most common global disease burden (WHO, 2004). In Pakistan, 1-2% of the population is affected by schizophrenia (Hasan, 2019).

Human rights abuse frequently occur to people with schizophrenia, both inside mental health facilities and in public places. Individuals with schizophrenia face significant and pervasive stigmatization, leading to social isolation and strained relationships with others, particularly their loved ones. This, in turn, fosters discriminatory attitudes that can limit their access to necessities, such as housing, employment, and education. Schizophrenia often results in substantial distress and interference in various aspects of life, including personal, familial, social, academic, occupational, and other significant domains.

Many famous celebrities like Zelda Fitzgerald, John Forbes Nash, Darrel Hammond have all been victims of schizophrenia. Many documentaries and Hollywood films have been made in order to raise awareness in the world about this disease, but negative portrayal and

inaccurate, stereotypical depictions has led people into believing that schizophrenic people are 'psychotic' or 'crazy'.

1.1. One Liner

To raise awareness and remove the stigma revolving around schizophrenia in society.

1.2. Basic Idea

The main aim of this study is to persuade people to accept, recognize, and assist those who are close to them who are dealing with schizophrenia. Our short film's goal is to raise awareness about schizophrenia and educate people about its symptoms. Furthermore, we want to remove the stigma attached in the society with this mental illness. Since the majority of Pakistan's population is rural, has low literacy rates, and is unaware of the condition, those who have schizophrenia are perceived as being possessed by a spirit. They go to faith-based healers for treatment rather than seeing a psychiatrist. (Hasan, 2019). The goal of the film is to remove the myth that people with mental problems should not seek professional assistance or therapy.

1.3. Scope

The research focuses on spreading awareness and educating the public about the mental illness schizophrenia because most schizophrenia patients in developing nations like Pakistan receive little to no professional care, and others are left by their families and wind up living on the streets their entire lives without ever being diagnosed (Hasan, 2019). First-episode psychosis is not addressed because of these circumstances, which poses a serious public health issue. This research also focuses on removing the mental illness stigma associated with schizophrenia and creating a positive environment to give the patients an improved quality of life.

1.4. Need of Project

For those who are unaware of or ignorant of such disorders, our short film opens their eyes and makes them aware of schizophrenia. It will also get viewers to empathize with the main character who must live through a life with such an illness and relate it to the people in their lives or the people they care about who are going through a similar situation. Our project helps disseminate information about schizophrenia and work to eliminate prejudice and stigma associated with this gravely misunderstood condition.

Social stigmas surrounding schizophrenia can be dangerous for those who have the diagnosis, but for many people, it's also an issue of safety. According to a study, people with schizophrenia are up to 14 times more likely to become the victims of violent crime than offenders who are apprehended (Wehring & Carpenter, 2011). The short film also ensures those who have schizophrenia that they are not alone and that it is not their fault if their loved ones abandon them during their darkest moments. It will help to start conversations about mental illness in the society.

1.5. Clarity of the Topic

There is still a great deal of ignorance and misinformation about schizophrenia due to the way the illness is misrepresented and portrayed in the media. Contrary to popular assumption, schizophrenia does not imply that a person has several personalities. Schizophrenia is a term used to describe altered mental functioning that is derived from the Greek phrase "fractured mind" (Smith, 2016).

This short film clarifies that people suffering with schizophrenia are not 'crazy' or 'psychotic'. Instead of people who are merely battling to control symptoms of an illness that warps their perception of reality, they are either portrayed as violent and aggressive people or as artistic geniuses. Schizophrenia symptoms include hallucinations, paranoia,

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confusion, disordered speech, disordered thinking, unusual behavior, and more. These symptoms result from the way schizophrenia patients interpret reality.

CHAPTER 2

LITERATURE REVIEW

Nawaz et al. (2020) say that the majority of people in Pakistan have little to no access to primary and secondary psychiatric services, making mental health the most underserved area of the healthcare system. Compared to other psychiatric illnesses, Pakistan has seen an alarming rise in the prevalence of schizophrenia. Patients in Pakistan do not have access to clinical psychiatric treatments, and doctors lack information on how patients would react to certain medication. These variables affect patient reactions, pharmacological efficacy, side effects, and affordability as well as the evaluation of functional outcomes in young people at risk for psychosis.

Ahmed et al. (2018) say schizophrenia patients can be categorized into three distinct groups: deficiency, persistent, and transient. Negative symptom subgroups varied in demographic factors, cognitive impairment, psychosocial functioning, and illness onset, treatment history, and positive symptoms.

Rasool et al. (2018) describe schizophrenia as a serious mental disorder that affects an individual's thoughts, emotions, and behaviors, often resulting in a complete detachment from reality. They might pick up voices that other people don't. They gave three categories of schizophrenia symptoms which are positive, negative, and cognitive. According to them, schizophrenia has a variety of causes, including genetics, the environment, and altered brain structure. It affects fewer than 1% of the general population, but this number rises to 10% for those who have first-degree relatives with the condition, such as parents, siblings, or brothers and sisters. The majority of those who have schizophrenia are not violent, yet untreated schizophrenia increases the risk of violence.

Cua (2017) described schizophrenia as one of the most stigmatized mental illnesses which is frequently covered negatively in the media and is highlighted for its high risk of violence, failure, and unpredictability. Such impressions might have a negative effect on people who are mentally ill, make them internalize a stigmatizing stereotype, and make it harder for the general population to understand mental illness. People's perceptions and attitudes towards schizophrenics have changed because of media representation.

Demjaha et al. (2012) describe that individuals with schizophrenia can be classified into three distinct groups based on the nature and duration of their symptoms: deficiency, persistent, and transient subgroups. The subgroups characterized by negative symptoms were found to vary based on demographic factors such as sex, race, season of birth, and years of education. Along with differences in positive symptoms, these subgroups also exhibited varying degrees of cognitive impairment, premorbid adjustment, and psychosocial functioning. Additionally, the negative symptom subgroups differed in terms of the age at which symptoms first appeared, treatment history, and the severity of their positive symptoms.

Bo et al. (2011) describes that there appears to be two distinct patterns of violent behavior among individuals with schizophrenia. One group consists of patients who do not have a history of violent or criminal behavior and whose violent outbursts can be attributed to positive symptoms of schizophrenia. The other group consists of patients who exhibit violent tendencies regardless of their schizophrenia symptoms and who are more likely to have personality disorders such as psychopathy.

Carlborg et al. (2010) described suicide as being a major cause of schizophrenia. The estimated suicide risk associated with schizophrenia is 4-5%. Suicide attempt, despair, being a man, substance misuse, and

hopelessness are clinical risk factors. A higher risk of suicide has also been linked to biosocial variables in schizophrenia patients, such as a high IQ and high level of premorbid function. The risk of suicide is particularly significant in the first year following diagnosis. Many suicides occur either during hospitalization or shortly after release. Medical treatment and psychosocial therapies are both used in the management of suicide risk. Those working with patients at risk apply the creation of evidence-based interventions to stop suicide conduct in the clinical setting.

Brohan et al. (2010) say that self-stigma appears to be prevalent and, at times, severe among individuals of European descent who are affected by schizophrenia and other psychotic disorders. It may be beneficial to focus on interventions that specifically address the aspects of self-stigma that are most problematic for this population, such as feelings of isolation, internalization of negative stereotypes, social withdrawal, or experiences of discrimination. Research indicates that self-stigma is linked to social contact and empowerment, underscoring the importance of addressing these factors in interventions.

Leucht et al. (2007) says individuals with schizophrenia have higher rate of osteoporosis, altered pain sensitivity, sexual dysfunction, obstetric complications, cardiovascular disorders, obesity, diabetes, dental problems, and polydipsia compared to the general population. Conversely, cancer and rheumatoid arthritis may be less prevalent in individuals with schizophrenia. The greater prevalence of physical health problems in this population may be attributable to factors related to the disorder itself and its treatment.

However, it is also undoubtedly influenced by systemic factors such as poorly organized healthcare services, negative attitudes among medical professionals, and societal stigma towards individuals with

schizophrenia.

Conley et al. (2007) research says that individuals with schizophrenia who also experience depressive symptoms tend to have poorer long-term functional outcomes compared to those without depression. Their lower quality of life, greater dependence on mental health services, and higher likelihood of involvement with law enforcement underscore the need for specialized therapeutic interventions. To achieve recovery, it is crucial to address not only the psychotic symptoms of schizophrenia, but also the co-occurring non-psychotic aspects.

Schulze and Angermeyer (2003) stated in their post that the stigma associated with schizophrenia is a major barrier to employment. It is accompanied by the social emotions and stigma associated with the disorder, which Finzen (1996) refers to as a "second illness." Stigmatization is a dimension of misery that is added to the experience of having a disease; it has been demonstrated to cause social isolation, fewer opportunities for success in life, and deferred help-seeking behavior. Interpersonal contact, structural discrimination, public perceptions of mental illness, and access to social roles are the four components of stigma.

Siris et al. (2001) say that US psychiatrists tend to have a high level of knowledge of depression in patients with schizophrenia and recognition of the need for appropriate management. However, more than a fifth of these specialists only occasionally or never recommend supplementary antidepressants. Most psychiatrists in the US are aware of the effects and complications that depression has on schizophrenia and actively utilize adjuvant antidepressants in its management.

However, there is still a sizable minority that believes depression is less common in schizophrenia and uses antidepressant-

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combination therapy infrequently, if ever. They describe depression as a prevalent problem in schizophrenia along with other disease consequences like a lower quality of life or a higher risk of suicide.

CHAPTER 3

SIGNIFICANCE

The main purpose of this short film is to raise awareness and educate the public about schizophrenia and to shed light on the stigma attached to it in our society. According to WHO, globally, approximately 24 million individuals, or 1 in every 300 people (0.32%), are afflicted with schizophrenia. Moreover, around 1% of the population of Pakistan is victim of schizophrenia. Stigma and discrimination can lead to worsening of symptoms and reduce treatment possibilities.

This prejudice and discrimination also cause the patients to self-discriminate themselves. According to a recent study, self-discrimination leads to other negative effects such as lower self-esteem, reduced hope, problems at workplace and difficulties with social relationships (Yanos et al., 2020). Therefore, it is of utmost significance to create a film which will shed light on the consequences caused by discrimination against mental illnesses – mainly schizophrenia.

Media plays a crucial role in educating the public about mental illnesses. However, often they portray a stereotypical and inaccurate depiction of the illness. Schizophrenic patients are largely shown to be violent towards themselves or towards others. They are demonstrated to be unsteady and even frightful. Due to this misunderstanding, people with schizophrenia become more isolated and receive care that is of worse quality (Kadri & Sartorius, 2005). Hence, it is crucial to create a film which will portray the true side of schizophrenia so the public stops discriminating against these patients who deserve to be treated with love and care.

Schizophrenia also has a negative social and financial impact on the patient and their family. In Pakistan, most schizophrenia patients in developing nations likely receive little to no professional care, and others

are left by their families and wind up living on the streets their entire lives without ever being diagnosed. There are already a few non-governmental organizations in the nation serving these patients' needs but schizophrenia is still viewed with some apprehension (Hasan, 2019). For that reason, the creators of the short film want to show an accurate depiction of a schizophrenic patient to inform the audience with facts and the truth which is not often shown in today's media. It is significant to eradicate the stigma from society as it acts as the greatest hurdle to the improvement and betterment of the lives of people with mental illnesses such as schizophrenia.

CHAPTER 4

SCRIPT

Table 4.1. List of Audio Visual

Scene	Audio	Visuals	Duration
1	Sound Effects + BGM	The scene will show Fahad sleeping in his bedroom.	15 seconds
2	Sound Effects + BGM	He wakes up after his alarm rings and then gets up to go to the bathroom to get ready.	30 seconds
3	Dialogue + Sound Effects + BGM	As he is walking outside, he hears someone call out his name. It is his friend Shanzay. Shanzay: Fahad!	20 seconds
4	BGM	They both do their signature handshake.	15 seconds
5	BGM	They both go to a restaurant to hang out and have lunch.	30 seconds
6	BGM	Montage of Fahad and Shanzay hanging out together playing the board game ludo, having tea together and having a water fight in the rain on different days.	50 seconds
7	BGM + Sound Effects	Fahad wakes up and sees a black silhouette watching him. He rubs his eyes, and the dark figure disappears.	30 seconds
8	BGM + Sound Effects	A montage of time-lapse which will show both of them playing football, reading books and talking. Next, Fahad and Shanzay will be watching a cricket match together. Fahad: Kya shot mara hai yaar! He feels like a black figure is sitting next to him instead of Shanzay. He turns to look again, and the mysterious black person disappears back into Shanzay.	60 seconds
9	Sound Effects + BGM	The black silhouette is chasing Ahmed as he runs in a parking lot.	30 seconds

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Scene	Audio	Visuals	Duration
10	BGM + Sound Effects	As he is about to be caught, he falls, and someone touches him. It is a girl and Fahad realizes that there was nobody chasing him. Girl: Are you okay?	30 seconds
Scene	Audio	Visuals	Duration
11	BGM	Montage of all the places where Fahad and Shanzay were together will be shown but this time it will only show Fahad as Shanzay was only a hallucination caused by his schizophrenia.	30 seconds
12	BGM	A message will appear around the dangers of schizophrenia if left untreated after which ending credits will follow.	10 seconds
13	BGM	End Credits	24 Seconds

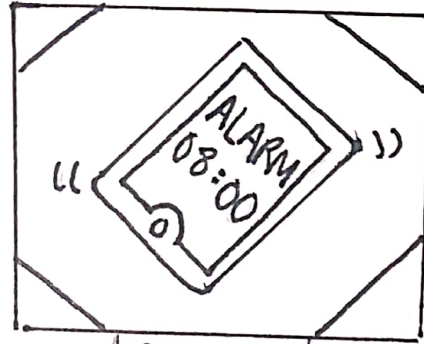
Total duration: 6 min and 34 Seconds

(With Credits)

CHAPTER 5
STORYBOARD



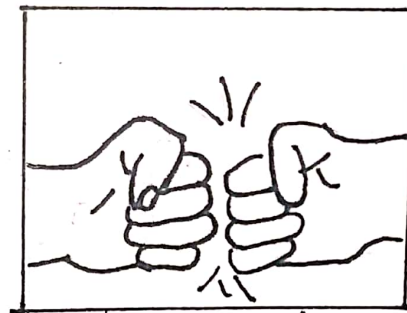
Scene 1
WIDE SHOT



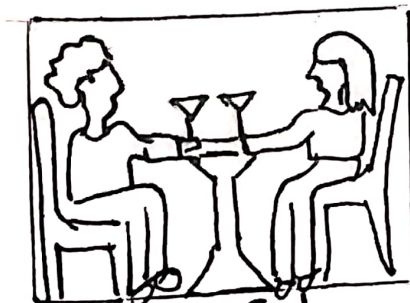
Scene 2
CLOSE UP SHOT



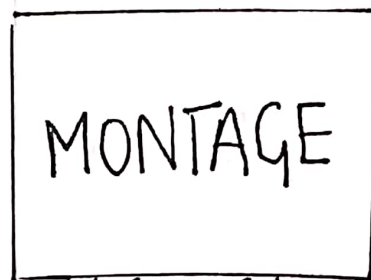
Scene 3
LONG SHOT



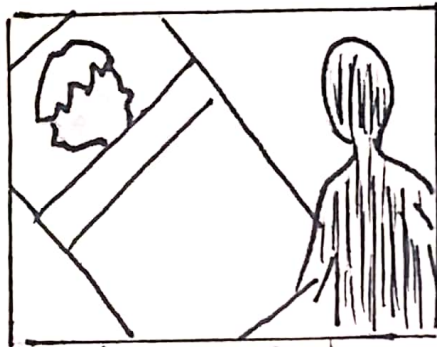
Scene 4
MEDIUM SHOT



Scene 5
WIDE SHOT



Scene 6
DIFFERENT SHOTS



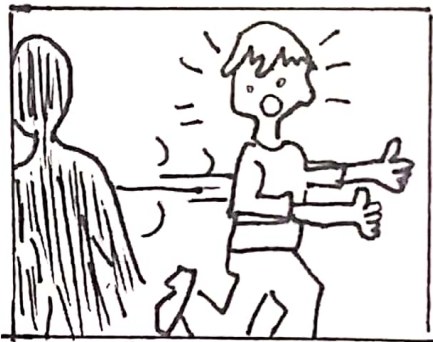
Scene 7

WIDE SHOT



Scene 8

DIFFERENT SHOTS



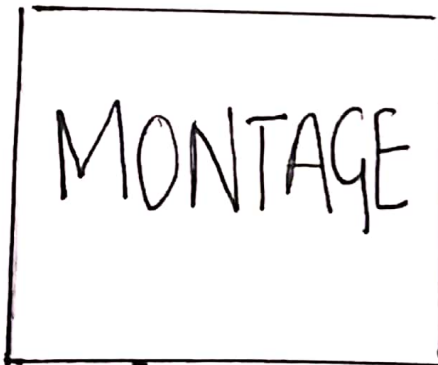
Scene 9

TRACKING SHOT



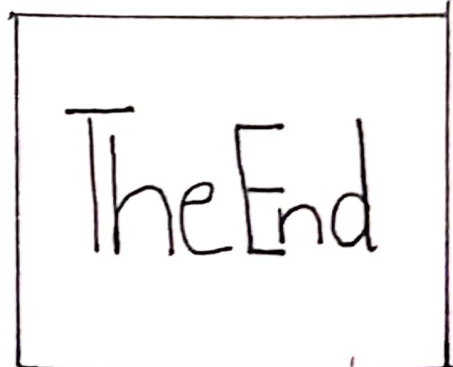
Scene 10

WIDE SHOT



Scene 11

DIFFERENT SHOTS



Scene 12

CREDITS

Figure 5.1. Storyboard

CHAPTER 6

TECHNICAL APPROACH

6.1. Approach

The film spreads awareness and educates the audience about schizophrenia. Moreover, it will help to remove the stigma that is attached with mental illness in the current society. There have been numerous negative and inaccurate portrayals of schizophrenia on media which has led to the audience into believing that schizophrenic people are violent, crazy or psychotic. Our film helps to shed light on illness and make the public about how these patients are facing serious psychiatric disease and need all the love and support they can get instead of being isolated.

6.2. Genre

The genre of our production is short film.

6.3. Target audience

The target audience of our short film is teenagers and adults in the range 15-45 years old.

6.3.1. Demographics

Our target audience are people who fall under 15-45 years old because most of the people affected by schizophrenia fall under this range. Furthermore, adults will have a better understanding of our topic and getting awareness from it which will help to remove the stigma in society. Our film encourages the audience to put themselves in the shoes of the affected person and learn the hurdles they face in life. This helps to minimize the discrimination schizophrenic people have to face by the hands of the public who think they are crazy or psychotic.

6.3.2. Psychographics

Schizophrenia is a mental illness, and anyone can be at risk of being diagnosed with it. Our target audience consists of people with a variety of ideas, attitudes, and lifestyles. Our primary target audiences are people who either have a loved one who has schizophrenia or knows one. Furthermore, we are also targeting people who are completely unaware about this illness and can gain knowledge and awareness through our film which will help remove the stigma and discrimination in society associated with schizophrenia. Also, our film also helps people who have been misdiagnosed and through it, they can identify similar symptoms as theirs.

6.4. Pre-Production

In this phase, all the data regarding our topic schizophrenia was be gathered. It consisted of all the technical methodology of our short film. Others' judgments and discrimination almost always stem from a lack of understanding and lack of awareness rather than information based on facts, which is why it was important to create a film which brought this topic out in the open.

6.4.1. Pre-Production Coordination

This stage included planning and organization of our short film such as storyboarding, casting, budgeting, equipment etc. We also researched on schizophrenia to further educate ourselves on the topic. In order to ensure the entire procedure of planning and shooting our short film flows seamlessly, we held regular group meetings to plan, organize and revise our short film. We also wrote our script, created a budget and a storyboard so we had a clear picture in our mind and could understand how the narrative of our film will flow.

Furthermore, we also scouted for different locations and finalized the ones which suit our story the best. We also came up with a shooting schedule to make sure that time wasn't wasted.

6.4.2. Clustering

In this phase, all the data was collected by researching. It consisted of all the technical methodology of our short film. Our short film's main aim is to raise awareness, educate and remove the stigma associated with schizophrenia. Our short film is around 5-8 minutes and follows the life of a person who is affected by this illness. The film was shot from his perspective and sheds light on the symptoms and difficulties the person goes through. It adequately portrays the mental, emotional, and social plight of people suffering from schizophrenia. The short film also educates the audience about how serious the illness is and why they should treat people with schizophrenia with love, patience and kindness.

6.4.3 Objectives

The objective of this study is to:

- Spread awareness about schizophrenia.
- Show the effect societal attitudes have on the patient.
- Shed light on the symptoms and difficulties the victims go through.
- Raise caution in the society about schizophrenia.
- Educate the public about the disease.
- Promote a positive and friendly mental-health attitude in the target audience.

6.5. Production

Once the storyboard was created, we moved towards shooting our short film and followed our time schedule to make sure everything

was on time and the process went smoothly. We also created a shoot order to save time. Furthermore, a rehearsal was carried out to familiarize the actors with the camera. We also took extra shots which were used as a back-up during editing.

6.5.1. Camera Angles

We used different camera angles in our short film to make it more interesting and engrossing. It allowed us to emphasize the theme and narrative of our story. The camera angles that were utilized according to the need of the film are long shot, wide shot, close-up, mid-shot etc. We also made use of camera movements such as zoom and pan.

6.5.2. Editing and Treatment

Editing is an integral part of the film as it makes sure that the narrative, rhythm and the pace of the story is precise and accurate. A well-edited short film also allows the audience to connect and resonate with the film. Our different camera angles were edited in a way to complement our plot and to emphasize the theme of the story. We used diegetic sounds like dialogues and non-diegetic sounds like voice-over and sound effects to convey the message of our film.

6.6. Post Production

After shooting all the scenes, we used our software to join our shots, add sound, special effects, credits and title. The software we used is iMovie.

CHAPTER 7

BUDGET

The budget for our planning, production, marketing was allocated PKR 52,000 whose break down is explained as below:

Table 7.1. Budgeting breakdown for short film

Service/Product	Description	Cost
Pre-Production Equipment and Facilities		
Writer	Javeria and Mubashara	-
Producer	Javeria	-
Director	Mubashara	-
Actors	Ahmad and Shanzay	10000
Character Design	Mubashara	-
Storyboard Artist	Javeria	-
Rigger	Mubashara	-
Cinematographer	Imaan Aamir	-
Sound Manager	Mubashara	-
Lightening Technical Director	Javeria	-
Cameraperson	Imaan Aamir	7000
Miscellaneous	-	2000
Research	Javeria and Mubashara	-
Production Equipment and Services		
Camera		-
Tripod		4000
Transport		8000
Lights		5000
Meal		6000

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Service/Product	Description	Cost
Post-Production Equipment and Services		
Marketing	CD and Posters	3000
Editor	Imaan Aamir	7 000
Total		52,000

CHAPTER 8

CONCLUSION

In conclusion, this study was to raise awareness regarding the impact schizophrenia has on one's life and what are its symptoms. Hallucinations, paranoia, confusion, disordered speech, disordered thinking, strange behavior, and more are some of the symptoms of schizophrenia. In today's society, media portrays schizophrenic individuals in a negative and stereotypical way, which breeds prejudice and discrimination. There is still a tremendous deal of misunderstanding and disinformation concerning schizophrenia, which is why it was important to make this short film so the audience could understand the truth behind it.

Our short film is an eye-opener, educating the audience that people with schizophrenia is not "mad" or "psychotic". It opens people's eyes and educates them about schizophrenia if they are unaware of or uninformed of such conditions. Also, it helps viewers relate to the main character and empathize with him as well as with the individuals in their own lives or the people they care about who are dealing with a similar scenario. Our research also aids in the dissemination of knowledge about schizophrenia to combat stigma and prejudice related to this seriously misunderstood disorder.

8.1. Recommendations

- Schizophrenia should be taken as a serious illness as any other physical illness.
- More awareness should be raised on the topic through different styles of films such as documentary, so it is more factual and informative.
- Government and educational institutes should arrange seminars to spread more awareness and disseminate knowledge about schizophrenia.

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- Normalize conversation about schizophrenia.
- Media should play a critical role in spreading awareness and helping those battling this illness on different media platforms.

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